

Kaylex Care Limited - Eastcare Residential Home

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 The DAA Group Limited, 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:	Kaylex Care Limited
Premises audited:	Eastcare Residential Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 17 September 2025 End date: 18 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:	34

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
	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

Eastcare Residential Home (Eastcare) provides rest home and dementia levels of care for up to 47 residents. On the days of the audit, there were 34 residents. The service is owned and operated by Kaylex Care Limited.

Significant changes to the service and facilities since the previous audit include:

- The appointment of a full-time permanent facility manager in June 2025.
- Agreement with a new provider of general practitioner (GP) and nurse practitioner (NP) medical services.

This unannounced surveillance audit considered policies and procedures related to the areas being audited, review of resident and staff files, observations, and interviews with residents, family members, the facility manager (FM) the general manager (GM), registered nurses and health care staff, and a nurse practitioner. Feedback from residents, family, staff, and the nurse practitioner was generally positive.

Progress against forty-one (41) corrective actions identified at the February 2025 certification audit was included. There was sufficient evidence to close thirty-five (35) of these corrective actions. Six of the previous corrective actions were assessed as ongoing. These are in areas related to:

- A lack of Māori-focused health care plans.

- No evidence of progress against quality outcomes being evaluated.
- Strengths, goals and aspirations, and early warning signs of physical deterioration or mental health decompensation not being identified and documented in resident care records.
- Māori constructs of oranga not evident in care records.
- The activities coordinator’s work not being overseen by a qualified person.
- Aspects of the external environment.

There were no new improvements identified as a result of this audit.

Ō tātou motika | Our rights

<p>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.</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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Staff demonstrated an understanding of residents' rights and obligations. Eastcare works collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake, and this was confirmed by Māori residents and staff interviewed. There were no Pacific residents on site at the time of the audit; however, systems and processes were in place to enable Pacific peoples to be provided with services that are culturally safe and recognise Pacific worldviews.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their family/whānau were being kept well informed.

Residents and their family/whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There had been a small number of complaints received since the previous audit in February 2025.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</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 is owned and operated by a family (two directors and a general manager), who provide governance and are accountable for delivering a high-quality service). This includes honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staff skill mix meets the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

Residents' information is accurately recorded, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		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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When residents were admitted to Eastcare, a person-centred and whānau-centred approach was adopted.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information. Files reviewed demonstrated that care was evaluated on a regular and timely basis.

Residents were supported to participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who were competent to do so.

The food service was safely managed and met the nutritional needs of the residents, with special cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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The interior of the facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas have been improved to better meet the needs of the people who live there.

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The facility manager and the infection control coordinator at Eastcare ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service.

It was adequately resourced. The experienced and trained infection control coordinator led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the directors and policies and procedures. There were no residents using restraints at the time of audit.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	2	3	0	0
Criteria	0	68	0	3	3	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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>Eastcare has policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. On the days of audit, 12% of residents and 16% of staff identified as Māori. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</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>	FA	<p>Eastcare provides services that are underpinned by Pacific worldviews.</p> <p>The only Pacific resident could not be interviewed as they were in public hospital at the time of audit. Pacific staff interviewed stated that Pacific residents' cultural and spiritual beliefs were embraced.</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>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in te reo Māori and English on a poster throughout the facility, with brochures in both languages at the entrance. Brochures on the Nationwide Health and Disability Advocacy Service (Advocacy Service) were also available. A residents' notice board displays the contact details for an advocacy agency that could assist if there were any concerns. Staff knew how to access the Code in other languages should this be required. Residents' meetings were held monthly, and residents verified this had enabled opportunities for discussion and clarification of their rights. A representative from the Advocacy Service attended the residents' meeting in March 2025, and emails verified an agreement to attend the meetings every six months. Interviews with residents identified that they felt well supported. This addressed the previous certification audit finding which identified that not all residents were informed of their rights, nor had opportunities for discussion and clarification regarding this. Residents had also described situations in which they had not been supported by staff nor offered access to independent advocacy services.</p> <p>Staff interviewed understood the requirements of the code and the availability of the Advocacy Service and were seen supporting residents of Eastcare in accordance with their wishes.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Eastcare supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their family/whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>The previous audit identified that not all staff had been provided training in Te Tiriti o Waitangi. This has been addressed. All staff at Eastcare had completed the cultural training offered by an external provider and understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted. Māori signage was included around the facility in te reo. The staff could speak and learn te reo Māori, with the assistance of staff members and residents who identified as</p>

		Māori. Māori Language Week was being celebrated.
<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>PA Moderate</p>	<p>Employment practices at Eastcare included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p> <p>The previous audit identified that Māori-focused health plans were not being used for residents who identified as Māori. There was also no evidence of a strengths-based and holistic model of care being used to ensure wellbeing outcomes for Māori. This finding remains in place. A review of seven files found that residents who identified as Māori had no documentation, including a Māori-focused health plan, that ensured well-being outcomes for Māori were documented.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>The previous audit identified that residents did not feel respected and listened to. This has been addressed. Residents (8) and their family/whānau (4) at Eastcare reported that communication was open and effective, and they felt listened to. The family of one resident made mention that this had not occurred in the past but had noted an improvement since the new manager started in June 2025. Information was provided in an easy-to-understand format. A weekly newsletter was being sent out to family and was on display on the residents' notice board. Residents' meeting minutes included comments and actions regarding residents' requests being addressed. A complaint received in June 2025 regarding food had been addressed, and the results of a subsequent resident satisfaction survey in August 2025 verified a high degree of satisfaction with the food service now being provided. This was verified at audit by resident interviews. Resident and whānau meetings at Eastcare</p>

		<p>were held each month, in addition to regular contacts with family/whānau by emails, phone calls, and an open-door policy of the facility manager (FM). A notification on the notice boards advised when the next resident and whānau meeting would be held.</p> <p>Residents, whānau and staff reported that the Facility Manager (FM) responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced that family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or enduring powers of attorney (EPOAs).</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at Eastcare and/or their legal representatives were provided with the information necessary to make informed decisions. They were included when the plan of care was formulated, and in the six-monthly evaluation. They felt empowered to actively participate in decision-making. Any issues brought up at the residents' meeting are responded to at the next meeting, so residents knew their concerns will be addressed. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting of EPOA requirements, and processes for residents unable to consent, were documented, as relevant, in the resident's record. Files reviewed of residents in the secure unit had either an activated EPOA in place, a court-appointed welfare guardian, or documentation that evidenced the process had been commenced for a welfare guardian to be appointed. All residents in the secure unit had documentation to verify that a specialist had authorised the resident's placement in a secure unit. Interviews with the RNs evidenced understanding of the enactment of EPOAs.</p> <p>Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and support when a resident had a choice of treatment options available to them.</p> <p>This addresses the finding at the previous audit, which identified residents that were not given time, opportunity, or support with their decision-</p>

		making. The RNs did not understand enactment of EPOAs, and four resident records reviewed had no evidence of EPOAs.
<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. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>There is a marked improvement in the way complaints received are managed. Two complaints from family members of previous residents were received by the Office of the Health and Disability Commissioner (HDC) in June 2025. Requests from HDC for more information had been provided by the facility manager. A complaint from a respite resident related to evening meals was received in July 2025. The matter was acknowledged immediately in writing and then investigated. Changes have been made to the evening meal service as a result. The complainant was informed of the service improvement and confirmed their satisfaction, which resolved the complaint. The previous corrective actions in criteria 1.8.1, 1.8.3, and 1.8.5 have been addressed and are now closed.</p> <p>The service assures the process works equitably for Māori by offering access to Māori advocates/support people when required.</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. 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. 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>The owners assume accountability for delivering a high-quality service to users of the services and their whānau. This was demonstrated in a telephone interview with the general manager (GM). Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and directors, with external advice sought as required. A commitment to the quality and risk management system was confirmed by interviews and documentation sighted. The GM stated they felt well informed on progress and risks.</p> <p>A previous improvement required under criterion 2.1.2, related to the development of a current business plan, has been addressed. The purpose, values, direction, scope and goals are now defined in a 2025–2026 business, quality and risk plan. Monitoring and reviewing of organisational performance, such as occupancy, quality and risk matters,</p>

	<p>changes in staff and their performance, complaints or compliments, and any other service delivery issues occur through monthly (or more frequent) written and verbal reporting to the GM.</p> <p>There is now an experienced and suitably qualified person managing the service. A new facility manager, who is a registered nurse with a current annual practising certificate (APC) and eight years' experience managing a similar aged care facility (rest home and dementia), commenced employment in June 2025. The previous improvement required in criterion 2.1.3 is now resolved.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation. Reporting and monitoring of resident safety and clinical measures occur through a multidisciplinary team approach. This includes the general practitioner (GP), nurse practitioner (NP), the two clinical nurse leaders (CNLs), the facility manager (FM), and other health professionals such as pharmacists, mental health for older people services, psychiatrists, infection prevention specialists, and wound and behaviour specialists.</p> <p>Eastcare Residential Home holds an Aged Residential Care (ARRC) contract with Health New Zealand – Te Whatu Ora for providing long-term residential rest home and dementia level of care and respite/short-stay care to a maximum of 47 beds. The agreement includes provision for care under the Long-Term Support – Chronic Health Conditions (LTS-CHC) scheme. The service also has an agreement to provide day services for people with dementia. One person was attending the day programme from 9am to 3pm Monday to Friday.</p> <p>On the days of audit, there were 34 beds occupied. Nineteen (19) residents were receiving dementia-level care in two separate wings. There were ten residents in Tui Wing (which has a capacity for 17) and nine residents in Korimako (with a capacity of 15).</p> <p>Fifteen (15) residents were occupying beds in Pukeko, the rest home area. One short-term/respite resident was under 65 years of age. One resident was receiving hospital-level care in the rest home wing. A Notification of Hospital Resident in a Rest Home Area (NOHRRRA) was submitted and approved in June 2024. There was evidence of three-monthly updates reported to Health New Zealand-Te Whatu Ora.</p> <p>There were no boarders on site; however, an upstairs apartment, which is</p>
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		<p>accessed externally, is rented under a tenancy agreement with the owners. The tenant has no interactions with staff or residents.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The organisation has implemented a sector-specific quality and risk system that reflects the principles of continuous quality improvement. This includes policies and procedures, reporting and analysis of incident data, management of complaints, internal audit activities, regular staff, resident and relative satisfaction surveys, and clinical events including infections. When gaps are identified, relevant corrective actions are developed and implemented to address the shortfalls from which outcomes are monitored. Satisfaction surveys of relatives and staff undertaken in the August 2025 audit revealed no areas of concern. The feedback received from nine of 33 relatives surveyed was positive. The 2025 survey of staff had a high return rate (27/38). Results showed an increase in job satisfaction, confidence in the new manager and satisfaction with training opportunities. There was no negative feedback. The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The previous corrective action in criterion 2.2.2 related to implementation of quality and risk-based systems has been addressed and is closed.</p> <p>Quality and risk data is shared with staff and the general manager through regular meetings and written reports. For example, this includes identified trends in incident types, infections, complaints and compliments received, and results from internal audits. A business/quality/risk plan is in place with time-framed goals; however, there is no evidence that progress towards these goals or the achievement of quality outcomes is being evaluated. The previous corrective action in criterion 2.2.3 remains open.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Trending of incident data is now occurring. Changes, such as an increase or decrease in different types of events, were readily identified by comparing month-by-month data. This information was used to inform discussions at fortnightly registered nurse meetings and monthly quality, health and safety, and</p>

		<p>infection prevention meetings. The previous corrective action in criterion 2.2.5 is now closed.</p> <p>The FM understood and has complied with essential notification reporting requirements. Section 31 notification reports have been submitted for the change in manager (March and June 2025) and an assault between residents in June 2025. There have been no reports to the Health Quality & Safety Commission Te Tāhū Hauora, no police investigations, coroner's inquests, issues-based audits or any other notifications, for example, to public health since the previous audit. The previous corrective action in criterion 2.2.6 is now closed.</p> <p>The service aims to improve outcomes and achieve equity for Māori and tāngata whaikaha by identifying and reducing barriers to access, collecting ethnicity data, analysing entry and discharge from the home, monitoring services delivered to Māori, and seeking their feedback. The previous corrective action in criterion 2.2.8 has been addressed and is now closed.</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>	FA	<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). Staff allocation in each wing was reviewed and changed immediately following the previous audit in February 2025. There are now two health care assistants (HCAs) in both dementia wings in the morning and the afternoon, and one HCA allocated to the rest home wing. There are three staff on night shift, one allocated to each wing. The FM adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. There are two full-time employed registered nurses (RNs) who now alternate different rosters (Monday to Friday and Sunday to Thursday), and one activities person onsite from 8.30 am to 4.30 pm Monday to Friday. There are sufficient staff hours allocated for food, cleaning and laundry services, and a maintenance person who is employed for 30 hours per week but is currently on reduced hours post an injury. Those providing care reported that there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. All staff members have a current first aid certificate. The previous corrective action in criterion 2.3.1 related to staffing cover has</p>

	<p>been addressed and is closed.</p> <p>Care staff have either completed or commenced a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's Age-Related Residential Care (ARRC) agreement with the funder. Of the 26 HCAs employed, 14 have completed Level 4 of the National Certificate in Health and Wellbeing, nine are at Level 3, and three new staff are yet to engage.</p> <p>Fourteen staff have completed the Limited Credit Programme (LCP) dementia unit standards required for working in dementia care environments. Five are in training, two are enrolled, and five are yet to enrol. Staff rosters reviewed confirmed that the staff working in the dementia wings have either completed or are progressing dementia education as required by the ARRC contract. The previous corrective action in criterion 2.3.2 related to staffing qualifications and expertise has been addressed and is closed.</p> <p>A new system for recording and tracking each staff member's attendance at training/education has been implemented. Education is planned on an annual basis and includes mandatory training and ongoing identification and assessment of the competencies required in each role. Records reviewed demonstrated completion of the required training and competency assessments. Staff stated they felt well supported with professional development opportunities. The previous corrective actions in criteria 2.3.3 and 2.3.4 regarding systems and management of staff training and competencies have been addressed and closed.</p> <p>The training programme now supports equitable service delivery and the ability to maximise the participation of people using the service and their whānau. There was evidence that residents and their whānau are encouraged to participate in the planning and review of their care. Regular (weekly) newsletters are distributed to residents and whānau. A family/whānau day was convened in July/August, and regular monthly resident meetings are now occurring. The previous corrective action in criterion 2.3.5 has been addressed and closed.</p> <p>High-quality Māori health information is now embedded in policy and used to support the staff training and development programmes, policy development, and care delivery. The new FM, who identifies as Māori, has strong connections to local iwi, hapu and Māori agencies for accessing</p>
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		resources. They are providing specific education to staff on equity and Māori models of care which are suited to the resident groups and the local area. The previous corrective actions in criteria 2.3.6 and 2.3.7 have been addressed and are closed.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes that reflect good employment practice and adhere to legislation are now consistently implemented.</p> <p>A sample of six (6) staff files contained signed employment agreements, and individual job descriptions that defined the skills, qualifications and attributes for each role. The previous corrective action in criterion 2.4.2 related to job descriptions for senior care staff has been addressed and is closed.</p> <p>Professional qualifications and registration had been validated prior to employment.</p> <p>New staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. A schedule for each staff member's performance appraisal has been created by the FM.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were up to date, integrated and legible, and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Consumer health information is primarily held electronically, and password protected. Any paper-based records were held securely in the nurse's office and only available to authorised users. Archived records have been relocated and sorted and are now accessible and securely stored in a locked area within the facility. These are held for the required time before being destroyed. The previous corrective action under criterion 2.5.2 is</p>

		<p>closed.</p> <p>Eastcare is not responsible for the National Health Index registration of people receiving services.</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>The multidisciplinary team at Eastcare worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Seven residents' files were reviewed: one hospital file of a resident with a dispensation (sighted) to remain at Eastcare, two rest home resident's files, and four files of residents who were receiving care in the secure unit. These files included residents who had had an acute event requiring transfer to an acute facility, a resident who had had a recent unwitnessed fall, residents with diabetes, residents with a catheter, residents with behaviours that were a challenge, residents with a wound, and residents with a number of co-morbidities.</p> <p>Seven files reviewed verified that a RN developed a plan that identified the care the resident required, within 24 hours of admission. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Plans, however, did not include a Māori health plan for residents who identified as Māori. RNs had completed Ngā paerewa training, and staff had received cultural competency training to enable their understanding of the Māori constructs of oranga. However, the care plan did not include documentation regarding the process required to support the resident and whānau to achieve their pae ora outcomes. In addition to this, the medical conditions of some residents were not always documented, including the associated nursing interventions required to monitor these conditions. These findings were part of a previous corrective action and remain in place and require to be addressed. In addition, residents in the secure unit had no 24-hour care plans in place that identified previous lifestyle patterns and routines. This requires attention. The previous audit also found there was no follow-up of the residents' wellbeing following transfer to a public hospital, there was no involvement of the resident when planning the resident's care, changes were not documented, and planned reviews of the care plan were not within acceptable timeframes. These areas have been addressed, and for this reason the risk level identified at the previous audit has been reduced.</p>

	<p>Interviews and documentation confirmed that residents and whānau were involved in care planning. Where whānau did not visit, contact was made by email or telephone. Whānau were contacted if an incident occurred or the resident was unwell and were also phoned following a GP or NP visit. All interRAI assessments and care plans were reviewed and updated within the required timeframes or as the resident's needs changed.</p> <p>Timeframes for the initial assessment, GP/NP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation met contractual requirements. Policies and processes were in place to ensure tāngata whaikaha and whānau participated in Eastcare's service development, supported service delivery that promotes choice and control, and removed barriers to accessing information. This was verified through documentation review, sampling of residents' records, interviews, and observation.</p> <p>Although the management of specific medical conditions was not well documented, evidence was sighted of systematic monitoring and regular evaluation of residents' responses to planned care. Where progress was different from that expected, changes were made to the care provided in collaboration with the resident and/or whānau. Residents (8) and whānau (4/5) confirmed active involvement in the process. One resident's whānau, as mentioned in subsection 1.6, had stated that communication was not good in the past, but the new manager had made improvements to this. Residents who had unwitnessed falls were assessed by the RN and monitored neurologically within the required timeframes. Specialists' input had been sought for wound care advice, urological advice, and behavioural issues, when required. Recommendations on discharge plans had been implemented. A NP interviewed stated they were happy with the care provided, though they had only been attending Eastcare for the past month. The NP found the RN's assessment skills to be sound. The NP was contacted appropriately and could rely on the information the RNs provided. All requests for monitoring were carried out.</p> <p>Interviews with three whānau of other residents expressed a high degree of satisfaction with the care provided at Eastcare. The residents and their whānau were actively involved in planning the residents' care and any ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness of staff to residents' needs. As mentioned in subsection 1.6, one resident's</p>
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		whānau had previously expressed some areas of dissatisfaction, which were seen to have improved.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	PA Low	<p>The previous audit identified that there was no qualified or experienced activities assessor to identify residents' individual interests and activity preferences of residents in the secure unit. Residents were not supported to access their local community. This has been partially addressed. For this reason, the risk level has been lowered. Residents now have access to their local community; however, the activities programme provided in the secure unit continues to not be overseen by someone with experience.</p> <p>The activities coordinator (AC) at Eastcare provides an activities programme that supports residents in maintaining and developing their interests, tailored to their ages and stages of life. Residents were enabled to attend community activities of their choice at least weekly. Resident meetings included opportunities for residents to provide input into where they would like to go. During the meeting observed on the day of the audit, residents were seen participating in discussions and offering suggestions. These suggestions were added to the activities calendar. Recent outings included visits to a local café, nearby parks, a community group, and the lake.</p> <p>Activity assessments and plans identified the residents' present interests and considered the person's identity. There was no 24-hour care plan that identified the residents' previous interests and lifestyle patterns, for residents in the secure unit (refer criterion 3.2.3). The activities programme for residents in the secure unit is provided by a designated staff member; however, the programme is not overseen by someone with recognised skills in social, diversional, or motivational activities. This area continues to require improvement. Individual and group activities reflected residents' current interests and usual patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated.</p> <p>Residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they found that the programme met their needs.</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 was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they managed. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP/NP review was recorded on the medicine chart. Standing orders were not used at Eastcare.</p> <p>There were no residents at Eastcare self-administering medications at the time of audit; however, processes were in place for self-administration of medication to be managed safely.</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>Eastcare operated with an approved food safety plan and registration. A verification audit of the food control plan (FCP) was undertaken in January 2025. Ten corrective actions were identified, and these had been addressed. The plan was verified for 12 months and is due for re-audit on 23 January 2026. A previous audit identified some aspects of food storage did not comply with the FCP. These included fridges in the secure unit having unnamed and undated food, dry stocks in the kitchen not being rotated, and some products in the kitchen not being dated. These areas have been addressed, and all areas were compliant.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents</p>

		<p>had opportunities to request meals of their choice, and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by resident and family/whānau interviews, satisfaction surveys, and resident and family/whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Residents in the secure unit have access to food at any time over the 24-hour period.</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 coordinate a supported transition of care or support.</p>	FA	<p>The previous audit identified that the transfer of a resident to the public hospital was not carried out in accordance with the instructions of the operations manager who was in charge. There was a lack of follow-up and communication with the receiving service within 24 hours of transfer. This has been addressed.</p> <p>Evidence verified transfer or discharge from Eastcare was planned and managed safely to cover current needs and mitigate risk. A discharge/transfer plan was developed with coordination between services and in collaboration with the resident and whānau. Follow-up communication occurred, and this was observed occurring on the day of audit.</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</p>	PA Low	<p>Systems are in place that aim to ensure the physical environment and facilities (internal and external) are fit for their purpose, well-maintained, and that they meet legislative requirements. The part-time employed (30 hours per week) maintenance person had recently returned to work on reduced hours following an injury, and they stated they were still trying to catch up on planned maintenance. There was a current building warrant of fitness, which expires in December 2025. Testing and tagging of electrical equipment occurred on 18 July 2025, and medical equipment including electric beds and one hoist were tested in April 2025. The environment is</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>inclusive of peoples' cultures and supports cultural practices.</p> <p>Improvements had been made to provide a safer external environment. A trellis was fitted to increase the height of fences outside Tui Wing, and all bench seating was moved away from the fence line. All damaged/deteriorated external furniture has been removed. The lock on the emergency egress gate has been replaced with a system that allows ready access. There were no noxious/poisonous weeds in the gardens. These parts of the previous corrective action in criterion 4.1.2 have been addressed and are closed.</p> <p>Some aspects of the external areas still require improvement. There is an ongoing low risk corrective action in criterion 4.1.2. Improvements have been made with the internal environment. Fragrance dispensers are now installed, and night staff are steam cleaning the armchairs and carpets. There were no odours in any parts of the home, including Tui dementia wing. The internal temperature was comfortable, and an adequate supply of portable fans had been purchased for use in the summer. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. The previous corrective action in criterion 4.1.6 related to odour and temperatures has been addressed and is closed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Appropriate security arrangements are in place. External doors and windows are locked at dusk. There is closed-circuit television (CCTV) monitoring in the dementia wings, which residents and whānau have been made aware of. There have been no security events in the past six months. All staff were seen to be wearing name tags on the days of audit. The previous corrective action in criterion 4.2.6 related to staff not wearing identification has been rectified and is closed.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes at Eastcare were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on</p>

<p>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>yearly. Eastcare has IP and AMS outlined in its policy documents. The infection control coordinator at Eastcare has access to specialist advice and training through a membership with an external ICP advisory company. This addresses a previous finding whereby there were no formal links to access IP and AMS advice. Infection prevention and AMS information is discussed at the facility level and reported to the governing body.</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 previous audit identified that the current job description for IP personnel does not include responsibility for AMS. The IP personnel have not undertaken training in IP or AMS. IP personnel were not participating in partnership with Māori to provide culturally safe IP practice. These areas have been addressed.</p> <p>The infection control coordinator (ICC) at Eastcare was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the FM. The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported on annually. The ICC had appropriate skills, knowledge, and qualifications for the role, and confirmed access to the necessary resources and support provided by the external advisory company. Online training occurs monthly, and evidence verifies attendance. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>Cultural advice at Eastcare was accessed through those staff who identified as Māori, and the cultural advisors. Staff who identified as Māori and speak te reo Māori can provide ICC infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori were accessible and understandable for Māori accessing services. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme</p>	<p>FA</p>	<p>The previous audit found there was no evidence of an evaluation to</p>

<p>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>		<p>assess the effectiveness of the AMS programme. This has been addressed.</p> <p>Eastcare has a documented antimicrobial stewardship (AMS) programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Eastcare undertook surveillance of infections appropriate to that recommended for long-term care facilities, and this was in line with priorities defined in the infection control programme. Eastcare used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management and the governing body and shared with staff. Surveillance data does include ethnicity data. This addresses the finding at the previous audit that identified there was no evidence that the results of surveillance were being used to change practice, maximise quality of care, and minimise the risks and adverse effects from antibiotic use and antimicrobial resistance.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use</p>	FA	<p>Maintaining a restraint-free environment is the aim and philosophy of the service. Interview with the GM demonstrated commitment to this, which is supported by the FM and regional operations manager at a service delivery level. At the time of audit, there was no restraint in use, and this has been the case for more than ten years. Any use of restraint is reported to the directors and the GM.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice,</p>

of restraint in the context of aiming for elimination.		alternative cultural-specific interventions, and de-escalation techniques.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.5.6</p> <p>My service provider shall prioritise a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</p>	<p>PA</p> <p>Moderate</p>	<p>A review of seven care plans identified that the care plans of residents who identified as Māori (3) had no Māori-focused health plan in place that identified a strengths-based holistic service that supported the resident to achieve their best outcomes -</p>	<p>Māori-focused health plans were not being used for residents who identify as Māori. There was no evidence of a strengths-based and holistic model of care to enable well-being outcomes for Māori.</p>	<p>Provide evidence that Māori-focused health plans are in place to guide practice, and to support Māori to receive the care and support they need.</p> <p>90 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>Although quality and risk data is now being shared with all levels of staff, discussed at management meetings and reported to the GM monthly, there was no clear evidence in management reporting, meeting minutes or interviews that quality outcomes were being evaluated for progress. The updated</p>	<p>Progress towards meeting quality outcomes/goals was not being monitored, evaluated and reported.</p>	<p>Ensure that systems and processes are in place to allow regular and effective evaluation of progress towards quality goals, indicators, and outcomes.</p> <p>180 days</p>

		and current business/quality and risk plan contains goals, but a method for reporting progress towards achieving these is yet to be implemented.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p>	<p>PA</p> <p>Moderate</p>	<p>Seven resident files were reviewed. Three files of residents who identified as Māori had no Māori health plan in place, nor any documentation of the support required to achieve their pae ora outcomes.</p> <p>Five residents with co-morbidities—such as schizophrenia, chronic obstructive respiratory disease, congestive heart failure, and non-insulin-dependent diabetes—did not have these conditions documented in the care plan, including the interventions required to monitor for early deterioration. Medication-related risks, such as aspirin use, were not documented. Four files reviewed of residents in the secure unit had no 24-hour care plan in place identifying previous lifestyle patterns and routines to support continuity of care.</p>	<p>Early warning signs and risk that may adversely affect the resident were not always recorded, including interventions to prevent escalation. There were no 24-hour care plans in place for residents in the secure unit. Residents’ lived experiences and cultural needs were not included in the care plan. The support required to achieve the residents’ goals were not consistently identified.</p>	<p>Provide evidence that early warning signs and risk that may adversely affect the resident are always recorded, including interventions to prevent escalation.</p> <p>Ensure 24-hour care plans are in place for residents in the secure unit to enable continuity of previous lifestyle patterns.</p> <p>Ensure each resident’s lived experiences, and cultural needs, are included in the care plan.</p> <p>Ensure the support required to achieve resident goals is reliably identified.</p> <p>90 days</p>

<p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.7 Service providers shall understand Māori constructs of oranga and implement a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. The support required to achieve these shall be clearly documented, communicated, and understood.</p>	<p>PA Low</p>	<p>The two RNs had completed training related to the Ngā Paerewa Health and Disability Services Standard and all staff had attended training in cultural competency. The FM verified ongoing training and input around this area had been provided. Three files reviewed of residents who identified as Māori, however, had no documentation in their care plans as to the support the resident required for Māori residents to identify and achieve their pae ora outcomes. There was no documentation regarding which iwi they were affiliated with.</p>	<p>Pae ora outcomes to support Māori residents were not documented.</p>	<p>Provide evidence that residents who identify as Māori have their iwi and pae ora outcomes documented, with the required support the resident requires to achieve these documented and provided.</p> <p>180 days</p>
<p>Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Low</p>	<p>The activities coordinator, in conjunction with HCAs at Eastcare, provide activities as per the activities programme they have developed, based on residents' strengths, skills and interests, five days a week. The activities staff have no training in social,</p>	<p>The activities coordinator is not skilled in providing social, diversional or motivational activities, as per the contractual requirement.</p>	<p>Provide evidence that the activities programme delivered in the secure unit is provided by someone skilled in these areas.</p> <p>180 days</p>

		diversional or motivational activities. The programme provided to residents in the secure unit requires input from someone skilled in providing these activities.		
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>Remedial work has occurred in the external areas outside Korimako and Tui wings to promote essential safety. For example, ensuring the emergency egress gate outside Pukeko can be readily opened, height added to the perimeter fence in Tui, shifting of bench seats from fence lines, removal of deteriorated furniture, and removal of noxious plants.</p> <p>- Dementia residents in Tui Wing and Korimako Wing still have limited safe and shaded outdoor spaces for sitting and independent walking considering the number of people residing in those areas. There is a plan to reconfigure the internal courtyard – currently accessible to rest home residents who seldom use it – and make this safe and accessible for the dementia residents in Korimako Wing. The area previously accessed by Korimako residents will then be reutilised for Pukeko rest home residents. This may have an effect on the fire evacuation plan due to the location of an egress door in Koromiko. The GM is seeking advice from Fire and Emergency</p>	<p>The external areas for all residents require further enhancement, especially the areas accessed by Korimako and Tui residents.</p> <p>Planned maintenance of the building exterior is behind schedule.</p> <p>No longer required PPE, degraded mattresses, and other items of furniture require disposal.</p>	<p>Ensure the external areas for all residents are safe, shaded and welcoming, to encourage them to use the outside space.</p> <p>Continue to upgrade and refresh all external areas as time and finances permit.</p> <p>Remove surplus/unwanted items that are stored outside and inside the building.</p> <p>365 days</p>

		<p>New Zealand. This will take some time and financial resources.</p> <ul style="list-style-type: none"> - Although safety improvements have been made to the area outside Tui Wing, this environment could be made more appealing and safer by removing a large tree to stop the cobblestones from lifting, and refreshing the paint work and gardens. - All garden areas could be better maintained. The GM and other staff stated they had been let down by a series of gardening contractors. - Planned maintenance of the outside building is behind schedule. Parts of the building exterior require steam/water blasting or chemical cleaning, for example, the windowsills of bedrooms on the street side of Tui Wing have extensive mould growth and the concrete roof tiles appear dirty in places. - The fences surrounding the car park require repainting, as do some external doors, and the facility street sign is badly faded. - There are two large piles of protective personal equipment (PPE) stored under tarpaulins in the main carpark and outside the laundry that require sorting and removal to increase space and prevent wastage. There are also approximately 16 old mattresses 		
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		and some furniture stored inside which require disposal. The facility has limited internal storage.		
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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.