

The Napier District Masonic Trust - Elmwood House and 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:	The Napier District Masonic Trust	
Premises audited:	Elmwood House and Hospital	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care	
Dates of audit:	Start date: 9 September 2025	End date: 10 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:	38	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Elmwood House and Hospital provide dementia level of care and hospital level care for up to 39 residents. There were 38 residents on days of audit. The Napier District Masonic Trust Board provide governance for the organisation. The organisation is managed by chief executive officer. A clinical services manager oversees day to day operations of the facility. They are supported by a team of experienced care and support staff.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, a resident, the chief executive officer, the Board chair, human resources manager, finance and operations manager, property and resident services manager, clinical management, and staff. Interviews with a resident, and family/whānau, were all positive about the standard of care and services delivered.

This audit identified full compliance with Ngā Paerewa Health and Disability Services Standard 2021.

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.

Elmwood House and Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. A Māori and a Pasifika Health Plan is in place. Spirituality, beliefs, and values are respected. The provider ensures the service is safe for Pacific peoples.

Residents receive services in an equal manner that considers their dignity, privacy, and independence. Staff were observed effectively communicating with residents about their choices. Evidence was provided that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. When complaints occur, they are managed appropriately.

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 is governed by a chief executive officer, and a Board of Trustees. Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the operational objectives and incorporates the business plan. Elmwood House and Hospital has implemented the organisational quality and risk management system. A robust

health and safety programme is implemented, and hazards are reviewed on a regular basis. Quality data is collated and benchmarked.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme documented that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and included skill mixes. Competencies are maintained.

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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Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

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

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme, and fire drills are conducted six monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

A suite of infection control policies and procedures are documented and in use. The infection prevention programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection prevention programme have been developed, approved, and reviewed at organisational level. Surveillance processes are documented to ensure infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Antimicrobial usage is monitored and reported on.

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 has been an outbreak since the previous audit. The internal audit system monitors for a safe environment.

There are organisational laundry and cleaning processes which are adhered to. Staff have completed chemical training. Chemicals are stored safely throughout the facility. Systems are implemented that ensure all cleaning and laundry services are monitored and are effective.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service maintains a restraint free environment. This is supported by the governing body and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were no residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service. This includes an organisational Māori engagement framework which outlines how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligation and responsibilities under Te Tiriti o Waitangi. Cultural resources are available to staff, which includes residents' rights in te reo Māori, cultural considerations for care, and guidelines to assist culturally appropriate communication. The Māori Health Plan includes cultural safety which includes the service's values in both English and te reo Māori.</p> <p>The service has formal established links in place with local Māori that provide guidance and support. Additional links are in place through staff and the family/whānau of residents. There were residents that identified as Māori at the time of the audit. The service employs staff who identify as Māori. The clinical services manager confirmed that the service supports increasing Māori capacity by employing Māori staff members through a fair and equitable employment process. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high quality and effective services for residents</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <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>On admission all residents' ethnicity data is documented. There were no residents who identified as Pasifika; however, the clinical services manager stated if there were Pacific residents, then their individual cultural beliefs would be documented in their care plan. Whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The Pasifika Health Plan is in place and has been developed in a partnership approach with Pasifika. The Pacific Health plan outlines how the service demonstrates they are delivering equitable and efficient care to Pacific peoples and how staff are supported to ensure care practices are culturally safe.</p> <p>The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There were no staff employed who identified as Pasifika at the time of the audit. However, the clinical services manager outlined the process in place to actively recruit a holistic Pacific health workforce. The Pacific Health Plan documents connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau at entry. Management discusses aspects of the Code with residents and family/whānau on admission. Resident meetings provide a forum for residents to discuss any concerns. Five family/whānau (two hospital and three dementia) interviewed reported residents rights are being upheld by the service. Further to this, they confirmed residents are treated with respect and their independence is supported and encouraged. One resident interviewed (hospital) confirmed that their rights were being met. Due to the fact that 12 of 14 hospital residents had been transferred to the hospital wing from secure dementia care due to their declining mobility no other residents were able to partake in the interview process.</p>

		<p>Information about the Nationwide Health and Disability Advocacy Service, is available to residents and families/whānau. There are links to spiritual support. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Interactions observed between staff and residents during the audit were respectful. Care plans reflected residents were encouraged to make choices and be as independent as possible. Māori mana motuhake is reflected in the Māori Health Plan. Interviews with staff (four healthcare assistants, which included the health and safety representative), three registered nurses (which included the clinical team leader, infection prevention coordinator and restraint coordinator), one activities co-ordinator, one chef, one maintenance team leader, one laundry assistant, one cleaner, and five managers, interviewed identified their understanding of the Code and its application to their specific roles and responsibilities. The clinical services manager confirmed that the service has knowledge of and promotes Māori Motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The healthcare assistants interviewed (across the hospital and dementia units) described how they provide choice to residents during their daily cares and routines. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Family/whānau members stated staff are patient and encouraging with residents, allowing them as much choice as possible. On the days of the audit it was observed residents are treated with dignity and respect.</p> <p>All residents have their own room which is personalised with their photographs and possessions. The July 2025 satisfaction survey results confirmed that residents and family/whānau are treated with respect. Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and</p>

		<p>beliefs. There is a sexuality and intimacy policy in place.</p> <p>Staff interviewed stated they respect each resident's right to have space to manage intimate relationships. Family/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau/ending power of attorney, involvement and is integrated into the residents' care plans. Spiritual needs are identified.</p> <p>Policies, procedures, and staff training support tikanga Māori and encourage the use of te reo Māori. Staff interviews verified that cultural training has been provided, and staff were able to describe how they implement this knowledge when engaging in discussions with or providing care to residents. Review of documentation and interviews with staff and family/whānau evidenced that tāngata whaikaha are supported to participate in te ao Māori</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 service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are provided with ongoing training around their policies and procedures. Cultural days are held to celebrate diversity. An employee handbook and staff code of conduct are discussed during the new employee's orientation to the service, with evidence of staff signing an acknowledgement. The code of conduct addresses the elimination of discrimination, harassment, and bullying.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. The organisation provides a strengths-based and holistic model of care, based on the five pillars of wellbeing. The service ensures wellbeing outcomes for all residents are prioritised, as evidenced in the resident centred care plans. Staff interviewed reported training around abuse and neglect within the last two years. All residents and family/whānau interviewed</p>

		<p>confirmed that the staff are very caring, supportive, and respectful. The family/whānau interviewed confirmed that the care provided is of a high standard.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with healthcare assistants confirmed their understanding of professional boundaries, institutional racism, and bias. There are policies in place regarding management of resident's property and finances, which are implemented. The service does not utilise a comfort fund for residents. When a resident uses a service for example goes on an outing and a movie ticket is purchased the service pays for all residents, and they seek reimbursement via their electronic banking system. Information pertaining to this is outlined in the admission agreement.</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>Information is provided to residents and family/whānau on admission. Interviews with family/whānau confirmed that the service provides a high level of communication and keeps them well informed. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Family/whānau and residents confirmed they feel informed about things that happen within the facility, and the management and registered nurses are available, accessible and collaborate with residents about their wellbeing outcomes.</p> <p>There were no residents who could not speak English at the time of the audit. An interpreter policy and contact details of interpreters is available if required. 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 Health New Zealand.</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>There are policies around informed consent that align with the Code. Seven resident files reviewed included informed consent forms signed either by the resident or the powers of attorney or guardians. The service has advance care plans to assist in planning the resident's ceiling of care and wishes. Separate consent forms for Covid-19 and flu vaccinations were also on file, where appropriate. A resident interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy in place. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated and evident where appropriate. Admission agreements had been signed and sighted for all the files reviewed.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care. Informed consent training was included within the 2024 2025 training schedule delivered to staff.</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>All residents and family/whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. The clinical services manager maintains records of complaints, actions taken, and resolution, and was knowledgeable around the complaint process. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</p> <p>The complaints procedure policy is in line with and reflects the principles of the Code and guidelines provided by the Health and Disability Commissioner (HDC). The policy commits to ensuring that any complaint (or any other issue) is addressed in a fair and equitable manner. Interview with the clinical services manager and review of documentation confirmed the policy and process is well known and</p>

		<p>followed. The clinical services manager maintains a proactive response to any negative feedback or concerns addressing any issues promptly. The clinical services manager confirmed that the complaints policy aims to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identifies as Māori would be available to support people if needed along with face- to-face discussions if requested (always offered).</p> <p>A complaints register is in place and there have been two complaints made since the previous audit. One complaint received was minor in nature and had been swiftly investigated and closed to the satisfaction of the complainant. The second complaint required an integrated response which was comprehensively documented. Documentation reviewed from the complainant outlined that they accepted that the outcome was appropriate. There have been no complaints logged with external agencies since the previous audit.</p> <p>Staff are informed of any complaints received in quality/staff meetings. Discussions with family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings and through annual satisfaction surveys. One resident and family/whānau confirmed that staff are readily available and proactive in addressing any negative feedback received verbally.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Elmwood House and Hospital is located in Napier. The service provides hospital (medical and geriatric) and secure dementia level care for up to 39 residents. The service has 14 dedicated hospital level beds and 25 stage three dementia care beds within the secure dementia wing. At the time of the audit there were 38 residents: 14 at hospital level care (including one resident on the long term-support - chronic health conditions contract (LTS-CHC), and 24 residents residing in the dementia wing (including one receiving respite care). The remaining residents were on the age-related residential care (ARRC) contracts.</p> <p>The Napier District Masonic Trust (NDMT) commenced ownership</p>

	<p>and governance of Elmwood House and Hospital in 2014. The Trust also owns and operates one other aged care facility in Napier and nine retirement village's (eight in Napier and one in Wairoa). The Board is governed by a Board chair. Board meetings occur monthly. The chief executive officer has held the role since June 2022 and has held previous roles in health communications and mental health in New Zealand and Australia. The Board chair and the chief executive officer were interviewed. Interviews with the chief executive officer and review of documentation confirmed the organisation understands the obligation to comply with Ngā Paerewa New Zealand Standard 2021. This includes their commitment to complying with the core competencies including Te Tiriti o Waitangi, health equity, cultural safety, and services that improve outcomes and achieve equity for Māori and tāngata whaikaha (people with disabilities). At the monthly board meetings, the chief executive officer provides information pertaining to financial, operational, and clinical performance. The chief executive officer oversees the two facilities the Napier District Masonic Trust owns and operates. The strategic plan is reviewed annually and includes the purpose, values, scope, direction, performance, and goals. Progress against goals is discussed at Board meetings. The chief executive officer outlined that the Board can demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies as there is a range of skills and expertise amongst the Board members including but not limited to financial, operational and health sector.</p> <p>The organisation's model of care is based on the Māori health framework of Te Whare Tapa Wha. Evidence was provided that cultural training has been completed in Te Tiriti o Waitangi, health equity, and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>Working practices at Elmwood House and Hospital are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata</p>
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		<p>whaikaha. Information is reported through to the Board through the chief executive officer (CEO), who receives detailed monthly reporting from the clinical services manager including monitoring of goals and performance in key areas in the strategic plan, including quality care and service provision, and achievement of financial targets. Review of documentation and discussion with the chief executive officer confirmed that there is meaningful Māori representation on the Board and that they have substantive input into organisational operational policies.</p> <p>The Board chair (registered nurse) confirmed that they lead the clinical governance for the organisation and detailed how its structure is appropriate to the size and complexity of the services delivered. The Māori and Pasifika Health Plans provide a framework to identify and address issues to ensure a safe living and working environment is developed and maintained for all. Cultural compliance includes tracking of ethnicity data for residents via established electronic systems. The clinical services manager is a registered nurse has been in the role since 2023; they were in the clinical coordinator role at the facility prior to becoming the clinical services manager. The clinical services manager has broad experience within the aged care sector having had senior clinical and management positions. The clinical services manager is supported by a clinical nurse manager, a clinical team leader and a team of experienced care and support staff. The clinical services manager provided confirmation of having completed a variety of professional development activities related to managing an aged care facility, which exceeded eight hours.</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>Elmwood House and Hospital has an established quality and risk management framework and processes to ensure services are delivered to reflect the principle of quality improvement processes. The organisation's policies include a clinical risk management policy; documents control; clinical governance terms of reference; quality improvement policy; health and safety strategy; critical incident/accident/sentinel event policy; and quality cycle. The organisation has established systems in place to record track and analyse quality data. This includes an internal audit management system which is used to capture, track and report on quality</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>information and issues.</p> <p>The clinical services manager oversees the clinical governance of Elmwood House and Hospital and the other Masonic facility in the neighbourhood. Quality data is collated each month across all aspects of service delivery with results benchmarked against the other Masonic facility. This information is used to identify areas for improvement. Monthly quality/staff meeting minutes evidence a comprehensive review and discussion around all areas of the service, including clinical, staff, health and safety, and infection prevention. Monthly quality/staff and registered nurse/clinical meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard.</p> <p>The 2025 resident annual satisfaction survey had low response numbers; however, feedback received indicated high satisfaction rates by the residents and family/whānau in most areas of service delivery. Where residents/family/whānau had provided any negative feedback or concerns the clinical services manager provided evidence of how this had been addressed. Interviews with the clinical services manager, the health and safety representative, and healthcare assistants confirmed health and safety training begins during staff induction to the service.</p> <p>Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards, and risk information is collated at facility level, and reported. This information is included within the consolidated report and analysis of both facilities and then provided to the governance body monthly.</p> <p>A health and safety system is in place. The health and safety committee team meets monthly. A health and safety representative (healthcare assistant) interviewed has completed internal health and safety training with evidence of this sighted during interview. Hazard identification forms and an up-to-date hazard register were reviewed (last updated August 2025). Health and safety policies are implemented and monitored by the health and safety committee. Staff are kept informed on health and safety issues in handovers, meetings</p>
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		<p>and via toolbox talks. In the event of a staff accident or incident, a debrief occurs with evidence documented on the accident/incident form. Electronic reports are completed for each incident/accident, and a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed.</p> <p>Incident and accident data is collated monthly and analysed. Staff complete cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. The service collects ethnicity data during residents' entry to the service and is reviewing quality data in relation to improving health equity, through critical analysis of data and organisational practises. Discussions with the clinical services manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been a section 31 notification completed for a resident behaviour event. There has been a COVID-19 outbreak in July 2025 and an outbreak of norovirus in May 2025.</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. 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. 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>Acuity and clinical staffing ratios are described in a policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The clinical nurse manager confirmed at interview staff needs and weekly hours are included in the monthly report provided to the Board. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the contractual requirements with Health New Zealand. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. The clinical services manager works full time from Monday to Friday and provides after hours support 24/7. The clinical nurse manager, clinical team leader and senior registered nurses share a roster to ensure the appropriate provision of afterhours support for operational and clinical issues. Vacant shifts are covered by available registered nurses, casual staff, and healthcare assistants. The clinical nurse manager covers in the absence of the clinical services manager.</p> <p>Interviews with staff noted that when occupancy or acuity increases staffing is increased appropriately. The clinical services manager</p>

	<p>stated staff turnover had been stable in 2025. A recent recruitment drive to attract casual healthcare assistants has been successful. Registered nurse recruitment has been successful over time with no current vacancies. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. Interviews with resident and family/whānau confirmed staffing overall was satisfactory and resident confirmed their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Health New Zealand. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of Te Tiriti o Waitangi and cultural practices relating to Māori. The service shares health information (including Māori) collated with the quality data at all facility meetings.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. The clinical services manager outlined that all current and new care staff are encouraged to complete a level three or four New Zealand Qualifications Authority (NZQA) qualification. All but the newest care staff have commenced or completed qualifications. Currently there are 31 healthcare assistants 23 healthcare assistants have completed or are on the pathway to complete their Level Four and Dementia limited credit programme. A further eight healthcare assistants have completed or are on the pathway to complete their level three. A competency assessment policy and process is in place and staff are required to complete competency assessments as part of their orientation. Competency assessments include moving and handling, hand hygiene, and donning on and off of personal protective clothing. A selection of healthcare assistants (10) have completed medication administration. A record of completion is maintained on an electronic human resources system. Additional registered nurse specific competencies include interRAI assessment competency. There are six registered nurses who are interRAI trained including the clinical</p>
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		<p>nurse manager and clinical team leader. All registered nurses are encouraged to attend in-service training on topics including outbreak preparedness; wound management; pain management; medication and training related to specific conditions.</p> <p>Staff were complimentary regarding the wellbeing initiatives provided from the management and health and safety team. Staff advised these initiatives contributed to them feeling valued and part of the family/team. Staff reported management are very supportive and confirmed they operate an open-door policy.</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 resource policies including recruitment, selection, orientation and staff training and development are in place. Eight staff files were reviewed, including the clinical nurse manager, one registered nurse, one activities coordinator, one cook, one kitchen hand, one maintenance person and two healthcare assistants. Job descriptions are in place for all positions and includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Staff files reviewed included a signed employment contract, job description, and induction documentation relevant to the role the staff member is in. Further to this, there are job descriptions for roles which have extra responsibilities and additional functions, such as holding a health and safety portfolio or infection prevention portfolio; these are signed and on the personal file. A register of registered nurses practising certificates are maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration. An appraisal policy is implemented, and six staff who have been employed for over one year had an annual performance appraisal completed; the two other staff had recently been employed.</p> <p>An induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the induction programme supports registered nurses and healthcare assistants to provide a culturally safe environment to</p>

		<p>Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. There are two volunteers. The clinical services manager confirmed that volunteers are police checked, sign confidentiality forms and complete an appropriate orientation programme.</p> <p>Information held about staff is kept secure, and confidential in an electronic database. All hard copy information is securely locked away. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Clinical records policy and processes are in place. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. Electronic resident management and medication systems are in place. Both systems are protected from unauthorised access.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents or staff archived files are securely stored. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p>	FA	<p>Residents who are admitted to Elmwood House and Hospital are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for dementia, hospital and respite level of care</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 communicated to the person and whānau.</p>		<p>residents were sighted. The clinical services manager and clinical nurse manager screen prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Residents in the dementia communities have been admitted with appropriate EPOA or welfare guardian documents in place and these were sighted in resident records reviewed.</p> <p>The records reviewed confirmed that admission requirements have been conducted within the required time frames and signed on entry. Family/whānau have been updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The clinical services manager reported that all potential residents who are declined entry are recorded. When an entry is declined the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau are referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical services manager and clinical nurse manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	<p>FA</p>	<p>Seven resident files were reviewed: Four hospital; including one funded through the long-term support- chronic health conditions</p>

<p>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>contract (LTS-CHC), and three dementia level care; including one funded through the respite contract. The rest of the resident files reviewed were under the age-related residential care (ARRC) agreement.</p> <p>A registered nurse is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>Elmwood uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include those relating to falls, pressure injury, skin, pain, continence, cultural and activities. The initial care plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes including the resident funded through the LTS-CHC contract (except for respite) and all outcome scores were identified on the long-term care plans. All residents in the dementia area have a behaviour assessment completed on admission with associated risks and supports needed. For the resident files reviewed, the outcomes of the assessments, GP notes and progress notes formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical, social, and non- medical requirements. The care plans include a 24-hour reflection of close to normal routine for the resident with interventions to assist caregivers in management of the resident behaviours in the dementia unit. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI re-assessments (six-monthly) for six residents and when changes occurred earlier as indicated. The other two residents had not been in the facility for six months. Evaluations documented the progression towards goals. Written evaluations reviewed and those documented in the resident six-month review form identify if the resident goals had been met or unmet.</p> <p>The service contracts a general practitioner (GP) who visits weeks and also on an additional day if needed. The GP is available on call</p>
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		<p>over a 24-hour period. The GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The psychogeriatrician and mental health services are available as required. The GP commented positively on the service. They were happy with the competence of the registered nurses, care provided and timely communication when there are residents with concerns.</p> <p>Resident files identify the integration of allied health professional input into care, and a team approach is evident. A physiotherapist from local provider visits two weekly. A podiatrist visits regularly and a dietitian, speech language therapist, psychogeriatrician, older person mental health team, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Health care assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover was observed on the day of audit and was found to be comprehensive in nature. Progress notes are written on every shift by the health care assistants and the registered nurses document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of 15 wounds from 11 residents being actively managed across the service. These included skin tears, lesions, and chronic ulcers. There were two unstageable pressure injuries being</p>
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		<p>managed at the care home, both were healing well. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers have been fully maintained. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies, and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a behaviour monitoring chart to identify new triggers and patterns. The chart entries described the behaviour and strategies to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</p> <p>Elmwood House and Hospital provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori health care plan.</p> <p>Staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the</p>
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		<p>audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</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>Activities are conducted by a team comprising of a diversional therapist, an activity coordinator, and volunteers. Activities are provided over seven days a week.</p> <p>Individual activities are based on assessment and reflect the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments were completed within three weeks of admission in consultation with the family/whānau and residents. A two weekly planner is developed, posted on the notice boards and residents are given a copy of the planner for their rooms. Daily activities were noted on notice boards to remind residents and staff. Residents and family/whānau meeting and individual feedback provide feedback relating to activities.</p> <p>There are two separate activity programmes; one for hospital and one for dementia care. Each plan is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, and care staff. The activities were varied and appropriate for residents assessed as requiring dementia and hospital level of care.</p> <p>The care plans reviewed include sufficient interventions recorded in the activities plan to guide staff in the management of behaviour over 24 hours. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planners included quizzes, bingo, floor games, Matariki, te wiki o te reo Māori, table games, sensory, outdoor walks, van outings, music, pet therapy, entertainment, kapa haka, poi making and exercise, visits from schools, and relaxing time with pampering. The service promotes access to EPOA and family/whānau and friends. There are regular</p>

		<p>outings and drives for all residents (as appropriate).</p> <p>The dementia unit's activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities including music therapy. All interactions observed on the day of the audit evidenced engagement between residents and the activities team in the dementia unit.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and te wiki o te reo Māori with varying events lined up.</p> <p>Residents and family/whānau reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Elmwood House and Hospital has policies available for safe medicine management that meet legislative requirements. The registered nurses and medication competent healthcare assistants who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, a medication round was observed, and staff were observed safely administering medications. The registered nurses, health care assistants interviewed could describe their roles regarding medication administration. Elmwood House and Hospital uses pharmacy pre-packaged medicines. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation was conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to</p>

		<p>pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and secure medication areas. The medication fridges and medication room temperatures are monitored daily and were within the required temperatures. All eyedrops and creams have been dated on opening. Medication incidents were completed in the event of a drug error, and corrective actions were acted upon. Fourteen medication charts were reviewed. There is a three-monthly GP review of all the residents' medication charts, and each drug chart has photographic identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-administering medications. There are documented processes in place should a resident wish to self-administer. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical nurse manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better 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>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. The chef has oversight of the kitchen and is supported by another chef and two kitchen hands. All food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires February 2026. The menu was reviewed by a registered dietitian (30 June 2025). Kitchen staff have attended safe food handling training. The kitchen is situated in the dementia unit, with meals being served directly from the kitchen into the dementia unit</p>

		<p>dining room and transported in hotboxes already plated for hospital residents. A tray service to resident's rooms is also available as required.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and over night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>Food services on the days of audit in both the hospital and dementia wing were observed to well supported by staff and meals were well presented in a pleasant environment.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific for Māori. including 'boil ups,' hāngi, Māori bread, and corned beef were included on the menu, and these are offered to residents who identify as Māori when required.</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</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The clinical manager reported that discharges are normally into other similar facilities or residents following their respite stay (as observed</p>

<p>whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>on the day of the audit). Discharges are overseen by the registered nurses who manage the process until exit. Exits, discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and family/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include but not limited to transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts, and last general practitioner review records.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a residents' information is required by a subsequent GP, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, nurse specialists, and physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' records and any instructions integrated into the care plan. The clinical nurse manager advised a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 1 January 2026. The property and maintenance person along with the property and resident services manager oversees maintenance and utilises external contractors for any repairs and/or maintenance required. The maintenance person is on site three days a week. There is a maintenance request book for repair and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential</p>

<p>belonging, independence, interaction, and function.</p>		<p>contractors/tradespeople are available 24 hours as required. The contractors are inducted to the facilities health and safety processes and procedures. Testing and tagging of electrical equipment have been completed (next due 2026) and medical equipment, hoists and scales are next due for checking and calibration 2026. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>A team of two part time gardeners look after the gardens and grounds.</p> <p>The home reflects an environment that is inclusive of peoples' cultures and supports cultural practices. There are Māori art mixed with other contemporary art throughout the facility.</p> <p>The hospital has 14 beds. There is a central nurse's station with treatment room (shared medication storage with the dementia unit). There is a spacious lounge/dining area available with access to an outside patio with seating and shading. A separate kitchenette with dishwasher is placed centrally but separate from the dining area.</p> <p>The corridors and room door openings are wide and promote safe mobility with the use of lazy boys and transfer equipment. Residents had high acuity and the majority are immobile. There are separate visitor and staff toilet facilities with privacy signs when engaged. Fixtures, fittings, and flooring are appropriate. Adequate number of communal toilet/shower facilities are available. All have signage to show when vacant or occupied. Privacy curtains and flooring is easy to clean. One shower can accommodate a shower bed. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of transfer equipment and comfort chairs. Registered nurses and healthcare assistants interviewed reported that they have adequate space to provide care to residents. Residents and family/whānau are encouraged to personalise bedrooms for the residents as viewed on the day of audit. All communal areas are easily accessible for residents.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating.</p> <p>The dementia unit has 25 beds. There is a nurse's station overlooking</p>
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		<p>the dementia units lounge. The dementia unit is secure with swipe card access. All dementia level residents share communal showers and toilets (one for women and one for men) and there are adequate numbers to provide for cares. All have signage to show when vacant or occupied and privacy curtains. Residents in the dementia unit have two points of access into the gardens and safe walking paths within a secure environment. The dementia unit has a main lounge with dining room with smaller lounge/quiet area adjoining.</p> <p>The design of the dementia unit is dementia friendly and internally built in a circular design for purposeful walking and wanderers. Toilet doors, toilet seats, and room doors are colour coded to assist residents to find/identify key areas.</p> <p>The external areas and gardens (with secure loop like pathway and high fence for the dementia unit) have seating and shade. There is safe access to all communal areas. The dementia unit has a separate activity room with activity resources.</p> <p>The kitchen and laundry is situated within the dementia area and is secure and locked; residents cannot access these areas from the pathways.</p> <p>The service is not planning more major refurbishments or building projects; however, management are aware of the requirement to seek advice from Māori to ensure the environment reflect the aspirations and identity of Māori.</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 that include a pandemic plan 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 the case of an emergency.</p> <p>There is a fire evacuation approval letter from Fire and Emergency New Zealand, dated February 2018 and fire drills are repeated six-monthly (the last one was 10 April 2025) in accordance with the facility's building warrant of fitness. There are emergency management plans to ensure health, civil defence and other</p>

		<p>emergencies are included. Civil defence supplies are stored in an identified location. In the event of a power outage, gas cooking is available. There are adequate supplies in the event of a civil defence emergency including ample water and food stores for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation.</p> <p>There is a minimum of one staff always current in first aid and CPR who is available on site and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets, and lounge/dining room areas. Residents were observed to have their call bells within reach position. Call bells are routinely checked by maintenance staff.</p> <p>The building is secured after hours. There are two security cameras located outside of the facility. Staff complete regular security checks at night.</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>	<p>FA</p>	<p>The Infection Prevention and Antimicrobial Stewardship Programme is supported at governance level. The programme has been reviewed on an annual basis. The 2024 -2026 quality plan includes references to infection prevention and antimicrobial stewardship. The infection prevention coordinator described their linkages in place because of joining a regional aged care clinical care group. This includes representatives from other aged care organisations and enables access to Health New Zealand infection prevention specialist teams who provide local /regional support and advice as and when needed. A stepwise approach to risk management is documented with a documented pathway supporting the reporting process of issues, and/or significant events to management and the Board.</p> <p>Infection data is collated monthly on infection rates, and these results are shared at the quality/staff meetings. Data was being benchmarked monthly against the neighbouring Masonic facility and feedback/graphs are provided to staff as part of their quality programme. The infection prevention coordinator reports at the monthly quality/staff meeting and this information is reported through</p>

		to the Board.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A registered nurse maintains the infection prevention portfolio as the infection prevention coordinator. This portfolio is held for a year and then expressions of interest are sought to take the role over for the next year. This is to support the registered nurse team to upskill and develop additional knowledge and responsibilities. The clinical team leader holds overall responsibility and supports the incumbent infection prevention coordinator. An addendum is included within the infection prevention coordinator's job description. As part of this role, the infection prevention coordinator has completed internal training around infection prevention and anti-microbial stewardship.</p> <p>A suite of infection prevention policies and procedures are available to staff, including outbreak management; staff vaccination policy; usage of personal protective equipment; communicable diseases; and hand hygiene. Policies and the infection prevention plan have been approved at organisational level by clinical governance. The infection prevention policies have been updated and reflect the spirit of Te Tiriti o Waitangi. A comprehensive organisational pandemic plan is in place. This was last updated in July 2024. Support and learning resources are made available through Health New Zealand when required. Personal protective equipment (PPE) is available, and a comprehensive stock balance is maintained to support any outbreak. Training is part of orientation and ongoing training is led by the clinical team leader.</p> <p>Input into clinical procedures policy documents is sought from the organisations national infection control team which involves clinical managers and infection prevention representatives from all the organisations aged care facilities. Staff are encouraged to provide feedback on new and updated policies/procedures. Policies include single use items which is implemented. Cleaning procedures are in place around sharing medical devices such as sphygmomanometers. Internal audits are completed, and corrective actions are implemented and signed off when completed. The clinical team leader oversees the provision of equipment and consumables required at Elmwood House</p>

		<p>and Hospital.</p> <p>Educational resources in te reo Māori can be accessed online if needed and there is hard copy of resources available for staff and residents. The infection prevention coordinator can consult with personnel within Health New Zealand to ensure culturally safe practice and to provide educational resources, acknowledging the spirit of Te Tiriti o Waitangi.</p> <p>All staff are required to complete infection prevention education as part of their initial orientation and then annually as part of the annual training plan. Training includes hand hygiene practices, use of personal protective equipment and cleaning laundry, waste management and cultural safety. Staff interviewed provided examples of adhering to culturally safe practices around infection prevention in relation to their roles. Interviews with the clinical services manager and the clinical team leader and when reviewing the documentation evidenced that there is process in place that would ensure the early consultation and involvement from infection prevention personnel in the event of any new building or significant changes 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 antimicrobial stewardship programme is documented in the antimicrobial policy. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly, collated and the information reported to the quality/staff meetings. The infection prevention team (supported by a clinical pharmacist funded by the regional public hospital) monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, resident infection summary forms, and medical notes. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	FA	<p>Infection surveillance is an integral part of the infection prevention programme and is described in the infection prevention manual. Monthly infection data is collected for all infections based on signs,</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>symptoms, and definition of infection. Internal benchmarking takes place by surveillance of all infections (including organisms) and is entered into a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Ethnicity data is included in infection data. The regional clinical manager ensures the required infection prevention information is collated, benchmarked across the service, and reported to the Board and clinical committee. Infection prevention surveillance is discussed at quality/staff meetings. A review of resident records includes communication and reporting of infections and treatment.</p> <p>The last COVID-19 outbreak was July 2025. Prior to that August 2024. Staff and residents were affected. This was managed appropriately and was contained to the dementia wing only. An outbreak of norovirus was reported in May 2025. Documentation reviewed and discussion with the clinical team leader evidenced all events were managed and reported appropriately. Evidence was sighted of how staff were provided with a debrief following the event to discuss what went well and where they could have done things better. Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. The clinical team leader discussed that outbreaks were reported to the Board and to appropriate external agencies.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements the organisations waste and hazardous management policies that conform to legislative and local council requirements. Policies provide guidance for staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, cleaners' cupboards, and laundry.</p> <p>There is one dedicated sluice room in the hospital wing and a sluice set up in the laundry. These areas have appropriate PPE, a sanitiser and adequate bench space. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons,</p>

		<p>gloves, masks, and visors. Observations on the days of the audit confirmed that PPE was used in high-risk areas. Staff receive training and education in waste management, chemical safety, and infection prevention as a component of the mandatory training.</p> <p>There are designated laundry staff who provide laundry services seven days per week. Personal clothing, sheets, and towels are all laundered on site. The laundry assistant (interviewed) described how they manage all aspects of the laundry to maintain infection prevention standards. There is a dirty to clean workflow in the laundry. Cleaning is provided by dedicated cleaning staff seven days per week. A cleaner (interviewed) described how they meet cleaning standards across the facility and maintain safety within the secure dementia unit. There are locked cleaners' cupboards. Chemical bottles are labelled with manufacturer labels and are refilled using a chemical dispensing unit. Resident and family/whānau interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes which is reviewed by the infection prevention coordinator. An external chemical provider monitors the effectiveness of chemicals and laundry procedures.</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>Elmwood House and Hospital is committed to providing service to residents without use of restraint. At the time of the audit there were no residents using restraints. The service has been restraint free for over a year and is committed to remaining restraint free. Policies and procedures meet the requirements of the standards. The use of restraint is reported in the monthly quality report, which is provided to the Board, and is discussed in the registered nurse and quality meetings, evidenced in the meeting minutes. The restraint coordinator (registered nurse) interviewed described the facility's focus on only using restraint as a last resort. Evidence was provided that confirmed the Board's commitment to maintaining a restraint free environment. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Elmwood will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents potentially requiring</p>

		<p>restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident, EPOA, GP, and restraint coordinator. Restraint related training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint free and restraint competency.</p>
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.