

# Leighton House Limited - Leighton House

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## 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:

<b>Legal entity:</b>	Leighton House Limited
<b>Premises audited:</b>	Leighton House
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 30 October 2025      End date: 31 October 2025
<b>Proposed changes to current services (if any):</b>	None.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	47

# Executive summary of the audit

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## 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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

### Key to the indicators

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

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

## General overview of the audit

Dementia Care New Zealand Limited is the parent company of Leighton House, located in Gisborne. The service provides hospital (geriatric and medical) and rest home levels of care for up to 50 residents. There were 47 residents on the days of audit.

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

The clinical manager is supported by an operations coordinator and a regional clinical manager.

There are quality systems and processes being implemented. Feedback from family/whānau was positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

The previous audit finding related to the registered nurse roster has been satisfied.

This surveillance audit identified shortfalls related to food service and the environment.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

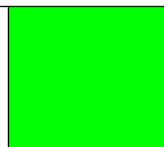
A Māori health plan is in place for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori.

A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural and spiritual beliefs.

Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that is responsive, fair, equitable and meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has a quality and risk management system in place that take a risk-based approach. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy that aims to manage human resources in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the general practitioners, nurse practitioner and visiting allied health professionals.

The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioners and nurse practitioners. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals occur in a coordinated manner.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The building has a B-RAD in place. There is a planned and reactive maintenance programme in place. All medical equipment has been calibrated.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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There is a comprehensive infection control programme in place which has been approved and reviewed by the directors. Staff complete education in relation to infection control during orientation and as scheduled annually.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been outbreaks recorded and reported since last audit.

## **Here taratahi | Restraint and seclusion**

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is a registered nurse. There were no residents using a restraint at the time of the audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## 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	16	0	2	0	0	0
Criteria	0	47	0	2	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

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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 is documented for the service, which Leighton House utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently has residents and staff who identify as Māori. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. 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>	FA	<p>There is a Pacific health plan which aligns to Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The aim is on fostering Pacific community integration and collaboration to enable better planning, support interventions, and evaluations of the health and wellbeing of Pacific peoples to improve outcomes. At the time of the audit there were no residents who identified as Pasifika. There were staff who identified as Pasifika and supported the service in understanding worldviews, cultural and spiritual beliefs of Pacific peoples.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in English and te reo Māori. The clinical manager demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with four family/whānau (one rest home and three hospital level), and three residents (one hospital level, two rest home level) confirmed they are informed of their rights and their choices are respected. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Leighton House policies provide guidelines that aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. A comprehensive house rules/ code of conduct is discussed and signed by staff during their induction to the service. The house rules/code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the house rules / code of conduct as part of the employment process.</p> <p>All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents’ comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Interviews with seven staff (four caregivers, two registered nurses, one cook), the clinical manager, operations coordinator, family/whānau and documentation reviewed, confirmed that the staff are very caring, supportive and respectful.</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</p>	FA	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was, and</p>

<p>will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>knew they had the right to choose. Admission agreements and consent forms were appropriately signed by the resident or the activated enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA and activation is on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility, or on request from staff. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. An electronic complaints register is being maintained, which includes all complaints, dates and actions taken. There have been four complaints made in 2024 and six received in 2025 year to date. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Main themes were around care and food related services.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and a family/whānau confirmed that they were provided with information on the complaints process, and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication, and to include whānau participation. Staff are informed of complaints (and any subsequent corrective actions) in the quality meetings</p>

		(meeting minutes sighted).
<p><b>Subsection 2.1: Governance</b></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>Dementia Care NZ Limited (DCNZ) is the parent company under which Leighton House operates. Leighton House provides rest home and hospital (medical and geriatric) levels of care for up to 50 residents. There are 30 dedicated rest home beds and 20 dual purpose beds. All rooms are single occupancy. On the day of audit, there were 47 residents: 27 at rest home level (including one on Accident Compensation Corporation (ACC) respite funding) and 20 at hospital level. The remaining residents were under the age-related residential care (ARRC) agreement.</p> <p>DCNZ has a corporate structure that includes two directors/owners and a governance team of managers, which includes: an operations management leader, quality systems manager, public relations and marketing manager, national clinical and quality lead, two regional clinical managers (North and South Island), and a national training coordinator. The role of Strategic Communication, Engagement and Governance Advisor is in place and guides the governance of the organisation. There are terms of reference for responsibilities at the general meeting (governance meeting) and for the clinical governance group that reports to the general meeting. A group of advisors provide guidance to the directors this includes business advisors, the clinical governance group and customer focus groups. The guidance from these groups assists with the direction of the strategic and business plan. Barriers to providing culturally appropriate services are identified and mitigated. The Māori health advisor ensures these needs are met.</p> <p>DCNZ has an overarching strategic plan (2024-2027) and a related business plan 2025-2026 that is developed in consultation with managers and has been reviewed annually. The organisation’s vision and values include acceptance of all people with kindness, love, provision of peace and comfort. The management team are striving to achieve this vision with openness, honesty, integrity, and passion. The strategic plan identifies Māori equity as a principal driver for success, alongside Pacific community inclusion.</p> <p>Quality improvements are identified at the individual facilities and/or at an organisational level where needed. The feedback from these sources and quality improvement initiatives generated, are reported through DCNZ</p>

		<p>general meeting, and steps to address issues raised are identified. DCNZ works closely with Health New Zealand to ensure service provision meets the needs of the local community. A regional clinical manager supports the clinical manager of each service. Where clinical issues arise, they are considered at the clinical governance meeting, which the regional clinical managers attend. Issues and outcomes from the clinical governance meeting are discussed with the directors and reported through the general meeting.</p> <p>The day-to-day clinical operations is overseen by the clinical manager, who is supported by an operations coordinator, who oversees the non-clinical part of the operations. The clinical manager (a registered nurse with a current practicing certificate) has been in the role since September 2025, and has worked at Leighton House for the past 13 years. The operations coordinator has been in the role since April 2025, with retail experience and overseas health background. The management is supported by a team of registered nurses, caregivers, home assistants and kitchen staff. The regional clinical manager, quality systems manager, national educator and an operations management leader also provide support for the staff at Leighton House. The managing director visits the site on a regular basis to support the management team.</p> <p>The clinical manager and operations coordinator have maintained the required hours of professional development activities related to managing an aged care facility, including orientation into their respective roles and two-day professional development days for DCNZ operations managers/coordinators.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous</p>	<p>FA</p>	<p>Leighton House is implementing a quality and risk management programme. The 2024 annual quality improvement goals have been reviewed, and the 2025 programme is documented and includes plans to achieve goals, target dates for implementation, responsibilities for implementation, and improvement indicators. Leighton House implements a continuous quality improvement approach with service delivery. A quality improvement project looking at ensuring staff compliance with training is maintained above 90%, was being implemented at the time of the audit. Interview with the clinical manager confirmed their understanding and involvement in quality and risk</p>

<p>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>management practices.</p> <p>The organisation's quality and risk management programme includes performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality, resident incident analysis, health and safety, and registered nurse meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Meetings were completed as scheduled and meeting minutes reviewed evidence follow up of actions and sign off when completed. Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery, and are being signed off when resolved and discussed at meetings. Quality data is collected, analysed, and discussed at meetings.</p> <p>Resident and family/whānau satisfaction are completed annually. The resident and family/whānau surveys completed in 2025 have recently been collated and reflect overall satisfaction of the service. The 2024 satisfaction survey results demonstrated satisfaction with all aspects of service delivery. Survey outcomes from the 2024 resident and family/whānau surveys have been communicated to the residents and family/whānau. Corrective actions related to individual comments have been addressed. Resident meetings occur monthly. Minutes reviewed demonstrated issues raised are followed up on, with actions being reported back to the meeting.</p> <p>Each incident/accident is documented electronically. Ten accident/incident forms reviewed indicated that the forms are completed in full, and signed off by the clinical manager; opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the resident incident analysis, quality, health and safety, and registered nurse meetings. Health and safety meetings occur monthly. Hazards and other risks are documented and addressed. There is a plan to ensure that staff receive education related to hazard management and health and safety at orientation, and annually.</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 and Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) reported. There has been one outbreak since the previous audit, which was well</p>
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		managed and reported appropriately.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements for Leighton House. The roster reviewed showed that there is 24/7 registered nurse cover sufficient and appropriate for the effective delivery of care and support for rest home and hospital level care residents. The previous audit shortfall related to HDSS2021: # 2.3.1 has been satisfied. The number of caregivers on each shift is sufficient for the acuity and layout of the facility to provide safe and timely care on all shifts.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Staff absences are covered by own staff and casuals, as sighted on the roster and on the days of the audit. The clinical manager and operations coordinator work full time Monday to Friday. The clinical manager is available on call 24/7 for any clinical concerns, and the operations coordinator provides on call for non-clinical issues 24/7.</p> <p>There is an annual education and training schedule completed for 2024 and is being implemented for 2025. The education and training schedule lists compulsory training, which includes cultural awareness training and topics related to caring for the older person. Training is facilitated virtually or face to face and led by the DCNZ educator (also mental health registered nurse). The service provides training days each month and staff are rostered to attend; this ensures a very high percentage of staff who attend the compulsory training. Training has included (but not limited to) sexuality and intimacy; abuse and neglect; Code of Rights; chemical safety; emergency safety; manual handling; end of life; Māori health; Pasifika health; restraint; dementia, delirium and depression; skin care; wound management; infection control; and falls prevention.</p> <p>External training opportunities for care staff include training through Health New Zealand and hospice. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-three caregivers are employed. Of the 23 caregivers at Leighton House, 17 have achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</p>

		Records reviewed show that all staff have completed the required competencies. Registered nurses have current medication competencies. Three of six registered nurses (including clinical manager) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness; and identifying and assessing the unwell resident. A record of completion is maintained on an electronic system and staff personnel file.
<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>Five staff files reviewed included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, nurse practitioner, pharmacists, podiatrist, physiotherapist, and dietitian.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice, and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment to Māori. Staff who have been employed for a year or more, have a current performance appraisal on file.</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>	FA	Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed: two rest home and three hospital, including one resident on Accident Compensation Corporation (ACC) respite funding. Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) those related to nutrition, pain, transfer and mobility, skin, continence, pressure injury risk, cultural, behaviour, social

	<p>history, and information from pre-entry assessments completed.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Initial interRAI assessments have been completed within three weeks of admission, excluding for the resident on ACC. For the ACC resident, specific assessment including those related to nutrition, pain, transfer and mobility, skin, continence, pressure injury risk, cultural, behaviour, and social history informed the care plan. The initial care plans were detailed to provide guidance to care staff in the delivery of care.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident, and provide guidance to staff around identified medical and non-medical needs. Documented interventions and early warning signs meet the residents' assessed needs. There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds, with sign off when resolved or moved to the long-term care plan. Short-term care plans have been completed and evaluated for identified short-term needs, sighted in the resident records.</p> <p>Interview with the clinical manager and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori, to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit.</p> <p>The initial medical assessment is undertaken by the general practitioners (GP) and nurse practitioners (NP) within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner and nurse practitioner visits when the resident's condition is considered stable. There are five medical practices where residents self-enrol, and the teams of general practitioners and nurse practitioners visit their enrolled residents at least weekly for clinics. After-hours cover is provided by an after-hours medical service and the local hospital. The general practitioners and nurse practitioners have access to the resident records, including the medication system. The nurse practitioner interviewed stated that there was good communication with the service and that although it is a new team of registered nurses, they continue to build on their skills related to aged care nursing. The nurse practitioner commented that they were informed of concerns in a timely manner. A physiotherapist visits the facility two hours per week, and review residents referred by the registered nurse. There is evidence of a multi-disciplinary approach in the</p>
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	<p>care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, and continence specialists available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner / nurse practitioner reviews, medication changes, and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner, and reviewed at appropriate intervals. There were 12 active wounds from 11 residents. The wounds reviewed included lesions, abrasions, skin tears, and chronic ulcers. Wounds were dressed as scheduled, with clear documentation that included assessments, photographs, management plans, and evaluations evidencing progress towards healing. Referrals were completed for wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers, and registered nurses. When a resident's condition alters, the registered nurse initiates a review with the general practitioner or nurse practitioner.</p> <p>Registered nurses also undertake assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurse has added to the progress notes when there was an incident, and changes in health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose levels. Monitoring charts have been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely</p>
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		<p>manner by the registered nurse. Caregiver interviews confirmed they are familiar with the needs of all residents in the facility, and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls, or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments, and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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>Leighton House has policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of mandatory training. Registered nurses are required to complete syringe driver training, and these have been completed as sighted in the training records.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All stored medications are checked monthly. There were no expired medicines in storage. Eyedrops have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts</p>

		<p>reviewed identified that the general practitioners and nurse practitioners had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications. Processes are in place should a resident wish to self-administer their medicines, including an assessment of competency, general practitioner or nurse practitioner sign off and secure medication storage. No standing orders are used.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms, and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook reported they accommodate residents’ requests.</p> <p>There is a verified food control plan which expires 23 March 2026; however, review of food storage confirmed that food was not consistently labelled and dated. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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>	<p>FA</p>	<p>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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 Low</p>	<p>The buildings, plant, and equipment are fit for purpose at Leighton House. The environment is inclusive of people's cultures and supports cultural practices. There is no current building warrant in place. The service has a B-RAD, which was issued 28 March 2025.</p> <p>There is an electronic maintenance request process for repairs. Equipment failure or issues are also recorded in the maintenance electronic log. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical test and tag, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperatures have been checked weekly and demonstrate that they have been within expected ranges; however, not all test and tag have been completed for all electrical equipment, sighted on the day of the audit. Essential contractors/tradespeople are available 24 hours a day as required.</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 infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. The infection control programme is linked to the quality system. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control programme is reviewed and reported on six-monthly.</p> <p>The infection control policy states that Leighton House is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed the required training.</p> <p>The infection control coordinator, a registered nurse, has undertaken recent education online (completed October 2025) and has additional support from the clinical manager and expertise at Health New Zealand.</p>
<p>Subsection 5.4: Surveillance of health care-associated</p>	<p>FA</p>	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention and control programme. Monthly infection</p>

<p>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>data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antibiotic use. This data is monitored and analysed for trends, monthly and annually. Leighton House incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance results are discussed at infection control, registered nurse and quality meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Infection control audits have been completed, with corrective actions for areas of improvement implemented.</p> <p>Leighton House receives regular notifications and alerts from Health New Zealand for any community concerns. There has been one respiratory tract infection outbreak (July 2025) since the last audit. The outbreak was well documented, managed, and reported on. A debrief was completed to identify what went well, and areas of improvement related to outbreak management.</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>Maintaining a restraint-free environment is the aim of the service. This is supported by the directors. Restraint use is discussed and monitored at the organisational six-monthly restraint approval group meeting (last held in July 2025) and registered nurse meetings. At the time of the audit, there were no residents using restraints. The facility has been restraint free since 2022. The designated restraint coordinator is a registered nurse. Staff attend training in challenging behaviours, including de-escalation techniques and restraint use.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Low	<p>The main kitchen was observed to be clean. The main kitchen fridge and the kitchenette fridge had decanted food that was unlabelled and/or undated food stored. Staff have completed food safety training as part of the mandatory training. Residents and family/whānau interviewed expressed satisfaction with the food service.</p>	<p>Decanted food and sauces were not labelled and dated in the kitchenette fridge, main kitchen fridge and chiller.</p>	<p>Ensure that any decanted food is consistently dated and labelled.</p> <p>60 days</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 and supports cultural practices.</p>	PA Low	<p>At the time of the audit there was no building warrant of fitness. The service had a B-RAD that was issued in March 2025 related to fire requirements. Following communication with the council, the service awaits further inspection for a building warrant of fitness.</p> <p>The operations coordinator has oversight of the annual maintenance plan, that includes electrical test and tag, equipment checks, call bell checks</p>	<p>(i). Electrical test and tag has expired for electrical equipment sighted in the facility.</p> <p>(ii). At the time of the audit, the facility did not have a current BWOF. There was a B-RAD in place that was issued 28</p>	<p>(i). Ensure that test and tag is completed as scheduled for all electrical equipment.</p> <p>(ii). Ensure that there is a current building warrant of</p>

		<p>and calibration of medical equipment. Inspection of electrical equipment on the day of the audit showed that not all equipment had current testing and tagging in place. This included (but not limited to) equipment such as vacuum machines, extension codes, power cables in the office, and zip machine for hot water in the kitchenettes. Overdue dates dated back to April 2024 and May 2025 for the equipment sighted. Calibration of medical equipment has been completed and is next due in August 2026.</p>	<p>March 2025 related to fire safety.</p>	<p>fitness in place.  90 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.