

Remuera Rest Home and Hospital Limited - Remuera Rest Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Remuera Rest Home and Hospital Limited
Premises audited:	Remuera Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 13 August 2025 End date: 14 August 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:	34

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Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Remuera Rest Home and Hospital is certified to provide rest home, hospital (geriatric and medical) and residential disability (physical) levels of care for up to 35 residents. There were 34 residents on the days of the audit.

The service is managed by a facility manager, supported by a team coordinator, registered nurses, care staff, and the owner/director.

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

The previous audit shortfalls around communication; complaints management; implementation of the quality and risk systems; staffing; resident meetings; staff training; staff files; neurological observations; medication management; maintenance; emergency management; laundry; and restraint have been addressed.

Further improvements are required around essential notifications, food services and infection control

This surveillance audit identified areas for improvement around the staff meetings; surveillance of infections; and long-term care plans.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Remuera Rest Home and Hospital provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan, and residents and staff state that culturally appropriate care is provided. The service works 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.

Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The management and staff listen to and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The quality and risk management systems are focused on quality service provision and care. The business plan includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated.

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions, and receive education. All employed and contracted health professionals maintain a current practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are documented and evaluated.

There is a medicine management system in place. All medications are reviewed by the general practitioners every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for the specific dietary likes and dislikes of the residents.

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

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

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Subsections applicable to this service fully attained.</p>
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The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe, and meet the needs of residents living in this care home.

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service ensures the safety of the residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The registered nurse coordinates the programme.

Staff orientation and ongoing education are maintained. There were sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of Covid-19 are managed according to the Ministry of Health guidelines.

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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A non-restraint policy is applied by the organisation. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place. A suitably qualified restraint coordinator manages the process. The staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring. There are six restraints in use at the service.

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	17	0	2	3	0	0
Criteria	0	56	0	2	4	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Remuera Rest Home and Hospital has a Māori Health Care Plan, which guides the delivery of care to Māori using Te Whare Tapa Whā and ensuring their mana motuhake is respected. The documentation reviewed contained templates for cultural assessments, Māori health care plans, and New Zealand strategy documents to inform culturally safe practices.</p> <p>The organisation has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The facility manager (FM) and team coordinator (TC) reported that there were residents and staff who identified as Māori.</p> <p>Documentation and interviews with the facility manager and staff (team coordinator, one registered nurse [RN], five healthcare assistants [HCAs], and a cook), confirmed that the service delivers a service that is focused on the health, wellbeing, and cultural needs of its residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	FA	<p>There is a Pacific peoples' policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The Pacific People's policy includes the Pacific health plan, which guides on how Pacific people who engage with the service are supported. The service</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>had residents and staff who identify as Pasifika. The staff interviewed highlighted the importance of understanding and supporting each other's culture.</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>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Four family/whānau and five residents reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff on an annual basis. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The FM and TC reported that staff are guided by the code of conduct, to ensure the environment is safe, and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>The enduring power attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents, and outcomes of regular or urgent medical reviews. This was supported by the residents' records that were reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures. This addresses the previous area requiring improvement.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation forms, and care plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP), for residents who were unable to provide consent.</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</p>	FA	<p>The complaints management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Rights, which is the right to complain, to be taken seriously, respected, and to receive a timely response. The service maintains a complaints' register. There were 21 complaints in 2024, and four in 2025 (year to date), since the previous audit. The FM reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation, including follow-up letters and resolution, was completed and managed in accordance</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>with guidelines set by the Health and Disability Commissioner. The previous area requiring improvement in relation to escalation of complaints and documenting satisfaction and dissatisfaction, have been addressed. Discussions with residents and family/whānau confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The FM reported that any issues are discussed promptly with the residents before they escalate into complaints. Satisfaction and dissatisfaction outcomes of the complainant were documented.</p> <p>Family/whānau and residents 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 is visible and available in te reo Māori and English. The residents and family/whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or family/whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>There have been two external complaints received since the last audit. The service has responded and complied with all requirements of supplying the requested information. All relevant interventions and resolutions have been implemented. Registered nurses have undergone palliative care training. Short-term care plans are being developed for residents with short-term problems. The GP confirmed being notified in a timely manner regarding residents' acute concerns, and infection prevention and control measures are being practiced.</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</p>	<p>FA</p>	<p>Remuera Rest Home and Hospital is located in Remuera, Auckland. Remuera Rest Home and Hospital provides care for up to 35 residents at the rest home, hospital (medical and geriatric) and residential disability - physical levels of care.</p> <p>On the day of the audit, there were 34 residents: 18 rest home, including two residents on respite, one resident on a mental health contract; and 16 hospital residents, including three on long-term support- chronic health care (LTS-CHC) contract. Five residents were on a younger people with disabilities (YPD) contract (two at rest home level of care,</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>and three at hospital level of care).</p> <p>The previous audit shortfall regarding completing role-specific orientation and training for the manager has been addressed. Evidence of completed training and orientation was sighted.</p> <p>Remuera Rest Home and Hospital is a privately owned company with one director. The service is managed by an experienced facility manager, who is a registered nurse, and is supported by a team coordinator. The team coordinator is an overseas-trained registered nurse with management qualifications.</p> <p>The service has a business plan (2025-2026), which is current and includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term objectives and the associated operational plans. The sighted objectives were time-framed with action steps, that the FM regularly reports on to the owner/director on a weekly basis. The meeting minutes show a discussion of the objectives and progress. There is a quality and risk management plan updated as required and at least annually. The FM reviews all aspects of the quality programme annually.</p> <p>The governing body assumes accountability for delivering a high-quality service through supporting the meaningful inclusion of Māori and Pasifika in honouring Te Tiriti o Waitangi, and being focused on improving outcomes for Māori and Pasifika. Equity for Māori and Pasifika is also addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control). Local Māori organisations are consulted in policy formulation and cultural advice. The FM and TC were knowledgeable about legislative and contractual requirements.</p> <p>The clinical governance group is appropriate to the size and complexity of the organisation. An external specialist reviews policies and procedures, and the FM and registered nurses offer clinical advice on all clinical matters.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The service implements the organisation's quality and risk management programme, which is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits; and a process for identifying and addressing corrective actions.</p> <p>The previous corrective action relating to satisfaction surveys and resident meetings have been addressed. Resident/family satisfaction surveys completed in September 2024 reflected high levels of satisfaction in all areas. Minimal corrective actions were identified in areas, such as food and housekeeping, which have been implemented. Resident meetings are held as scheduled.</p> <p>The previous audit shortfall requiring improvement relating to quality data analysis has been addressed. Quality data related to accidents/incidents and infections was collated each month and discussed in the meetings. Analysis of incidents and infections, benchmarking, implementation of quality improvements and evaluation of actions to ensure continuous quality improvement of service delivery were ongoing; however, not always evidenced as being discussed at staff meetings.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The facility is focused on achieving Māori health equity and identifies external and internal risks and opportunities, including potential inequities, and has developed a plan to respond to them.</p> <p>The quality and risk management plan, policies, and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies, in line with the National Adverse Event Reporting Policy. Management knew the Severity Assessment Codes (SAC), SAC1 and SAC 2 reporting requirements; however not all essential notifications were made as required. The audit shortfalls identified in relation to essential notification of incidents that involves the police remains open.</p> <p>A health and safety system with identified health and safety goals, is in place. Hazard identification forms held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling sessions for staff. Staff state that they are</p>
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		<p>kept informed on health and safety.</p> <p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident-related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this.</p> <p>The previous audit shortfalls around the shortage of registered nurses and kitchen staff have been addressed. Rosters from the past four weeks showed that all shifts were covered by experienced registered nurses and healthcare assistants, with support from the management team. The service employed four registered nurses, and all shifts were covered by the registered nurses. There are four registered nurses, plus the facility manager; two cleaners (including one casual); three cooks; fifteen HCAs; and one activities coordinator. A significant number of staff members maintain current first-aid certificates, so there is always a first aider on site.</p> <p>The previous audit shortfall around training has been addressed. Continuing education is planned on an annual basis, including mandatory training requirements. The FM reported that most of the training is completed online or face-to-face. Evidence of regular education provided to staff was sighted in attendance records. Training topics included (but not limited to): Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); moving and handling; medication; diabetes management; chemical training; asthma management; skin management; open disclosure; food handling; personal care; wound management; palliative and end of life care; continence management; abuse and neglect; first aid; fire evacuation;</p>

		<p>and restraint management.</p> <p>Related competencies are assessed as per policy requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. Staff records were reviewed to demonstrate completion of the required training and competency assessments. There are 15 healthcare assistants employed. Ten have achieved level three and above NZQA qualification. The FM reported that the model of care ensured that all residents are treated equitably.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</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 management policies and processes are based on good employment practice and relevant legislation, and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for RNs and associated health contractors (GPs, pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of seven staff files (one FM, one registered nurse, one activities coordinator, one team coordinator, one cook, and two HCAs) were reviewed. The previous audit shortfalls relating to completing police checks, orientation, appraisals, and reference checks, have been addressed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</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>PA Moderate</p>	<p>Five residents' files sampled (two hospital care, including one LTS-CHC; and two rest home, including one resident on a YPD contract, and one respite) identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Initial interRAI assessments, reassessments, long-term care plans and evaluations were all completed within expected contractual timeframes. The residents on the LTS-CHC and YPD contracts (interRAI not required) had appropriate risk assessments completed, and comprehensive long-term care plans documented. An improvement is required to ensure triggers from the interRAI assessments are consistently identified.</p> <p>The service uses assessment tools that include consideration of resident's lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. The GPs complete the residents' medical admission within the required timeframes, and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The team coordinator and registered nurses reported that sufficient and appropriate information is shared between the staff at each handover. The interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed every shift, and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems, or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly, or more frequently if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified that residents and family/whānau are included and informed of all</p>
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		<p>changes.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI reassessment was completed. A range of equipment and resources were available, suited to the levels of care provided, and in accordance with the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>There were three active wounds at the time of the audit, and these included two skin tears and one stage IV pressure injury. Wound management plans were implemented with regular evaluation completed. Wound nurse specialists were attending to the pressure injury twice a week.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; turn charts; neurological observations forms; blood glucose; and bowel charts. The previous audit shortfall relating to completing neurological observations has been addressed. Neurological observations were completed for all unwitnessed and witnessed falls resulting in head injury. Evidence of this was sighted. Residents who were assessed as YPD had their unique needs identified and managed appropriately.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GPs complete three-monthly medication reviews. A total of 10 medication charts were reviewed. Allergies were documented, and indications for use are noted for pro re nata (PRN) medications, and efficacy was documented. Eye drops were dated on opening.</p> <p>Medication competencies were current, completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were acted</p>

		<p>upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. The previous audit shortfalls around monitoring of the medication fridge temperature and keeping food in the medication fridge have been addressed. The medicine fridge and medication room temperatures were monitored regularly, and deviations from normal were reported and attended to promptly. Records were sighted. There was no food in the medication fridge.</p> <p>The RN was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards.</p> <p>There were no residents self-administering medications, and there is a policy in place when required. The RN reported that residents are encouraged to self-administer medication if competent to do so. The RN could describe the process and requirements for residents who wish to self-administer their medications. The previous shortfall has been addressed. There were no standing orders in use.</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>PA Low</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was no food control plan sighted on the audit days.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given the option of choosing a menu they want. Residents have a nutrition profile developed on admission, which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required.</p> <p>The previous audit shortfalls around monitoring of freezer temperatures, putting labels on opened dry decanted food, and cleaning of fridge doors, have been addressed. The kitchen, fridge and pantry were clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained.</p>

		Family/whānau and residents interviewed indicated satisfaction with the food service.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident, was completed. The FM reported that all transfers and discharges are developed in collaboration with the resident and family/whānau and the accepting service provider.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. There was a current building warrant of fitness expiring 25 June 2026. Calibration of equipment, and electrical checks were completed, and an inventory was maintained. Hot water temperatures are checked monthly, and if there are any problems, there is a contracted plumber. There is also a contracted electrician if required.</p> <p>The residents and family/whānau interviewed expressed satisfaction with the environment being suitable for their needs and family member's needs. There were well-maintained garden areas. The environment was clean and tidy throughout the facility.</p> <p>The previous audit shortfalls identified in relation to flooring, paving and maintenance plan, have been addressed. There was a planned maintenance schedule in place, and most rooms had carpets replaced by vinyl. Hallways, living areas and bedrooms are spacious enough to allow residents with mobility aids to manoeuvre. Handrails are in the hallways and toilets. There is a ramp with a handrail to the outdoor area, or residents can access the outdoors by another door at ground level. There</p>

		is seating, shade and a dedicated smoking area.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The previous audit shortfalls around fire evacuation plan, alternative energy source, BBQ, and water for civil defence emergencies have been addressed. There was an approved fire evacuation plan in place. Exit signs are lit and there is automatic release of the front door if the fire alarm sounds were fixed. There is a portable gas barbeque to cook on. There are adequate supplies in the event of a civil defence emergency, including food and water (445 litres for the rest home). The FM reported that a generator can be accessed if required through the owner/director's other companies.</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>	FA	<p>The service has a clearly defined and documented infection prevention control (IPC) programme implemented, that was developed with input from external IPC services. The IPC programme was approved by the clinical team, in consultation with the FM, and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards, and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents and family/whānau.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by</p>	PA Low	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds.</p>

<p>ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings (link to 2.2.2). Records of monthly data sighted confirmed minimal numbers of infections, compared with the previous month, the reason for the increase or decrease, and action advised. Any new infections were discussed at shift handovers for early interventions to be implemented. Benchmarking is completed internally.</p> <p>There were no infection outbreaks reported since the previous audit. The FM described how an outbreak would be managed in accordance with the pandemic plan, and described the documentation and reporting requirements.</p> <p>An improvement is required to ensure that surveillance of infection data includes ethnicity.</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 antimicrobial-resistant organisms.</p>	<p>PA Moderate</p>	<p>The previous audit shortfalls regarding the sluice room, and laundry services have been addressed. There is a designated sluice room in place with sanitisation equipment and personal protective equipment, including face visors in place. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. There is one cleaner, and a casual cleaner employed. There are locked cleaners' cupboards. Chemical bottles are labelled with manufacturer labels and are refilled using a chemical dispensing unit. The chemical provider monitors the effectiveness of chemicals for cleaning. The chemical provider monitors the effectiveness of chemicals for cleaning. All laundry chemicals were supplied by a recognised chemical company. Washing machines and dryers were in proper working order. There were no complaints regarding laundry from residents and family/whānau.</p> <p>The residual odour in parts of the building remains and the previous corrective action remains open.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice</p>

<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>specify that the organisation is committed to providing a restraint-free environment. This is supported by the governing body and management staff. At the time of the audit, there was one resident using bedrails.</p> <p>A registered nurse is the delegated restraint coordinator. A job description is in place, and they could describe their role and responsibilities. Trend analysis in restraint use is completed by the FM.</p> <p>The policy requires staff to explore all alternatives prior to the use of restraint, and any decisions must be in consultation with families/whānau. Review of the file of the resident in restraint shows communication with the family/whānau occurred prior to restraint, and on an ongoing basis. When restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana-enhancing. A review of the documentation available for the resident using restraint included processes and resources for assessment, authorisation and consent, monitoring, and evaluation. The restraint approval process includes the resident, enduring power of attorney, general practitioner, and restraint coordinator. Family/whānau and the resident are involved in the review process to ensure their voice is heard.</p> <p>Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is planned annually.</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 that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The previous audit shortfall around the restraint register was addressed. There was a current restraint register in place, which was being reviewed regularly and meets the requirements of the criteria.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>Internal audits, meetings (including monthly staff meetings, management meetings, and registered nurse meetings), and data collation were all documented as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements, with evidence of progress and sign-off when achieved. This corrective action document is posted in the staffroom and discussed in staff meetings. Meetings provide an avenue for discussions in relation to key performance indicators (including clinical, such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint etc); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education.</p> <p>Staff meeting and registered nurses meeting minutes were completed monthly; however, key</p>	<p>Staff meeting minutes reviewed did not evidence discussions held around the key components of the organisation’s service delivery.</p>	<p>Ensure staff meeting minutes evidence the discussions held in relation to key components of the organisation’s service delivery.</p> <p>60 days</p>

		components of the organisation service delivery such as complaints, infection prevention and control, audits, incidents management, and health and safety were not evidenced as being discussed.		
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	<p>PA Moderate</p>	<p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been Section 31 notifications completed related to RN shortage in March 2024. However, there was no essential notification completed for a resident who absconded, and police was involved.</p>	<p>The service has not completed Section 31 notifications for a resident who absconded, and police were involved.</p>	<p>Ensure essential notifications are completed as required by the policy and standards requirements.</p> <p>60 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes</p>	<p>PA Moderate</p>	<p>InterRAI assessments were completed within 21 days of admission, and long-term care plans were reviewed following interRAI reassessments. Cultural assessments were completed by the nursing team in consultation with the residents and family/whānau. Long-term care plans were also developed, and six-monthly evaluation. However, triggers from interRAI assessments were not consistently identified in the long-term care plans reviewed. Resident, family/whānau/EPOA, and GPs involvement is encouraged in the plan of care.</p>	<p>Four of five long-term care plans reviewed had no interRAI assessment triggers identified.</p>	<p>Ensure interRAI assessment triggers are consistently identified in the long-term care plans.</p> <p>90 days</p>

are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.				
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Low	The kitchen was audited on 17 July 2025 by the local council; however, there was no evidence of a current food control plan issued after verification by the local council.	There was no evidence of current food control plan sighted.	Provide evidence of a food control plan. 90 days
Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.	PA Low	Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are discussed and reported back to the governing body; however, surveillance of infection data was not including ethnicity data.	Records of monthly surveillance of infection data reviewed were not evidenced as including ethnicity data.	Ensure monthly surveillance of infection data include ethnicity. 90 days
Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include: (a) Methods, frequency, and materials used for cleaning	PA Moderate	Cleaning services are provided seven days a week. Some parts of the rooms had carpet replaced by vinyl; however, there is a distinct residual odour in Wing C.	There is distinct residual odour in Wing C.	Ensure the environment is odour controlled. 90 days

<p>processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.