

Belmont Hospital Limited - Eversleigh Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Belmont Hospital Limited
Premises audited:	Eversleigh Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 18 September 2025 End date: 19 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

Eversleigh Hospital is located in Belmont Auckland and provides rest home and hospital level of care (medical and geriatric) for up to 38 residents. There were 34 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the services contract with Health New Zealand. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, staff, general practitioner, and management.

The CEO (registered nurse) is supported by an organisation clinical and quality manager, the clinical lead, registered nurses, and a team of experienced healthcare assistants.

The facility is in phase two of implementing an electronic resident management system and a new call bell system has been introduced since the last audit. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There is a corrective action identified related to cleaning processes.

A continuous improvement rating is awarded for the implementation of a meaningful activities programme.

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.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The service governance is overseen by the CEO. Services are planned, coordinated, and are appropriate to the needs of the residents. Eversleigh Hospital has a documented quality and risk management system. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The clinical nurse lead and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

There is an activities programme implemented.

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

Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current Building Warrant of Fitness. There is a preventative maintenance programme documented and implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single occupancy. There are sufficient toilets/bathrooms for residents, staff, visitors, and contractors. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. All residents have call bells bracelets, which are within easy access of residents. Security checks are performed by staff. Close circuit television is available to support the security of the facility.

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.

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

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers, and visitors. The infection prevention control programme is implemented and meets the needs of the service and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

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

The service has a robust pandemic and outbreak management plan in place. There have been no outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. There are documented policies and procedures for the cleaning and laundry services.

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.

Restraint minimisation and safe practice policies and procedures are in place. Eversleigh Hospital aims to maintain a restraint-free environment and only uses restraints as a last resort when all other alternatives have been explored. At the time of the audit there were residents using restraints.

Restraint minimisation is overseen by the restraint coordinator, who is a registered nurse. The leadership team and governance are committed to work towards strategies to eliminate restraint and this is documented in the strategic plan.

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	28	0	1	0	0	0
Criteria	1	174	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Eversleigh Hospital seeks to embed and enact Te Tiriti o Waitangi in all aspects of service delivery, including the recognition of mana motuhake as part of their strategy. A Māori health plan is documented for the service. At the time of the audit there were Māori residents and resident records reviewed as part of the audit identified their whakapapa, cultural assessments and plans supported te ao Māori. The service has now included a cultural component to the activities plan which connects to the care plan. All staff have access to relevant tikanga guidelines.</p> <p>On the day of audit, the auditors were welcomed to the service with a powhiri led by a cultural adviser for The University of Auckland and whakapapa to Ngāti Tuwharetowa. A local community group supports Māori and the service as a whole. The group is active at Eversleigh Hospital and come each week to take activities with the residents and to support staff when required. Managers and staff interviewed described the commitment the organisation had to improving equity for Māori with practical interventions for Māori residents that included activities in the community, learning of te reo Māori for all staff, culturally appropriate food services, and creating an environment that welcomed Māori.</p>

		<p>The chief executive officer (CEO) and clinical lead support increasing Māori capacity by employing Māori staff. At the time of the audit there were no Māori staff members. The CEO has a partnership with the Ministry Social Development who send applicants to the service for consideration for employment. All staff interviewed stated that they receive cultural training and described ways of supporting residents within Te Whare Tapa Whā framework. The service currently has no residents who identify as Māori.</p> <p>The CEO, clinical quality manager (CQM), clinical lead; and staff including six healthcare assistants [HCAs], three registered nurses (RNs), an acting activities coordinator, consultant diversional therapist [DT], maintenance personnel, housekeeper, and chef were interviewed during the audit. All could describe how care is based on the resident's individual values, beliefs, and preferences that includes recognising aspirations and mana motuhake in everyday life.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Eversleigh Hospital recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a Pacific health plan documented and is being currently implemented. The service is able to access the Tongan Community, Otahuhu, for advice and support.</p> <p>On the day of audit there were Pacific residents living at Eversleigh Hospital. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from resident (if possible) and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile; activities plan and care plan.</p> <p>The CEO described how they encourage and support any staff that identifies as Pasifika during the employment process. This was confirmed in interviews with staff who identified as Pasifika. The service consults with Pacific Island staff to access community links</p>

		<p>and continue to provide equitable employment opportunities for the Pacific community.</p> <p>Interviews with staff members, management, five residents (four hospital and one rest home) and five family/whānau (hospital) identified that the service puts people using the services and their whānau, at the heart of their services.</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>	FA	<p>Policies and procedures are being implemented at Eversleigh Hospital and align with the requirements of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Other formats are available online. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff have received education in relation to the Code at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in 2024. The residents and family/whānau interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Staff confirmed Māori mana motuhake is recognised, as described in the Māori health plan. Interactions observed between staff and residents were respectful.</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</p>	FA	<p>There are policies in place to guide cultural safety and resources are readily available. Policies are being implemented that align with the requirements of the HDC. Healthcare assistants and registered nurses interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>		<p>around the Code at orientation and through regular in-services. The service recognises Māori mana motuhake, as evidenced in the policy and Māori health plan.</p> <p>Eversleigh Hospital delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2024-2025 included abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held.</p> <p>The staff and management described responding to tāngata whaikaha needs and enabling participation in te ao Māori, as documented in the Māori health plan. Care staff interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse and neglect policy is implemented. Eversleigh Hospital policies guide staff in how to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2025. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. Staff are educated on how to value the older person,</p>

		<p>showing them respect and dignity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori 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>	<p>FA</p>	<p>An information pack is provided to residents and family/whānau on admission, which includes information on the Code, advocacy services, complaints, and information around service provision. Residents interviewed stated they were comfortable discussing any issues with staff. The residents and family/whānau satisfaction survey showed overall satisfaction with communication. Family/whānau interviewed felt they are promptly informed of any changes and general practitioner consultations. There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure, which inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, all residents spoke English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist, and Health New Zealand specialist services. The delivery of care includes a</p>

		<p>multidisciplinary team. The clinical lead and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>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>Resuscitation care and informed consent policies guide staff around informed consent processes. Admission agreements had been signed and sighted for all the six files reviewed. The resident files reviewed included signed general consent forms. Other consent forms include photographs and vaccinations. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment were on file.</p> <p>In the resident files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Staff have received training related to informed 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 complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The Code and copies of the complaints process are visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken. There have been three complaints made since the last audit. The trend identified was in relation to noise in the facility. The CQM and CEO stated a</p>

		<p>soundproofing of certain rooms has been completed as part of the environmental upgrades. The resident survey for August 2025 supports high satisfaction in relation to the environment. Complaints are monitored by the CEO that meets regularly with residents, and family/whānau. Interviews with residents and family/whānau stated the CEO is visible and approachable. The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. Documentation in relation to complaints management include follow-up letters and resolution, demonstrates that complaints were being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There was one complaint made in May 2024 to Health New Zealand. Health New Zealand requested a full investigation of the complaint. The funder requested feedback in relation to the recommended improvements required in relation to the complaint at this audit. The corrective actions were addressed. All corrective actions have been embedded into practice and there are no findings related to wound management at this audit.</p> <p>Discussions with residents and family/whānau members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori (if any) in the complaints process. Interpreters contact details are available. The CEO acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>Belmont Hospital Limited trading as Eversleigh Hospital is owned by two directors, (a chief executive officer [CEO] and director (chief financial officer [CFO]) who both have specific roles. They operate under the umbrella of MA Healthcare Limited. MA Healthcare Limited has a long history of owning and operating aged care facilities and the directors own another three aged care facilities within the region.</p> <p>The service provides rest home and hospital level (geriatric and medical) care for up to 38 residents, which includes three beds in</p>

<p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>serviced apartments. All beds including the serviced apartments are dual purpose beds. There is one shared room and there were two residents at hospital level care sharing the room.</p> <p>At the time of the audit there were 34 residents in total: four rest home level residents; and 30 hospital level (including one resident on a long-term support-chronic health contract [LTS-CHC]). All other residents were under the age-related residential care (ARRC) agreement. There were no residents requiring care in the services apartments.</p> <p>The governance body of MA Healthcare Limited is overseen by the chief executive officer (CEO/director) and chief financial officer (CFO/director) the clinical and quality manager (CQM), the three business and care managers (BCM) of the sister facilities, an assistant business and care manager (ABCM) and a clinical lead. The CEO is based at Eversleigh Hospital, is a registered nurse (RN) with an annual practising certificate (APC) and assumes accountability for day-to-day operations at Eversleigh Hospital and for other facilities. The BCMs work autonomously in running the day-to-day operation of their facilities. The CEO, CQM and clinical lead provides support to the BCM. The management team have completed the relevant cultural training and demonstrated cultural safety in all aspects of service delivery. The service has documented links through the Panamasian O Tuia Hui-MOA Mt Wellington who provide input at a governance level and operational level. This includes input into policy and annual service reviews.</p> <p>All BCMs report weekly to the CEO. Clinical leads report monthly to the CQM on their quality indicator data, analysis and identified trends. A monthly organisational report is completed of all the compiled data and include comparisons between the four facilities related to antimicrobial stewardship (AMS) and infections; falls; restraint; skin tears; behaviour; medication errors/management; and care planning /interRAI reports. There are weekly managers quality meetings and monthly director meetings.</p> <p>The business plan for 2025 is being implemented and the previous business plan for 2024 has been signed off. The business plan demonstrates a commitment to quality and risk management, ensuring there are no barriers for Māori and tāngata whaikaha and</p>
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		<p>that service delivery is fair and equitable. The group philosophy, strategic direction and policies and procedures demonstrate various ways that meaningful inclusion of Māori and honouring Te Tiriti occurs in all aspects of service delivery. The organisation’s mission, vision, and values are documented. Service monitoring and review of organisational performance occurs and is documented quarterly. The CEO confirmed they collaborate with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori. The CEO has established partnerships with Māori organisations and the local community that assist with meaningful Māori advice for service and policy development. People receiving services and whānau participate in the planning, implementation, monitoring, and evaluation of the service through regular meetings, complaints management processes and annual satisfaction surveys.</p> <p>The CEO and CQM are involved in all aspects of service delivery and a sample of the monthly reports reviewed evidenced monthly performance monitoring (business and quality).</p> <p>The CEO has more than 10 years’ experience in management of aged care facilities and healthcare auditing. The CEO confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field by attending local Health New Zealand forums, cultural training, and continuous professional development. The CEO, CQM, clinical lead, and the other registered nurses meet regularly to analyse clinical indicators, resident’s response to care, and adherence to best known nursing practice.</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</p>	<p>FA</p>	<p>Eversleigh Hospital has a documented quality and risk management plan (2024-2025). The quality programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. Quality data is collated by the clinical lead. Quality data is reported monthly to the CQM who analyses the data. There was documented evidence in the staff meetings of discussions held around quality data. Meeting minutes are made available to staff who were unable to attend the meeting. Quality improvements are</p>

<p>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>documented where areas of improvement are identified in service delivery.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. All management and staff have completed cultural training, including Te Tiriti o Waitangi, to ensure all residents are cared for in a culturally sensitive way.</p> <p>Resident and relative satisfaction surveys are conducted. The resident satisfaction survey results from August 2025 have been collated and there were no corrective actions required to be completed. The resident survey results evidenced 96% of residents were either satisfied or highly satisfied with all aspects of service delivery and care received. Results from surveys have been shared with staff, residents, and family/whānau. Resident meetings occur bimonthly. Minutes reviewed demonstrated issues raised are followed up, with actions being reported back to the meeting. The CEO leads resident and family/whānau meetings six-monthly. There is evidence that feedback received is discussed at staff/quality meetings.</p> <p>Health and safety policies are implemented and monitored through the monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. The health and safety representative is supported by the clinical and quality manager. The health and safety representative is knowledgeable around the implementation of the health and safety programme. The hazard register is maintained. There is an organisational risk register in place with this monitored and reviewed by the CEO (with input from the management team).</p> <p>The service documents incidents/accidents, unplanned or untoward events, and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and</p>
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		<p>included in quality data and discussed in managers clinical meetings. Incident data was evidenced as discussed at registered nurse meetings (clinical team meetings), and a summary kept in staff areas.</p> <p>Discussions with the CEO, CQM, clinical lead evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Appropriate notifications have been made to the Health Quality and Safety Commission and Ministry of Health.</p> <p>There have been no outbreaks since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster was reviewed. There are sufficient number of HCAs on duty at all times to provide culturally and clinically safe services; this was confirmed by interviews and resident meeting minutes. There is a RN on duty 24/7 and a clinical lead Monday to Friday (30 hours). A team coordinator (senior healthcare assistant) supports the RN to oversee each shift.</p> <p>The staff reported excellent teamwork amongst staff, and this was confirmed by a 99% satisfaction outcome of the 2024 staff survey. Residents and family/ whānau interviewed said they were satisfied with the number of staff available at all times.</p> <p>The CEO works full-time Monday to Friday. There is an on-call policy. The CEO is on call. Staff interviews confirmed that the CEO and clinical lead are both supportive and available when needed. The GP provides 24/7 on-call services. There is separate administration (assistant BCM), kitchen, maintenance, activities, cleaning, and laundry staff.</p> <p>Healthcare assistants have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the education requirements of the provider's agreement with Health New Zealand. Of the 17 HCAs employed, 11 have achieved either level three or level four qualification (Certificate of Health and Wellbeing) on the NZQA framework. Six of nine registered nurses have interRAI competencies.</p>

		<p>Staff competencies are completed at orientation and then repeated annually (chemical safety, medication, fire evacuation, health and safety, restraint, infection control, personal care of residents, skin care, nutrition and hydration and manual handling). Staff completed education in cultural training; diversity and tikanga principles; person centred care; prevention of abuse and neglect; respect and communication; sexuality; infection prevention related to outbreak management; including donning and doffing of personal protective equipment (PPE). Training sessions are delivered as in-service monthly sessions. Other topics covered include (but are not limited to) fire safety; first aid; chemical safety; continence; pain management; palliative care; wound care; Code of Rights; infection control/hand hygiene; food safety; documentation; observation; and reporting. The HCAs reported any Māori health data and related information is shared and resources are available.</p> <p>Support systems promote health care and support worker wellbeing and a positive work environment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, and police vetting checks. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. All files evidenced completed orientation documentation and annual appraisals for staff who have been employed for one year or more. A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori.</p>

		An employee ethnicity database is maintained. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents. Documentation was submitted that confirmed debrief to ensure wellbeing support is provided, with evidence confirming debrief events occurred post all outbreak events. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities.
<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	The service utilises an electronic format and paper-based documentation for resident information, documentation, and data. Electronic information (policies and procedures, incident, and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	There is an acceptance and decline entry to service policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission, or on entry to the service. A review of residents' files confirmed that entry to service complied with entry criteria. Admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the

<p>communicated to the person and whānau.</p>		<p>service operates. The CEO, CQM and clinical lead are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and if there is a wait time, and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six resident files were reviewed: five using hospital level of care, including one LTS-CHC, and one rest home level care. Registered nurses are responsible for conducting all resident assessments, developing care plans, and evaluating the effectiveness of care. Initial assessments and care plans were developed in consultation with the resident or their Enduring Power of Attorney (EPOA). These were completed within the required timeframes.</p> <p>Care plans are based on comprehensive data collected during the initial nursing assessment, which includes (but is not limited to) mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; pain; oral health, and pre-entry assessments from the Needs Assessment and Service Coordination (NASC) service, or other referring agencies.</p> <p>Individualised electronic long-term care plans (LTCPs) are informed by both initial assessments and interRAI assessments. Initial interRAI assessments and long-term care plans were completed within three weeks of admission inclusive of the resident LTS-CHC contract.</p> <p>Long-term care plans were holistic and tailored to the individual needs and preferences of residents. They provided guidance to staff on both medical and non-medical needs. Care plans included</p>

	<p>relevant interventions and early warning signs; they did have enough detail to support comprehensive care delivery by staff.</p> <p>There are policies and procedures for developing short-term care plans for acute issues, such as infections, weight loss, and wounds, with a sign-off process upon resolution or integration into the long-term care plan. All short-term issues reviewed had corresponding care plans developed that were evaluated and signed off by a registered nurse.</p> <p>The clinical nurse lead and registered nurses confirmed that a Māori health care plan is created for any resident who identifies as Māori. These plans reflect culturally appropriate support needs. Registered nurses described actively removing barriers to ensure all residents can access the services and information they need, and they work collaboratively with residents and their family/whānau to support the development of individualised pae ora (healthy futures) outcomes. The service utilises a person-centred model of care.</p> <p>Initial medical assessments are conducted by a contracted general practitioner (GP) within the required timeframe after admission. Where a resident's condition is stable, documentation supports exemptions from monthly general practitioner visits. The general practitioner visits the facility two weekly and offers 24/7 on-call coverage. They have full access to residents' records, including the electronic medication system.</p> <p>The general practitioner interviewed expressed satisfaction with the standard of care at Eversleigh Hospital. They verbalised that there was good communication with facility staff and noted that registered nurses demonstrated comprehensive assessment skills and kept the medical team informed of any concerns in a timely manner. A physiotherapist attends the facility on request of the CQM and clinical lead. A multidisciplinary approach is evident in resident care. A podiatrist visits every six weeks, and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists, and wound care specialist nurse (tissue viability nurse) are available as required through Health New Zealand.</p> <p>Family contact details are recorded electronically. Interviews with family/whānau and documentation confirmed they are informed of</p>
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	<p>changes in a resident's health status, including infections, incidents, general practitioner reviews, medication changes, and other significant events.</p> <p>Wound care products were available on site. Wound care plan reviews indicated that wounds were assessed in a timely manner and reviewed at appropriate intervals. All wound assessments, include photographic evidence or documented measurements, dressings used and progress evaluation of the wound. At the time of audit, there were nine active wounds among five residents and five pressure injuries (four stage two and one unstageable). Referrals to tissue viability specialists were made when clinically indicated, and their recommendations were incorporated into wound management plans. Allied health interventions were documented and integrated into care plans.</p> <p>Healthcare assistants (HCAs) described receiving both verbal and written handovers at the start of each shift, as observed during the audit, confirmed these handovers were detailed and contributed to continuity of care. Progress notes are completed each shift and as needed by both HCAs and registered nurses. Changes in resident health are documented, creating a comprehensive picture of each resident's journey. When a change in condition occurs, the registered nurse initiates a medical review. Registered nurses also complete detailed assessments, including falls risk, pressure injury risk, and pain assessments, with interventions updated in care plans accordingly.</p> <p>There is evidence of registered nurse documentation in progress notes following incidents or changes in condition. Care plans include health monitoring requirements specific to each resident. The HCAs complete monitoring charts that include observations; behaviour logs; bowel records; blood pressure readings; weight; food and fluid intake; change of position schedules; and blood glucose levels.</p> <p>All incidents were followed up in a timely manner by a registered nurse. The HCAs confirmed they were well informed about residents' individual needs and had access to the necessary equipment and products to meet those needs. Neurological observations were routinely completed for unwitnessed falls or where head injury was suspected, as part of post-fall management. Analgesia was</p>
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		<p>administered in accordance with assessment findings and management plan.</p> <p>Resident care is evaluated during each shift and discussed at handover. Formal evaluations of long-term care plans are completed every six months in conjunction with interRAI reassessments, or earlier when a resident's condition changes. Evaluations are documented by registered nurses and include progress toward goals and desired outcomes.</p> <p>Residents interviewed reported their needs and expectations were being met, and assessments were completed in the privacy of their rooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities team is led by a part-time consultant diversional therapist (DT covers group wide), supported by a part-time activities' assistant. Both work Monday to Friday and are further assisted by care staff who help deliver the programme. Resources are also available to enable HCAs to run activities during weekends and after-hours.</p> <p>The activity programme is planned monthly and includes culturally themed events, celebrating the backgrounds of both residents and staff. Copies of the monthly programme are displayed in pictorial form in communal areas on noticeboards showing daily activities, and individual copies are delivered to residents' rooms in advance.</p> <p>The programme is designed to meet residents' cognitive, physical, intellectual, and emotional needs. During interviews, both the consultant diversional therapist and the activities assistant explained how the programme is tailored to the needs of residents across both rest home and hospital-level care. The focus is on maintaining independence, building on residents' strengths, skills, and interests, and fostering connections with the wider community. For residents who prefer to remain in their rooms or are unable to join group activities, one-on-one sessions are offered and "Moments that Matter One -to- One Programme" has been developed. These may include manicures, hand massages, and technology-based activities.</p>

	<p>The team also incorporates opportunities to engage with te reo Māori and te ao Māori. This includes using the Māori language in entertainment, singing, and crafts, and celebrating events such as Māori Language Week, Waitangi Day, and Matariki, along with other culturally focused activities. Eversleigh Hospital has developed strong links with the local Marae and the children from local school perform Kapa Haka for the residents. All group activities are conducted in the communal lounges.</p> <p>Each resident has a social and cultural profile developed upon admission, which includes their hobbies, interests, likes and dislikes, career background, and family/whānau connections. A social and cultural care plan is created on admission and reviewed every six months, alongside the resident's long-term care plan. Residents are encouraged to participate in activities that are meaningful and appropriate to them. Attendance is recorded for all activities, outings, and entertainment.</p> <p>Activities offered include (but are not limited to): exercise sessions; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; housie; happy hour; gardening; and cooking. Regular van outings are organised, including visits to parks, the beach, and local exhibitions. Residents also enjoy regular visits from entertainers and interdenominational church services.</p> <p>Resident meetings are facilitated by the DT and activities assistant. These meetings provide a structured opportunity for feedback on the activities programme. Meeting minutes confirm that these are held as scheduled and are well attended. The DT completes a weekly evaluation of the activities program from comments of the residents and changes the program to accommodate preferences. Family and whānau are welcome to participate in these meetings. The facility manager also leads resident and family/whānau meetings six-monthly. Additional feedback is gathered during the six-monthly review process. Residents and their family/whānau consistently report that the activity programme is engaging and meaningful. A continuous improvement rating is awarded for the implementation of a meaningful activities programme.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Eversleigh Hospital has policies and procedures in place to support safe medication management, all of which meet current legislative requirements. All clinical staff responsible for administering medications undergo annual competency assessments, and education on safe medication administration is provided regularly. Registered nurses have also completed training in the use of syringe drivers. During observation, staff were seen administering medications safely. Both registered nurses and healthcare assistants interviewed demonstrated a clear understanding of their roles and responsibilities in medication administration.</p> <p>The facility uses an electronic medication management system alongside robotic packaging for both regular and "as required" medications. Short-course medications are provided in blister packs. Upon delivery, all medications are checked against the resident's medication chart, and any discrepancies are promptly reported to the pharmacy.</p> <p>Medications are stored securely in one designated medication areas and in locked trolleys. A daily monitoring system is in place for medication room and fridge temperatures; Systems are in place to regularly check medication stock for expiry dates and quantity. Medications with a short shelf life are labelled with opening dates.</p> <p>A total of 12 electronic medication charts were reviewed. These confirmed that the general practitioner (GP) reviews each resident's medication chart every three months, and each chart includes a photo for identification and allergy status was consistently recorded across all reviewed charts. Over-the-counter medications are prescribed and charted electronically. There were no residents self-administering medications; however, there are policies in place should a resident wish to self-administer their medications. "As required" medications are administered by staff deemed competent in medication management. While these medications are administered as prescribed, their effectiveness is documented in the electronic medication system or in residents' progress notes. All administered medications are signed off by the responsible healthcare assistant or registered nurse. There are no vaccines</p>

		<p>stored on site. Standing orders are not in use.</p> <p>Residents and their family/whānau are kept informed of any medication changes, including reasons for the change and possible side effects. These discussions are documented in the progress notes. The clinical nurse lead and registered nurses also described how they work collaboratively with Māori residents and their family/whānau to ensure culturally appropriate support is provided. This includes timely access to advice, prioritisation of treatment, and a focus on achieving equitable health outcomes.</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>Eversleigh Hospital prepare and cook all meals on site. The chef manager was interviewed on the day of audit. The kitchen was observed to be clean, well-organised, well equipped, and a current approved food control plan was evidenced, expiring November 2025.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian. There is a full-time chef manager, and one part time cook, and each day there is a kitchen assistant from 7am to 3pm. There is a food services manual available in the kitchen. The chef manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef manager is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Dietary profiles reviewed at time of audit were noted to be current, with updates documented where needed. The daily menu is written on noticeboards in each dining room. The main meal is served at lunch and there is a light evening meal with choice options. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. All staff interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Days of national significance are always celebrated including Waitangi Day and Matariki. Residents are provided with foods from different cultures, including Māori, as evidenced by discussion with staff and review of the menu.</p>

		<p>The kitchen manager outlined the kitchen team record all freezer and fridge temperatures in the kitchen are checked as scheduled and food temperatures are checked at different stages of the preparation process temperatures. These are all within safe limits. Kitchen cleaning regimes was listed and carried out: however, no records of this completion were presented (link criteria # 5.5.3).</p> <p>Staff were observed wearing correct personal protective clothing in the kitchen. Meals are served plated directly to residents from the kitchen and utilised trollies to deliver food to residents in the other dining areas and in the rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas, and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed provided constructive feedback regarding meals but advised that when concerns were raised, these were addressed by staff and management. They can offer feedback at the resident meetings and through resident surveys or raise issues with the facility manager or the kitchen team anytime.</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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical nurse lead and registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
Subsection 4.1: The facility	FA	<p>The building holds a current warrant of fitness. The environment is inclusive of peoples' cultures and supports cultural practices. There</p>

<p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>is a part time maintenance personnel who address day to day repairs, complete planned maintenance and are on call 24/7 for any maintenance requirements. There is a maintenance request book for repairs and maintenance issues. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed September 2025). Calibration of medical equipment was included in the maintenance plan and was completed in September 2025. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occur. Hot water temperature records reviewed evidenced that temperatures were within required ranges. Essential contractors/ tradespeople are available 24 hours a day as required.</p> <p>Eversleigh Hospital is a single level building. There are two wings: A wing (18 beds including the three serviced apartments) and B wing (17 beds). There are no residents currently in the service apartments. Access to the hospital is through the reception area which consists of offices and toilets. At the far end of the building the kitchen and laundry are situated.</p> <p>All bedrooms have a handbasin and access to a deck and outdoors. There are adequate number of communal bathrooms and toilets in each unit to meet the needs of the residents. There are toilets situated close to communal areas, in addition to separate staff and visitor toilets. Across all the units, the communal toilets and bathrooms are well signed and have privacy locks. There is flowing soap and paper towels, and adequate space to allow for mobility equipment. Fixtures, fittings, and flooring is appropriate, and toilet/shower facilities are constructed for ease of cleaning.</p> <p>All but one room is single occupancy. Currently the double room has two female hospital level residents sharing. Privacy is maintained with movable room dividers/screens. The room provides adequate space for equipment required for hospital level residents. Consents for sharing a room were signed and on resident file.</p> <p>Each of the two wings have their own dining area and lounge with library and activity resources. One unit has a kitchenette and lounge area easily accessible to residents There is also a separate large Whanau /activities room adjacent to the two wings which is used for</p>
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		<p>activities. All communal areas are easily accessible for residents with mobility aids. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. There is an outside garden area, sensory garden, walking paths and seating areas with shade. The corridors are wide and promote safe mobility with the use of mobility aids. Handrails are appropriately placed in ensuites, toilets, and corridors for safe mobility. Bedrooms and ensuites are spacious for safe mobility and transfer of residents. There is adequate space for the use of a hoist for resident transfers as required. Healthcare assistants reported the spaces are adequate to provide care and there was adequate equipment to safely deliver care for rest home and hospital level of care residents. There is sufficient natural light, ventilation, heat pumps, and wall radiator heaters. There are adequate spaces to meet the residents' needs. Residents have safe access to different communal areas to have privacy, spend time with visitors, and partake in cultural activities. Residents were observed to move freely within the corridors and spaces.</p> <p>Residents interviewed were complimentary of the environment and found their own bedrooms to be very comfortable. There is no further development planned for the facility; however, should this occur, a co-design approach would be implemented, including the provider's current connections with local Māori providers to ensure that they reflect the aspirations and identity of Māori. The service has links with local kaumātua to support them with any future building changes.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 14 December 2007. Fire evacuation drills are held six-monthly, and the last one was completed in August 2025. Civil defence supplies are stored in identified cupboards and are checked monthly. In the event of a power outage, the provider has the availability to hire a generator. Gas cooking is in the kitchen,</p>

		<p>and a BBQ is also available.</p> <p>There are adequate supplies in the event of a civil defence emergency, including food supplies for three days and water supplies 400 litres water to provide residents and staff with three litres person per day, for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. Emergency procedures for the facility were explained to the audit team. A minimum of one person trained in first aid is always available. The residents have bracelets to access the call bell system; a display panel is accessible for staff in the communal lounge/dining room areas. Indication is displayed on the panels. Call bells are tested regularly. The residents were observed to be wearing call bracelets in bed and around the facility. Residents and/whānau interviewed confirmed that call bells are answered. The building is secure after hours, and staff complete security checks at night. There is also external closed-circuit television coverage.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control is part of the strategic and quality plans. The CEO receives monthly reports from the clinical lead (infection prevention and control coordinator [IPC]) on progress towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS), including any significant infection events. Infection control data is also reviewed by the CEO, CQM, clinical lead and RNs at the fortnightly clinical team meetings, weekly management meetings and benchmarked internally.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>The clinical lead (registered nurse) is the infection prevention and control (IPC) coordinator, and they oversee infection control and prevention across the service, with support from the CEO as</p>

<p>policies, systems, and processes to manage my risk of infection. 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. 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>needed. The job description outlines the responsibility of the role. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the quality, risk, and incident reporting system. Infection control audits are conducted. Infection rates are presented and discussed at staff/quality meetings. The infection prevention and control programme has been reviewed in the last 12 months.</p> <p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is also an outbreak management plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the CEO and CQM. All policies are available to staff. The IPC coordinator has input into other related clinical policies.</p> <p>The IPC coordinator has completed education at their previous place of work (aged care facility). They have also completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good internal support from the CEO and external support from the GP, laboratory, and Health New Zealand IPC nurse specialist should this be required. There is enough personal protective equipment (PPE) available as sighted during the audit.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. There has been additional training and education around pandemic responses and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through meetings and emails on relevant policies when they are implemented e.g. policies and procedures used during outbreaks. Posters regarding good infection control practice were</p>
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		<p>displayed in English, and te reo Māori.</p> <p>There are policies and procedures in place around reusable and single use equipment, and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>There are policies that include aseptic techniques for the management of wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables and personal protective equipment (PPE), in collaboration with the CEO. The CEO liaises with Panamasian O Tuia Hui – MOA Mt Wellington contacts should the design of any new building or significant change be proposed to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The IPC coordinator monitors use of antimicrobial agents and reports to the CEO on use. The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meetings and discussed at the clinical team meetings and quality managers meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and the IPC coordinator discuss use of antimicrobials as part of the three-monthly resident and medication review or as required.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Eversleigh Hospital infection</p>

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends.</p> <p>Infection control surveillance is discussed at the combined staff/quality meeting, with the monthly report submitted by the clinical lead (IPC coordinator) to the CQM and CEO. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>There have been no outbreaks since the last audit. The staff have access to the outbreak management plan, policy, and ready-made outbreak kits for swift implementation of the plan. There are clear cultural safe communication pathways with responsibilities that include daily outbreak meetings and communication with all relevant parties during and following an outbreak. There are stocks of personal protective equipment available. Staff interviewed confirm they are confident with the implementation of safe infection control practices.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>PA Low</p>	<p>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored on a lockable cupboard on the cleaning trolleys, and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current.</p> <p>Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these, as they carried out their duties on the days of audit.</p>

		<p>There are two sluice rooms with sanitisers, a stainless-steel bench and separate handwashing facilities, with flowing soap and hand towels. Staff have completed chemical safety training. The housekeeper interviewed were knowledgeable around chemicals, infection control practices, and cleaning practices during outbreaks. An interview with the housekeeper evidenced that there is no clear processes related to cleaning of equipment, task schedules, and the documentation thereof. Kitchen audits evidence cleaning of the kitchen is compliant however there were no evidence of completed kitchen cleaning schedules.</p> <p>All laundry is managed in the on-site laundry. The laundry has defined dirty and clean areas. Personal laundry is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen folding and storage. The linen cupboards were well stocked, and linen sighted was in good condition. The washing machines and dryers are checked and serviced regularly; however, the lint drawer of the dryer was clogged up and not cleaned daily.</p> <p>The infection prevention control coordinator and CEO oversee the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Eversleigh Hospital is committed to providing services to residents without use of restraint. The CEO is committed to work towards restraint elimination, and this was evidenced as a quality goal in the business documents reviewed. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse.</p> <p>There are currently fifteen hospital level residents (including LTS-CHC) listed on the restraint register as using restraints. The residents use bed rails and lap-belts to provide safety, minimise risk</p>

		<p>of injury, assistance with bed mobility, and repositioning. The bed rails all have covers. The residents with the lap-belts were positioned in a visible area when restraint was on.</p> <p>The use of restraint is reviewed three-monthly during the consent review process by the restraint coordinator and CEO and reported at the facility meetings. Restraint reports are sent to the CEO and CQM. The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and stated that the service is working towards a restraint-free environment.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually. Staff have completed restraint training and competencies in the last year. Seclusion is not used at Eversleigh Hospital.</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>A restraint register is maintained by the restraint coordinator. The files of five hospital residents listed as using restraint, were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g. falls prevention strategies, managing behaviours). The residents were using restraint as a last resort, to promote better positioning, safety and/or at the insistence of them or their activated EPOA. Written consent was obtained from each resident and/or their EPOA. The use of restraint approval includes the restraint coordinator, resident and/or their EPOA, and the general practitioner with three-monthly review.</p> <p>No emergency restraints have been required; however, staff are aware of the process to follow if one was required, including implementation of a debrief process.</p> <p>Monitoring forms are completed for each resident using restraint and review of the resident records confirmed that they have been completed as scheduled. All restraints are scheduled to be monitored two hourly. Monitoring takes into consideration resident's cultural, physical, psychological, spiritual, and psychosocial needs.</p>

		<p>Family/whānau are available as required for advice regarding cultural aspects of the restraint.</p> <p>There have been no incidents recorded related to restraint use. Restraints are regularly reviewed and discussed in facility meetings. The formal and documented review of restraint use takes place six-monthly as part of the internal auditing process, with the last quality review and audit of restraints completed in July 2025, with results demonstrating compliance with expected standards.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit is discussed in meetings. The monthly and annual review is completed by the restraint coordinator, clinical lead, CEO, CQM and the general practitioner.</p> <p>The service is employing a continuous quality improvement process, looking at eliminating the use of restraints. Review of facility records indicates a monthly review of all residents using restraint, identifying residents for trial of discontinuation, implementing the measures discussed, and evaluating with residents, EPOA, clinical staff and general practitioner on outcomes. In addition, the monthly report discussed with staff during meetings also includes restraint incidents (should they occur), and education needs. Each resident utilising restraint and/or their EPOA has input into the review process.</p> <p>Restraint data, including any incidents, are reported as part of the monthly quality coordinator reporting to clinical governance. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p> <p>Internal audits are carried out to check and monitor adherence to policy and protocols. Any changes to policies, guidelines, education, and processes are implemented if indicated. Restraint data sighted, minutes and interviews with staff confirmed that the use of restraint continues to be minimised. It was reported that in some cases family/whānau resist the removal of bed rails. The use of restraint</p>

		fluctuates according to the safety needs of the resident population.
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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 5.5.3</p> <p>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:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic</p>	PA Low	<p>There is a laundry and housekeeping policy. The laundry and housekeeping audits were completed six monthly and evidenced full compliance against criteria. Visual inspection (of the cleaning trolley, laundry room, and cleaning room), and interviews with the housekeeper evidenced that there were no clear processes related to certain tasks including cleaning of mopheads, cleaning buckets and the lint drawer of the dryer. Tasks are not monitored for their completion and for effectiveness.</p> <p>There is a food services and kitchen compliance safety audit completed six monthly that evidences a clean environment. The audits were completed as per schedule with follow up if there were any corrective actions identified.</p> <p>There is a kitchen task list for cleaning documented, however there was no evidence</p>	<p>There are no clear methods and frequency of cleaning tasks related to removal of lint from the dryers, cleaning of mop heads and cleaning of buckets.</p> <p>Not all laundry and housekeeping tasks are effectively monitored e.g. by documentation against a schedule or included in the internal audit.</p> <p>There is a kitchen task list for cleaning; however, there is no evidence of completion of the tasks.</p>	<p>Review the laundry and housekeeping policy to include methods and frequency of cleaning processes/tasks.</p> <p>Monitor the effectiveness of laundry and housekeeping tasks.</p> <p>Monitor the cleaning of the kitchen to ensure that tasks are completed as per schedule.</p> <p>90 days</p>

storage of cleaning equipment and chemicals. This shall be reflected in a written policy.		of completion of the tasks as per the schedule.		
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>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>	CI	<p>Eversleigh Hospital's longstanding group activities benefited physically active and socially confident residents. However, a quieter, more vulnerable group—bed-bound, frail, or cognitively impaired residents often experienced isolation and loneliness. A December 2024 resident survey, conducted in collaboration with Brain Champ NZ, confirmed high levels of loneliness among these residents, highlighting the need for a targeted intervention. This was a significant equity gap in service provision.</p> <p>The facility launched the "Moments that Matter One-to-One Connection Programme" in December 2024. The Moments that Matter programme was developed to address this gap by providing every resident, regardless of ability, with at least one personalized one-to-one engagement per week. This was embedded into the daily routine and extended hospital wide as a multi-disciplinary approach. Activities</p>	<p>Data was collected through surveys and documentation, including the Brain Champ NZ loneliness assessments tool. Results supported the success of the initiative. These data demonstrated a measurable reduction in loneliness and an improvement in overall wellbeing for residents. Staff surveys reflected high engagement and morale, further substantiating the program’s impact.</p> <p>The outcomes and impact on resident demonstrated reduced loneliness, better mood stability, and improved engagement. Family/whānau feedback was positive, comments about noticeable changes in residents' demeanour and wellbeing. Staff morale increased pride and job satisfaction as staff found deeper connections with residents. Cultural Shift connection became a shared responsibility, not just a task for specific staff members, reinforcing inclusivity as a hospital-wide value.</p>

		<p>ranged from conversations and reminiscence therapy to sensory stimulation for non-verbal residents. The initiative aimed to foster meaningful connection and reduce isolation, making sure that all residents felt seen and valued.</p> <p>The program consisted of three Stages of Implementation. Stage 1 (Dec 2024 - Apr 2025) The pilot phase targeted room-bound residents and embedded one-to-one sessions into the daily care routine. The programme's success was evident in a follow-up survey in April 2025, which showed reduced loneliness, improved mood, and increased resident satisfaction. Staff also reported increased job satisfaction and felt a renewed sense of purpose.</p> <p>Stage 2 (May 2025 onwards): The programme expanded to involve all staff, not just the Diversional and Recreational Therapy (DRT) team. Training by the Clinical/Quality Manager was provided to ensure meaningful interactions could occur during daily tasks, such as mealtimes and care routines. Staff actively contributed to documenting these moments, supported by an incentive system. This shift turned the initiative into a hospital-wide ethos, aligning with Māori values of whanaungatanga (connection) and aroha (compassion). Stage 3 (Planned for 2025–2026) will focus on innovation and sustainability. Plans include the introduction of a "Sensory Trolley" for non-verbal residents and continued staff training to maintain enthusiasm and engagement. Feedback loops will be strengthened to ensure the programme remains responsive to resident needs.</p>	<p>On reflection the key lessons learned included the power of small, intentional interactions, the importance of data for advocacy, and the need for deliberate planning in inclusive care. Initial challenges, such as balancing workloads and overcoming staff hesitation, were addressed through training and recognition. Family/whānau played a crucial role in reinforcing the value of the programme. In conclusion "The Moments that Matter" programme has transformed Eversleigh Hospital's approach to care, moving beyond group activities to a culture of connection and inclusion. The programme has led to significant improvements in resident wellbeing, reduced loneliness, and enhanced staff morale. The core message is clear "Every moment counts, and every moment can matter." The plan is to roll this out to other facilities within the group.</p>
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End of the report.