

Nelson Street Resthome Limited - Nelson Street Resthome Ltd

Introduction

This report records the results of a Partial Provisional 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: Nelson Street Resthome Limited

Premises audited: Nelson Street Resthome Ltd

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 9 October 2025 End date: 9 October 2025

Proposed changes to current services (if any): The service has applied for a reconfiguration of beds and service level (letter dated 26 September 2025).

The service wish to add hospital services – medical services and hospital services – geriatric services (excluding psychogeriatric services) to their certificate. The proposed changes to services include converting nine dementia care beds and 27 rest home level

beds to 36 dual-purpose rest home and hospital level beds. The total number of beds will remain at 47, 11 dementia beds and 36 dual purpose beds. This audit verified the service as suitable to provider hospital - medical services and hospital services - geriatric services, and verified the proposed rooms as suitable for residents at both rest home and hospital level of care.

Total beds occupied across all premises included in the audit on the first day of the audit: 31

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.

General overview of the audit

Nelson Street Resthome Ltd is in the town of Feilding within the Manawatu district. The service is part of the Promisia Healthcare group (hereafter Promisia). The service currently provides rest home, and secure dementia care services for up to 47 residents. On the day of audit 31 residents were receiving services.

This partial provisional audit was completed to establish the level of preparedness for Nelson Street Resthome Ltd to remove nine secure dementia level beds and change them to dual hospital or rest home care beds and convert 27 rest home beds into dual purpose (dual hospital or rest home beds). The audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand. The audit processes included observations, a review of organisational documents and records, (including the transition plan), a review of the activities programme to address specific shortfalls identified at the previous audit, staff records and interviews with management, the clinical quality manager, and staff.

Since the previous audit, the service has addressed all five of the previous five shortfalls in relation to education, staff orientation, the activities programme and obtaining a building warrant of fitness. The fire evacuation plan has been reviewed and is current; however, requires to be reviewed with the reconfiguration.

This partial provisional audit identified shortfalls related to the provision of 24/7 registered nurses; the doors leading to the secure dementia unit are required to be relocated to open nine bedrooms into dual purpose care centre.

The service wishes to commence the admission of hospital level residents on 3 November 2025 once the shortfalls are addressed.

Ō tātou motika | Our rights

Not audited

Hunga mahi me te hanganga | Workforce and structure

The governance body ensures compliance with legislative, contractual, and regulatory requirements. Governance is committed to improving pae ora outcomes and achieving equity. The management and staff have the required skills and experience to provide appropriate services to residents. The business plan includes a mission statement and outlines current objectives and includes goals. A transition plan is in place to guide the conversion of part of the dementia wing to dual purpose beds and the change to the rest home beds to dual purpose.

Residents receive appropriate services from suitably qualified staff. The staffing policy aligned with contractual obligations and included skill mixes. Human resources guide the service to good employment practice. Professional qualifications are validated prior to employment. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are maintained.

A recruitment campaign is underway to recruit sufficient registered nurses to ensure provision of 24/7 cover.

Ngā huarahi ki te oranga | Pathways to wellbeing

The organisation uses an electronic medication management system to prescribe and administer medications. The electronic medication charts reviewed meet the prescribing requirements and are reviewed at least three-monthly by the general practitioner. The general practitioners are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

Registered nurses identify residents' food preferences and dietary requirements at admission. The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. A dietitian reviews the menu plans. Nutritious snacks are always available.

Registered nurses will take responsibility for the administration of all medications for the hospital residents. There are no changes required to the food services because of the change to dual purpose beds.

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

The building holds a current building warrant of fitness. There is a maintenance plan implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The dementia unit is secure, and residents can readily access secure and safe outdoor areas. Rooms are spacious enough for residents to move freely with mobility aids and personalised with their own belongings.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. There are security measures to safeguard the residents, staff, and visitors.

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

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A registered nurse is designated as the infection prevention coordinator, and they monitor the programme and report monthly and as issues occur. Documentation evidenced that relevant infection prevention education is provided to all staff as part of their orientation and ongoing in-service education programme.

Infection prevention practices support tikanga guidelines. Antimicrobial usage is monitored and reported on. A pandemic plan is in place. If activated, sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan. Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed and reported appropriately. One outbreak has been reported since the last audit.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed, and safe and effective laundry services ensure the comfort and well-being of residents.

Here taratahi | Restraint and seclusion

Not audited

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	10	0	2	1	0	0
Criteria	0	83	0	2	1	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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Nelson Street Resthome Ltd is part of the Promisia Healthcare group. The service is currently certified to provide rest home and dementia level of care for up to 47 residents. On the day of audit there were 31 residents. This comprised of five receiving dementia level of care, and 26 rest home (including one resident receiving respite who was under a mental health contract and who was receiving ongoing support from the community mental health team). There were 30 residents under aged residential care contracts (ARRC). There was one married couple who were not sharing a room and were receiving different levels of care.</p> <p>This partial provisional audit was conducted to establish the level of preparedness to provide hospital services – medical services and hospital services – geriatric services (excluding psychogeriatric services) in addition to the dementia and rest home level already provided. The purpose of the change was to ensure residents can remain residing at the facility even if their care needs change.</p> <p>The proposed reconfiguration consists of converting nine dementia certified beds into dual purpose (rest home or hospital) and converting 27 rest home beds into dual purpose beds. The reconfiguration will result in 11 dementia certified beds within the secure dementia unit and 36 dual purpose beds to be used for rest home or hospital. The service was verified as suitable to</p>

	<p>provide hospital level of care the proposed rooms were verified as being suitable for either rest home or hospital level residents.</p> <p>The overarching Promisia strategic plan has clear business goals to support their philosophy of empowering residents through a resident directed care model. The business and quality plan describes specific and measurable goals for 2025-2026. The Promisia clinical quality manager provided support to the team for this audit.</p> <p>The chief operations officer previously interviewed confirmed the organisational structure and strategic direction of Promisia Healthcare. The governance body is made up of five experienced directors who work across and within the aged residential care sector and the retirement village sector. The directors have a close working relationship with both the chief operating officer and the chief financial officer. Support is provided by a support office senior team that include the clinical quality manager, innovation quality manager, project manager and human resources manager. This team is guided by Promisia strategic plan, the strategic direction for Māori health, Promisia strategic direction for tāngata whaikaha, purpose and values. Each director has an induction to their specific role and operates within rules relating to corporate governance. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector.</p> <p>The directors demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is a Māori advisor working alongside the board of directors. The board meets monthly and receive a clinical report from the clinical quality manager with analysis and reporting of relevant clinical and quality indicators; these are discussed to improve services offered. The strategic direction for Māori health and the Māori health plan was developed in partnership with a Māori advisor. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Promisia Healthcare is committed to supporting outcomes for Māori and equitable service delivery. The goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme.</p> <p>The organisation benchmarks quality data within the organisation. The clinical governance is overseen by the clinical quality manager who receives monthly clinical and facility manager reports from each of the</p>
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	<p>Promisia facilities. Promisia undertakes clinical manager/registered nurse forums, local and online training, use of benchmarking quality indicators, learning from complaints and feedback from surveys as ways to share learning and improve the quality of care for Māori and tāngata whaikaha.</p> <p>Promisia has an overarching strategic plan with clear business goals to support its person-centred philosophy. Promisia annually reviews the business and operational plan for strategy and planning. The site-specific quality and business goals for Nelson Street were confirmed as being reviewed annually.</p> <p>Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the strategic direction for Māori health document. The strategic direction for Māori health states that Promisia is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori to ensure the values of care, integrity, community and support reflect throughout the delivery of services. The cultural advisor collaborates with the Board and leadership team in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service through general feedback, including completion of satisfaction surveys, responding to complaints and residents meetings. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service is managed by a facility manager who is a registered nurse and has been in the role since 2018. They have previous experience in aged care as a registered nurse and clinical manager. The facility manager is supported by an experienced senior registered nurse, and a team of care and support staff. The management team reports that staff turnover has been low since the previous audit. The facility manager has completed over eight hours of training in relation to managing an aged care facility.</p> <p>Review of documentation and staff interview confirmed that the clinical governance structure in place is appropriate to the size and complexity of the service provided.</p> <p>A transition plan is in place to ensure the safe management of the bed reconfiguration.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility manager outlined that a recruitment process has been commenced to ensure the appointment of sufficient registered nurses to provide 24/7 cover and meet contractual obligations. The two registered nurses and the facility manager all have interRAI competency. New registered nurses will be supported to achieve this also.</p> <p>The proposed roster is included within the transition plan. The roster will ensure 24/7 registered nurse cover supported by caregivers working full and part shifts. The numbers of caregivers will increase in line with residents admitted and acuity. The on-call roster will continue as it is initially until the newly employed team members are confident to take this role on. The proposed roster (Monday to Sunday) will see three caregivers working a full morning shift in the hospital/rest home and two part shifts, the dementia unit will have two caregivers for a full shift, the afternoon shift will see two caregivers working a full shift in the hospital/rest home and one part shift, with two full shift carers in the dementia unit, overnight will see two full shift caregivers rostered. The registered nurse will provide oversight of the dementia unit, and this area will always be staffed by medication competent caregivers. A small pool of casual caregivers will continue to support the service and fill planned and unplanned leave.</p> <p>The dedicated cleaning and laundry staff numbers will remain unchanged; however, it is highlighted in the transition plan these hours will be reviewed in line with increased occupancy and acuity. The activities team will remain unchanged. The new employees will follow the organisations onboarding processes and will be supported to orientate utilising a buddy system.</p> <p>The facility manager works full time, Monday to Friday and are available on-call 24/7 for operational and clinical issues as required. A senior registered nurse works full time Monday to Friday and shares an on-call roster with another registered nurse to respond to any clinical issues where required. They are supported by a team of care and support staff. Review of the current and previous rosters showed shifts were covered by experienced caregivers.</p> <p>Ongoing education is planned on an annual basis and includes mandatory</p>

	<p>training requirements. The facility manager explained how the education programme currently implemented will be expanded to ensure it is appropriate to support hospital level of care service delivery. The service has links in place with primary care, an online training platform provider, Health New Zealand, the local hospice and all these avenues will also support the training programme. Competency assessments include hand hygiene; donning and doffing of personal protective clothing; medication administration; fire safety; moving and handling; syringe driver and first aid competencies. Training for care staff and registered nurses included: safe moving and handling; Te Tiriti o Waitangi; abuse and neglect prevention; health and safety; behaviour management; dementia training, medication management; chemical safety; privacy and confidentiality; incident management; falls management; infection prevention basics, pressure injury prevention and skin deterioration; nutrition and hydration.</p> <p>Evidence of attendance sighted showed sufficient numbers of staff have attended the sessions. This has been a target area since the previous audit. The previous shortfall #2.3.4 has been addressed. Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There were 19 caregivers. Six caregivers and the recreation officer have completed or are completing the required dementia care modules and level four NZQA. All but the newest employees are enrolled to complete the required dementia modules within the timeframes required by ARRC and are on the pathway to achieve level two, three or four NZQA qualifications. The facility manager is a trained assessor for Careerforce. The staff records sampled demonstrated completion of the required training and competency assessments. Staff members interviewed reported feeling well-supported and safe in the workplace.</p> <p>The facility manager outlined the quality improvement work that has been ongoing across the service that ensures that the model of care (te whare tapa whā) utilised is embedded and that all residents are treated equitably. Additionally access to the cultural advisors and links in place with local Māori ensures the decision-making tools and guidance is available to achieve equity for Māori. Staff and management have completed cultural training. The provider's environment encourages collecting and sharing quality Māori health information. The service works with the cultural advisor and local organisations to provide the necessary guidance and decision-</p>
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		<p>making tools to achieve health equity for Māori.</p> <p>There is an employee assistance programme in place to promote staff wellbeing. Staff participate in an annual employee satisfaction survey. The survey results for 2025 evidenced high satisfaction in most areas and those that obtained less than optimal results had a targeted response led by the facility manager to address. Staff reported that management are supportive, available and promote a family friendly culture.</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>	FA	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of six staff records (three caregivers, one registered nurse, one kitchen hand and one laundry assistant) reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Records confirmed that all regulated staff and contracted providers had proof of current registration with their regulatory bodies. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Review of documentation and interview with staff evidenced that staff receive an orientation that covers the essential components of their role. The previous shortfall (2.4.4) has been addressed.</p> <p>Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted. Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. Following incidents, the facility manager will be available for any required debriefing and discussion.</p> <p>There is no change required to staff records or the onboarding process as part of this partial provisional audit.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I</p>	FA	<p>A review of the activities programme, interview with staff and brief discussions with residents, and observation evidenced that meaningful activities are planned and facilitated that enhance people's strengths, skills,</p>

<p>like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>and interests. The activity staff interviewed (one diversional therapist and one recreation officer) outlined how the programme is formulated and how they ensure residents have input into the activity plans. The programme is flexible and can be changed in line with resident requests or their engagement with the activity on the day. The programme includes weekly van outings, local entertainers, pet therapy, “sit and be fit” exercise classes, bingo, quizzes, cultural celebrations, baking, art and craft, and one on one sessions including hand massages and reminiscing. Whilst the dementia unit has low occupancy the rest home activity schedule is integrated with residents from the dementia unit joining in. The activity staff outlined how they ensure all residents needs are catered for in the programme. Review of documentation and interview with the recreation officer and diversional therapist evidenced that an individualised activity programme has been devised that meets the social, spiritual, physical, and cognitive needs of the residents in the dementia unit. The previous shortfall (3.3.1) has been addressed.</p> <p>The van used for resident outings does not have a hoist, so the staff book the neighbouring Promisia facility’s van which has a hoist.</p> <p>On day of audit the activity programme was noted to be highly engaging, well supported and residents advised the auditor they look forward to the programme and stated it was a lot of fun.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The general practitioner completed three-monthly medication reviews.</p> <p>A total of 12 medicine charts were reviewed. 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. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Medication reconciliation was conducted by the nursing team when a resident was transferred back to the</p>

		<p>service from the hospital or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were rare; however, the service has implemented processes and policy in place to guide staff in the effective management of these when required.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring medicine fridges and medication room temperatures was conducted regularly in all storage areas checked, and deviations from normal were reported and attended to promptly. Records were sighted. The prescriber considers over-the-counter medication and supplements as part of the person's medication, as noted on the day of the audit.</p> <p>A registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards. Appropriate documented policy and processes were in place to ensure that residents wishing to self-administer medicines can do so safely. There were no residents who were self-administering medications. There were no standing orders in use.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The registered nurse confirmed awareness that when requested by Māori, appropriate support and advice would be provided.</p> <p>The service has moved the medication room to a bigger room in readiness for admitting hospital level residents. The current medication management system in place is appropriate to adapt to the management of any hospital level residents.</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>FA</p>	<p>All food is prepared and cooked onsite by a kitchen manager (a trained cook), assisted by a second cook and part time kitchen hands. Tea assistants provide support for the serving of the pre prepared evening meal. Meals are served directly to resident in the main dining room from a bain-marie. Residents' meals in the secure unit are placed in a hox box and transported. The temperatures of hot food are recorded. The kitchen was</p>

<p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>observed to be clean, well-organised and well equipped.</p> <p>There is an approved food control plan in place that is current to February 2027. Dry food is stored in a walk-in pantry in original packaging in closed containers labelled with the date of opening. The four-weekly seasonal menus have been reviewed by a dietitian and are suitable for hospital level of care. There are two options for tea meals. Dietary needs, preferences, dislikes, allergies, food textural requirements and food intolerances are identified on admission and reviewed six-monthly as part of the care plan review (or more often if the needs of a resident change). A dietitian is available for residents when required through Health New Zealand. Food is fortified as needed and nutritional supplements prescribed are provided.</p> <p>The kitchen manager makes themselves visible to residents post the lunch time meals to address any negative feedback or hear requests. The kitchen manager meets with individual residents to discuss their personal preferences and dislikes. Modified plates and utensils are available and additional supplies will be purchased as required when hospital residents are admitted in the future. Nutritious morning and afternoon tea and supper is provided along with beverages. Additional snacks and beverages are available particularly in the dementia unit.</p> <p>The kitchen manager on interview demonstrated their understanding of tikanga and confirmed they had been trained in cultural safety on orientation. The menu has Māori and Pacific options available for residents on request and are provided for cultural celebrations. Staff were observed wearing correct personal protective clothing in the kitchen. Residents participate in food preparation as part of the activities programme.</p> <p>Refrigerator and freezer temperatures are recorded daily and seen to be maintained within an acceptable range. A brief discussion with a group of residents during the midday meal evidenced that they were happy with the meal of the day and meals in general. Alternatives are available if they do not like what is on the menu. Feedback is obtained at residents' meetings and residents and family/whānau can speak with the kitchen manager directly. During the audit, the meal service was observed, and residents appeared to be enjoying the social interaction. Staff were observed discreetly assisting residents as needed. The dining area that will be utilised for the hospital level residents is spacious and will provide sufficient space for residents in wheelchairs.</p>
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		<p>The kitchen manager is prepared for the potential increase of hospital level residents. There are no changes required to food services as a result of the reconfiguration.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Moderate</p>	<p>The building holds a current warrant of fitness which expires 8 July 2026. The environment is inclusive of peoples' cultures and supports cultural practices. Review of documentation and discussion with the facility manager confirmed the required Certificate of Public Use was obtained for the work required in the secure dementia unit. The auditor was shown the areas involved and all work in this area has been completed. The previous shortfall (4.1.1) has been addressed.</p> <p>The maintenance coordinator works part time (Monday to Friday) plus is available on-call after hours. There is a maintenance request book for repair and maintenance requests located at reception. Equipment failure or issues are also recorded in the paper-based request system. This is checked daily on weekdays and signed off when repairs have been completed. There is a monthly annual maintenance plan that includes electrical testing and tagging, resident equipment checks, monthly call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Review of hot water monitoring records show the temperature is maintained at a safe level. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment and clinical equipment including hoists and scales were checked and calibrated as per the annual schedule.</p> <p>The provider has two hoists and aids to assist resident transfers. The service has sitting weigh scales thermometers, and sphygmomanometers. There is one oxygen concentrator and oxygen on site. There are sufficient supplies of linen and other equipment such as continence products already on site.</p> <p>The facility is all on one level providing easy access to all communal areas. The facility is showing its age and has evidence of wear and tear across all areas. Redecorating is planned within the maintenance schedule. The facility was initially designed for hospital level residents with large bedrooms and wide corridors which promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas</p>

		<p>with mobility aids where required. There is sufficient equipment to meet the mobility and equipment needs of all residents. The provider has purchased new hoists in readiness for accepting hospital level residents. There are spacious lounges and alternative small lounge areas throughout the facility. There are seating alcoves throughout the facility. All bedrooms and communal areas have ample natural light and ventilation. The internal and external courtyards and gardens have seating and shade. There is safe access to all communal areas. Activities take place in a dedicated activities area and in lounge/dining areas. There are spacious dining areas in the secure dementia unit and rest home.</p> <p>The dementia unit has evidence of wear and tear; however, it provides a home-like therapeutic environment. Individual resident rooms have different colour doors to assist with room identification. The unit is secure with safe access to the gardens with pathways. Outdoor spaces provide opportunity for walking and gardens are designed to provide for sensory stimulation.</p> <p>There is a mix of shared ensuites in the rest home (proposed dual purpose bedrooms), toilet only, or residents use communal bathrooms. All bedrooms have their own handbasin. There are sufficient communal showers and toilets available for residents. There are identified communal and staff/visitor toilets within the facility with privacy locks. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. All rooms are single occupancy. Space is sufficient across the facility to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers when required. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Electric heating is provided in the facility which can be adjusted dependent upon the season and outside temperature.</p> <p>The facility manager confirmed they would consult with local Māori (who the facility has close links with) should any alterations or extensions to the building be planned in future.</p> <p>The dementia unit main entrance door which is secure is required to be moved back to convert nine beds into dual purpose. This is required prior to occupancy of any hospital level residents.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Emergency management policies outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The building has separate fire cells so in the first instance evacuation would be to another fire cell within the building. The original fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on 17 January 2017. Following a change to the footprint of the secure dementia unit a new sign off was required which was identified within the last audit. Discussion with the facility manager and review of documentation evidenced that Fire and Emergency New Zealand approved the fire evacuation scheme on 25 May 2025. The owner is yet to check with Fire and Emergency New Zealand to see if another fire evacuation plan is required with the change to dual purpose beds. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, and the last one completed on 10 October 2025 (the day after the audit). Confirmation of this was electronically sent to the auditor.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. An emergency response Civil defence supplies are stored in secured wheelie bins and checked annually. In the event of a power outage there is back-up power available from an on-site generator which would be sufficient to run essential services. There is a gas barbeque available on site with gas hobs within the kitchen. There are adequate supplies in the event of a civil defence emergency including sufficient water stored in large tanks (5,000 Litres).</p> <p>Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. Review of the rosters, staff training records and discussion with the facility manager evidenced that each shift has a staff member rostered on who has a first aid certificate. As new staff complete onboarding a further training session will be conducted to ensure new staff maintain currency also. All staff that facilitate resident outings in the van also have current first aid certificates. There is a current resident list with documented mobility of all residents needs to ensure readiness in case of a fire evacuation.</p> <p>There are call bells and emergency call points in the residents' rooms and ensuites, communal toilets, and lounge/dining room areas. The building is secure after hours, staff complete security checks at night. Security lighting</p>
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		<p>is in place at key points around the facility.</p> <p>There are no changes to emergency systems or equipment required with the move to change dementia and rest home level beds to dual purpose except for confirmation of the current fire evacuation plan.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and antimicrobial stewardship programmes are appropriate to the service's size and complexity. There is a defined pathway to communicate significant events to the clinical governance. Expert advice and support is sought from Health New Zealand and public health. A documented pathway supports reporting progress, issues, and/or significant events to the governing body. There is a stepwise approach to the management of infection risks. An emergency pandemic plan is documented and has been reviewed.</p> <p>There are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff have received training and updates for managing infection outbreaks. Training records are well maintained.</p> <p>There are no changes to the governance role within infection control as a result of the reconfiguration.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The approved infection prevention and anti-microbial stewardship programme is linked to the quality improvement system and reflects the strategic direction of the organisation. Review of documentation and staff interview confirmed there is expert advice available to support the infection prevention programme which is reviewed annually. A registered nurse is the infection prevention coordinator and the position description for infection prevention coordinator is well-defined and in place. The infection prevention coordinator has input when infection prevention policies and procedures are reviewed. The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention training is provided to staff, and residents and visitors are updated as required. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell.</p>

		<p>Information and resources to support staff in managing Covid-19 and other outbreaks were regularly updated and tested.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of and gloves.</p> <p>Staff training in infection prevention is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, and regular outbreak management updates. Records of staff education were maintained. The infection prevention coordinator has completed various infection prevention training online.</p> <p>The infection prevention coordinator works in tandem with the facility manager when procurement of equipment, devices and consumables is required. Confirmation that the service and organisation understand the requirements of early consultation with infection prevention personnel in case of any new building or when significant changes are proposed to an existing facility was provided. In an interview, the infection prevention coordinator reported that single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service completed cleaning and environmental audits to safely assess and to provide evidence that these procedures are carried out.</p> <p>The facility manager confirmed the infection prevention coordinator has been involved in the consultation process for the proposed changes.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff confirmed they understood these requirements.</p> <p>There is no required change to the infection prevention programme because of the reconfiguration of beds.</p>
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<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>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity.</p> <p>Infection rates and any antimicrobial use are monitored monthly, reported in a monthly report, and presented at meetings to the staff. The infection prevention coordinator collates and analyses the electronic medication management system with pharmacy support. The annual infection prevention and anti-microbial stewardship review and the infection prevention audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens and adverse effects. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>There is no required change to the antimicrobial stewardship programme because of the reconfiguration of beds.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention programme and is described in the Promisia infection prevention policy/manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection prevention surveillance is discussed during staff meetings. The infection prevention coordinator confirmed the process of creating improvement plans should this be required. Benchmarking graphs are displayed for staff. Action plans are implemented for any infection rates of concern. The service receives notifications and alerts from Health New Zealand. All infection data is reported to the governing body. Staff are made aware of new infections at handovers on each shift, through progress</p>

		<p>notes, and clinical records electronically.</p> <p>Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was confirmed in interview with the infection prevention coordinator. Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements (if appropriate) for isolation.</p> <p>In July 2025, 12 residents and six staff became symptomatic of COVID-19. The outbreak was contained. Outbreak logs were maintained. This was appropriately managed and reported. Meetings (sighted) were held, and 'lessons learned' were captured and discussed to prevent, prepare for, and respond to future infectious disease outbreaks. Any infections of concern are discussed and reported to Promisia's clinical quality manager. Observation and staff interviews confirmed that resources, including PPE were in stock. Residents and family/whānau were updated regularly through the outbreaks.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the facility. Visitors to the facility sign in at entry to the building and sign out on exit.</p> <p>There is no required change to the infection prevention surveillance programme because of the reconfiguration of beds.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are two sluice rooms (with sanitisers) and personal protective equipment, including face visors.</p> <p>Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined</p>

	<p>areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also laundered on-site. There are sufficient commercial washing machines and dryers. Material safety data sheets are available. Linen was seen to be transported on appropriate trolleys. The linen cupboards were well stocked with good quality linen. Laundry staff interviewed stated they had appropriate training in relation to the management of linen. They confirmed they were confident the current laundry set up and equipment was adequate for any increased laundry and personnel clothing as the service moves to provide hospital level of care. The washing machines and dryers are checked and serviced regularly. The laundry staff member interviewed demonstrated they have good knowledge about infection prevention requirements.</p> <p>Cleaners' trolleys are always attended to and locked away in the secure storeroom when not in use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available.</p> <p>There were kitchen, housekeeping and laundry audits completed that evidence compliance. The infection prevention coordinator and facility manager are aware of the need to have the infection prevention coordinator involved in oversight of facility testing and the monitoring programme for the facility. Infection prevention internal audits are completed or overseen by the infection prevention coordinator.</p> <p>There is no immediate changes planned to the management of waste, laundry, or cleaning because of the reconfiguration of beds. the transition plan includes increasing staff hours as required due to the acuity of residents.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	Review of the proposed roster evidenced that the current numbers of caregivers are sufficient to cover the reconfiguration of beds. The transition plan outlines that as resident acuity increases additional caregivers will be recruited for when required. Discussion with the facility manager and review of documentation evidenced that the provider is yet to provide registered nurse cover 24/7.	The provider does not yet have 24/7 registered cover in place that is required to meet the ARRC contractual obligations for hospital level residents.	<p>Ensure there are registered nurses on duty 24/7 to meet contractual obligations.</p> <p>Prior to occupancy</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures</p>	PA Moderate	The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The door to the front entrance of the dementia unit is secure. To reconfigure nine bedrooms within this unit to dual purpose the door is required to be moved back	The secure unit bedrooms to be reconfigured to dual purpose must not be secure and all residents are required to have free access around the facility.	Change the position of the secure door to the dementia unit to just include the 11 residents assessed as requiring secure dementia level of care.

and supports cultural practices.		so the bedrooms are open and residents residing in these areas have free access.		Prior to occupancy
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	PA Low	The fire evacuation scheme for the current configuration of the dementia unit and rest home care beds has been approved by the New Zealand Fire Service 25 May 2025.	The owner has not yet checked with Fire Emergency Services to see if another fire evacuation scheme is required with the change to dual purpose beds.	<p>Ensure that the fire evacuation scheme meets the needs of the service in light of the change to reconfigure beds to dual purpose.</p> <p>Prior to occupancy</p>

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.