

Selwyn Care Limited - Sarah Selwyn

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Selwyn Care Limited
Premises audited:	Sarah Selwyn
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 16 October 2025 End date: 17 October 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:	78

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

General overview of the audit

Selwyn Care Limited owns Sarah Selwyn, which provides care for up to 80 residents at hospital (geriatric and medical) and rest home level care. On the day of the audit, there were 78 residents.

Significant changes since the last audit included the creation of two Boards, namely one that governs care centres (Selwyn Care Limited), and the Selwyn Foundation Charitable Trust that governs other charitable activities of the organisation.

The clinical manager is experienced and is supported by the Board of Trustees, clinical operations manager, and a team of experienced clinical and non-clinical staff. Interviews with residents, family/whānau and the general practitioner were all positive and complimented the management and staff for providing a resident-centred service for the community.

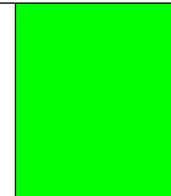
This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand- Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records, and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

There were no areas requiring improvement identified from the previous certification audit.

This audit identified no shortfalls.

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 are fully attained.

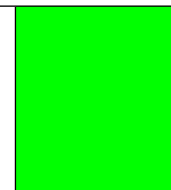
Sarah Selwyn provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan, and residents and staff state that culturally appropriate care is provided.

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

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service are fully attained.

The quality and risk management systems are focused on quality service provision and care. The business plan includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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 are fully attained.
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Registered nurses are responsible for assessing residents on admission and developing initial, long and short-term care plans. The initial medical assessment is completed by the general practitioner within the required timeframe. The service works in partnership with residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. Care plans demonstrated appropriate interventions and individualised care.

The organisation uses an electronic medicine management system for prescribing, dispensing, and administration of medications. The general practitioner is responsible for all medication reviews. Medicines were safely stored and administered by staff who are competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe manner.

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 are fully attained.
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There is a current building warrant of fitness. Electrical equipment is checked for safety. Clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.

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 are fully attained.
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The infection control plan has been approved by the clinical governance committee and is reviewed annually.

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

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

Here taratahi | Restraint and seclusion

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 are fully attained.
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The Board and management team are committed to maintaining a restraint-free environment. There are policies and procedures for restraint minimisation and safe practice. Staff are trained in the least restrictive practice. There is no use of restraint.

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	19	0	0	0	0	0
Criteria	0	51	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori Health Plan policy is documented for the service and was developed by an external consultant. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. The chief executive officer (CEO), and the director of care reported that the organisation has signed a memorandum of understanding with Ngāti Whātua Māori organisation to provide support and advice. At the time of the audit, there were residents who identified as Māori.</p> <p>Documentation and interviews with the management team, CEO, director of care, clinical operations manager, clinical manager (CM), and staff (two senior registered nurses, one registered nurse [RN], two house leads, ten care partners, two diversional therapists [DTs], two housekeepers, a training and development officer, a chef, and maintenance and property manager) confirmed that the service delivers a service that is focused on the health, wellbeing, and cultural needs of its residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live</p>	FA	<p>There is a Pacific Health Plan that commits to providing appropriate and equitable care for residents who identify as Pasifika. The Pacific People's</p>

<p>and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>policy includes the Pacific health plan, which guides on how Pacific people who engage with the service are supported. The service had residents and staff who identify as Pasifika. The staff interviewed highlighted the importance of understanding and supporting each other's culture</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Three family/whānau and seven residents reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse 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>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff on an annual basis. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The clinical operations manager and CM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>In interviews, residents and whānau reported that communication was open and effective and that they felt listened to. The enduring power of attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported by the residents' records that were reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures. The service communicates with other agencies that are involved with the resident, such as the hospice (palliative care team), physiotherapists, wound care specialist and Health New Zealand - Auckland specialist services. The delivery of care includes a multidisciplinary team.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Signed admission agreements were evidenced in the sampled residents' records. Resuscitation forms, and care plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. The resident files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the resident and/or an enduring power of attorney (EPOA).</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>	FA	<p>The complaints management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Rights, which is the right to complain, to be taken seriously, respected and to receive a timely response. The service maintains a complaints'</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>register. There were 28 complaints in 2024, and 16 in 2025 (year to date) since the previous audit. The CM reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation, including follow-up letters and resolution, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they are provided with information on the complaints process, and remarked that any concerns or issues they had, were addressed promptly. The CM reported that any issues are discussed promptly with the residents before they escalate into complaints. Satisfaction and dissatisfaction outcomes of the complainant were documented.</p> <p>Family/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible and available in te reo Māori and English. The residents and family/whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or family/whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>There have been two external complaints received since the last audit. The Ministry requested follow up against four aspects of a complaint related to effective communication, following the National Adverse Event Reporting policy, complaint management, statutory and regulatory obligations in relation to essential notification reporting, comprehensive assessment processes and updating of care plans. There were no identified issues in respect of this complaint.</p> <p>The service has responded and complied with all requirements of supplying the requested information. All relevant interventions and resolutions have been implemented. One external complaint has been closed, and the other remains open. Key learnings from the complaints have been implemented. All complaints reviewed were acknowledged, investigated, reported, and had outcomes communicated within required timeframes. This was reiterated in interviews with residents and family/whānau. There were no issues identified in this audit in relation to these complaints.</p>
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<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>Sarah Selwyn is owned and operated by Selwyn Care Limited. The service provides care for up to 80 residents at hospital (geriatric and medical) and rest home level care. All rooms are designed for single occupancy and are certified as dual-purpose.</p> <p>On the day of the audit, there were 78 residents: 12 rest home, including one respite, the other a private paying resident; and 64 hospital, including one on long-term support- chronic health care (LTS-CHC) contract, and one on primary options of acute care (POAC). All remaining residents were admitted under the age-related residential care (ARRC) contract.</p> <p>Significant changes have occurred since the last audit, including the creation of two Boards, namely one that governs care centres (Selwyn Care Limited), and the Selwyn Foundation Charitable Trust that governs other charitable activities of the organisation. The Selwyn Care Limited Board works in close collaboration with the senior management team. There is a strategic plan, which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually, and progress towards meeting annual goals is reviewed regularly and discussed at Board meetings. The meeting minutes show a discussion of the objectives and progress. There is a quality and risk management plan documented, which is updated as required and at least annually. Clinical governance is provided by a clinical governance committee, chaired by a retired Health New Zealand Chief Nurse. The clinical governance committee reviews all aspects of the quality programme annually.</p> <p>The governing body assumes accountability for delivering a high-quality service through supporting the meaningful inclusion of Māori and Pasifika in honouring Te Tiriti o Waitangi, and being focused on improving outcomes for Māori and Pasifika. Equity for Māori and Pasifika is also addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control). Local Māori organisations are consulted in policy formulation and cultural advice. The CEO and director of care were knowledgeable about legislative and contractual requirements.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service implements the organisation’s quality and risk management programme, which is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits; and a process for identifying and addressing corrective actions.</p> <p>Internal audits, meetings (including monthly staff meetings, management meetings, and quality meetings), and data collation were all documented as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements, with evidence of progress and sign-off when achieved. This corrective action document is posted in the staffroom and discussed in staff meetings. Meetings provide an avenue for discussions in relation to key performance indicators (including clinical, such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint, etc), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Meeting minutes and quality data tables are also posted in the staffroom.</p> <p>Resident/family satisfaction surveys completed in August and October 2025 reflected high levels of satisfaction in all areas. Minimal corrective actions were identified in areas, such as food and call bells, which have been implemented.</p> <p>The quality and risk management plan, policies, and procedures clearly describe all potential internal and external risks, and corresponding mitigation strategies in line with the National Adverse Event Reporting Policy. Management knew the Severity Assessment Codes (SAC), SAC1 and SAC 2 reporting requirements. These were reported as per protocol. Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications.</p> <p>A health and safety system with identified health and safety goals is in place. Hazard identification forms held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety.</p> <p>Individual reports are completed for each incident/accident, with immediate</p>
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		<p>action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident-related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>The continuous improvement rating awarded at the previous certification audit has been maintained. The service continues to demonstrate sustained improvement in the delivery of palliative and end-of-life care. Referrals to the Palliative Outcome Initiative (POI) team have increased to 39 residents, indicating proactive identification and management of palliative needs. The service maintains strong collaboration with the local hospice and palliative care team, ensuring timely access to specialist input. Additional registered nurses have completed palliative care training, further strengthening the clinical team's capability. Feedback from family/whānau interviews and satisfaction surveys was consistently positive, with comments highlighting compassionate care, effective communication, and overall satisfaction with the service provided.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service adjusts staffing levels to meet the changing needs of residents. Care partners reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this.</p> <p>Rosters from the past four weeks showed that all shifts were covered by experienced registered nurses and care partners, with support from the management team. The service employed 15 registered nurses, and all shifts were covered by the registered nurses. A significant number of staff members maintain current first-aid certificates, so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The training and development officer, clinical operations manager, and CM reported that most of the training is completed online or face-to-face, Munch and Learn, and Practical Day every month. Evidence of regular education provided to staff was sighted in attendance</p>

		<p>records. Training topics included (but not limited to): Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); moving and handling; medication, critical thinking; fundamental of palliative care; de-escalation; shared goals of care; depression; pain management; falls assessment; cardiovascular assessment; care planning; chemical training; skin tear management; wound management; continence management; abuse and neglect; first aid; fire evacuation; and restraint management.</p> <p>Related competencies are assessed as per policy requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. Staff records were reviewed to demonstrate completion of the required training and competency assessments. There are 44 care partners employed. Thirty-two have achieved NZQA qualification level four, seven with level three, one with level two, and four have been enrolled for training and above NZQA qualification. The management team reported that the model of care ensured that all residents are treated equitably.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for RNs and associated health contractors.</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of six staff files (two senior RNs, two care partners, one house lead, one housekeeper) were reviewed. Staff files included reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications;</p>

		<p>orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six resident files were reviewed, including four hospital level, including one resident on a LTS-CHC contract; and two rest home level. Registered nurses are responsible for all assessments including interRAI assessments and care planning. A physiotherapist is on site daily Monday to Friday to undertake mobility assessments and implement exercise plans for residents. Resident files have evidence of resident and family/whānau input in assessments and care planning, and those interviewed confirmed they are involved at each stage from assessment to care planning, to evaluation. Initial assessments, short-term admission plans, interRAI assessments and long-term care planning are done within the timeframes required by the age-related residential care contract.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. At the time of the audit, all residents had chosen to be attended by the contracted general practitioner. Residents then have a monthly or three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides an on-call service after-hours, on weekends and public holidays. The general practitioner expressed staff are competent and communicate any concerns in a clear and timely manner.</p> <p>The diversional therapist completes a detailed lifestyle assessment to identify residents' interests and preferences, and uses this to develop a plan for meaningful activities. The lifestyle assessment includes a cultural assessment, and residents and family/whānau interviewed confirmed their extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system, and other validated assessment tools. Where interRAI shows a trigger for a specific need, this is included in</p>

	<p>care plans. Care plans are comprehensive and holistic, and include the goals and aspirations of residents, and describe the interventions required to achieve these. Where there is a potential for a risk for a resident, such as a change in mood, infection or hypoglycaemia, early warning signs and symptoms to report to the registered nurse are documented. Care plans are recorded on an electronic system and care partners confirm they easily access them.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents' change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Each area of the care plan shows that goals are reviewed and if not met, there is an explanation, and the care plan is updated so that interventions are planned to meet the residents' goals. Family/whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. When care plans are updated, care partners are updated on any changes. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are developed for short-term needs, such as wounds and infections. At the time of the audit, there were nine wounds being treated, including two pressure injuries (both unstageable and acquired offsite), skin tears, a chronic ulcer, anal fissure, and skin lesions. A wound register is maintained, and review of wound care plans and photographs show wounds are managed according to best practice, with input from a wound nurse specialist if needed. Photographs and wound assessments show the progress of wounds.</p> <p>Progress notes are completed each shift by the care partners and daily by the registered nurse. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment and updates the care plan if needed.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight; monthly as a routine or more often if indicated; blood glucose if needed; behaviour; positioning; bowels; oxygen saturation; vital signs; and food and fluids. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p> <p>Discussions with senior registered nurses and registered nurses identified senior registered nurses' mentor registered nurses in interpreting</p>
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		<p>assessment findings, care planning around individual needs, and identifying what signs and symptoms would indicate a change in the residents' condition. Review of care plans show care plans are based on assessment findings, signs, and symptoms to report to the registered nurse are listed.</p> <p>Review of the care plans show validated assessment tools are used for all assessments, including (but not limited to) falls risk, pain (including use of a specific pain assessment for residents with dementia), pressure injury risk, and continence. Assessments are completed routinely every six months and whenever there is a change in residents' condition. Residents who have a fall are assessed by the physiotherapist. When an assessment identifies a change in residents' status, a short-term care plan is developed for short-term needs (such as an infection), or the long-term care plan is updated for longer-term needs, such as a change in mobility or chronic pain.</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>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the electronic medication management system and progress notes. Medicines were seen to be stored in locked trolleys, and locked medication rooms. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and care partners who are required to pass an annual competency test, and have ongoing training in medicine management. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done.</p>

		<p>Twelve medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are five residents currently who self-administer their medications. All had completed competencies on file. Staff keep the medications on the medication trolley for three residents, and the other two store their medications in a locked cupboard in their rooms, as sighted during the audit. There are no standing orders.</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>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>The food control plan is current to 30 January 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transition to a different level of care, transfer to another facility or hospital, or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</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>FA</p>	<p>The building has a current warrant of fitness. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings, as viewed on the day of audit.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, last completed on 29 May 2025, and calibration and testing of clinical equipment, last completed on 18 February 2025. Hot water temperatures have been tested and recorded in resident rooms. Hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a clearly defined and documented infection prevention control (IPC) programme implemented, that was developed with input from external IPC services. The IPC programme was approved by the clinical governance committee, in consultation with the CM, clinical team, and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel, and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards, and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents and family/whānau.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by 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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are discussed at staff and management meetings, and reported back to the governing body.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, compared with the previous month, the reason for the increase or decrease, and action advised. Any new infections were discussed at shift handovers for early interventions to be implemented. Benchmarking is completed internally and externally.</p> <p>There was a Covid-19 infection outbreak in September 2025 reported since the previous audit. This was managed in accordance with the pandemic plan, with appropriate notifications completed.</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>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governance Board, management and staff. There is no use of restraint.</p> <p>Restraint related training, which includes policies and procedures related to restraint, cultural training and de-escalation strategies, is completed as part of the mandatory training plan and orientation.</p>

Specific results for criterion where corrective actions are required

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

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

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

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.