

Henderson Healthcare Limited - Edmonton Meadows Care Home

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:	Henderson Healthcare Limited
Premises audited:	Edmonton Meadows Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 7 October 2025 End date: 8 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:	60

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Edmonton Meadows Care Home provides hospital (geriatric and medical), rest home, and dementia level services for up to 60 residents. There were 60 residents on the days of audit.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Health New Zealand Te Whatu Ora. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff and management. The general practitioner was not available at the time of audit.

The facility manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse), operations manager, and duty manager. There are quality systems and processes being implemented. Feedback from residents and a family/whānau member was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This surveillance 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 fully attained.
---	--	--

Edmonton Meadows Care Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service provides high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Edmonton Meadows Care Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. 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 fully attained.
---	--	--

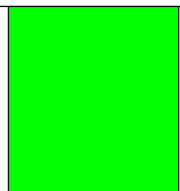
The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of data were documented as taking place as

scheduled, with a robust corrective action process implemented. Quality and risk performance is reported in management and staff meetings. The service complies with statutory and regulatory reporting obligations.

Health and safety processes are implemented with this itemised as a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
---	---	--

Registered nurses assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

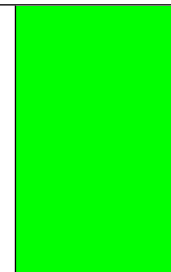


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. A maintenance plan is adhered to, and all equipment is tagged, tested, and calibrated as scheduled. The dementia unit is secure.

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.

The infection prevention and control programme is implemented and has been approved by the owners.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Staff are informed about infection control practices through meetings, and education sessions. There have been no outbreaks since the previous 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the facility manager. At the time of the audit there were no residents using physical restraints. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	19	0	0	0	0	0
Criteria	0	50	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 is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents and staff who identify as Māori. Edmonton Meadows Care Home (Edmonton Meadows) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and this is documented in the resident care plans where required. There are clear processes to include tikanga Māori in everyday practice.</p> <p>Interviews with the clinical manager, the facility manager, operations manager, one registered nurse, four caregivers, one cook and kitchen hand demonstrated a knowledge of implementing the principles of Te Tiriti O Waitangi to all aspects of the service.</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.</p>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant who is</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>well known and respected in the industry and who has had input from their Pasifika community and staff. The service currently has residents and staff who identify as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioner Code of Rights are included in the information that is provided to new residents and their family/whānau. The facility manager or clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, te reo Māori and other languages.</p> <p>Three residents (two rest home and one hospital), and one family/whānau member (from the secure dementia unit) confirmed that individual choices, independence and cultural beliefs 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>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Edmonton Meadows policies are documented to protect residents from any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Edmonton Meadows as a facility is inclusive of ethnicities and cultural days are held to celebrate diversity. A staff code of conduct (house rules) is discussed during the new employee's induction to the service with evidence of staff signing the policy. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents of all ages, showing them respect and dignity. All residents and a family/whānau member interviewed confirmed that the staff are very caring, supportive and respectful. The service has a workplace bullying policy (reviewed August 2025) which enforces zero tolerance, and an external employee assistance process is available to staff if needed.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions and the maintaining professional boundaries policy. Interviews with staff confirmed</p>

		their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff engagement results evidence a supportive working environment that promotes teamwork.
<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>Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes; this was confirmed through the interviews with family/whānau.</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>There are policies that guide staff around informed consent processes including the resuscitation management, resident representative, and Enduring Power of Attorney (EPOA) policies. The resident files reviewed included signed general consent forms. Residents and a family/whānau member interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Staff have received training related to informed consent.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated an activation letter and incapacity assessment was on file. This includes the two files reviewed of residents in the dementia unit.</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. 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. 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 management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints procedure is provided to residents and families during the resident's entry to the service. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and one family/whānau member confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process. The facility manager acknowledged the understanding that, for Māori, there is a preference for face-to-face communication and confirmed that this would be encouraged for any complainant, but particularly for Māori.</p> <p>There have been two complaints received via the HDC and one via Health New Zealand. The Ministry requested follow up against aspects of a complaint (July 2025) that included adverse event reporting and management and managing changes in resident conditions. There were no identified issues in respect of this complaint. A further complaint received via the HDC dated April 2025. There are a series of actions required by the HDC by October 2025 which have all been implemented. The Ministry requested follow up against aspects of a complaint (September 2025) that included communication and managing changes in resident conditions. There were no identified issues in respect of this complaint.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance</p>	<p>FA</p>	<p>Edmonton Meadows is an aged care facility located in West Auckland. There are 48 dual purpose rest home and hospital level beds, and 12 dedicated secure dementia level care beds. On the day of the audit there were 60 residents in total. There were 21 rest home level residents, including: one resident on a younger person with a disability (YPD)</p>

<p>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>contract, one person funded through the long-term support- chronic health (LTS-CHC) contract, and one funded through the primary options for acute care (POAC) contract. There were 27 residents at hospital level including: two residents on a YPD contract. There were 12 residents in the secure dementia unit including three funded through the LTS-CHC contract. The residents not on a contract were on the age-related residential care (ARRC) contract.</p> <p>Edmonton Meadows Care Home is the trading name of Henderson Healthcare Limited - a privately owned company with two directors. There is an operations manager (RN) provides operational oversight for Edmonton Meadows Care Home. The organisation structure, purpose, vision, values, mission statement, performance and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. The vision to provide a homely environment and values is documented and displayed in the foyer. The operations manager, facility manager and clinical manager confirmed knowledge of the vision and values and were able to give examples of how these were implemented.</p> <p>Edmonton Meadows Care Home has a well-established organisational structure; the operations manager provides guidance to the directors around clinical governance that is appropriate to the size and complexity of the organisation. The business plan identifies scope, direction, and goals of the service. The 2022- 2025 business development plan has been evaluated through the integrated meetings and the director’s meetings. The draft of the 2025- 2026 business development plan has been drafted and is currently with staff (including Māori) and family for comment.</p> <p>The operations manager and directors work with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori and to identify and address barriers for Māori for equitable service delivery. The overall goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural needs of the residents that they serve in order to identify and address barriers to equitable service delivery.</p> <p>The operations manager and clinical manager (both RNs) support the facility manager (non-clinical). The facility manager and clinical manager are experienced in their roles. The operations manager has been at Edmonton Meadows Care Home since 2017 and has worked for the directors for 17 years. They are supported by a longstanding and</p>
---	--

		experienced care team.
<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>	FA	<p>Edmonton Meadows is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings including staff meetings and integrated meetings (management and clinical meetings) are held. These document the comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Meeting minutes and training has ensured that clinical and service gaps have been addressed. Corrective actions are documented where indicated, to address service improvements with evidence of progress and closure when achieved.</p> <p>The service completes resident and family/whanau satisfaction, and food satisfaction surveys annually. The food survey completed in July 2025 provided positive results, and the resident and family survey in September 2025 reflects overall satisfaction of the service comments around meals and privacy were documented as discussed in the resident meetings.</p> <p>A risk management plan is in place. Health and safety is a standing agenda item in meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated and analysis undertaken by the facility manager monthly and reported to the operations manager. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months. Manual handling policies are documented and care plans reviewed included manual handling for individual residents. Caregivers, the RN, the clinical manager and facility manager were all able to describe the reporting process for health and safety risks.</p> <p>Hard copy reports are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required,</p>

		<p>evidenced in the accident/incident forms. Internal and external adverse reporting are completed as required and investigated by the management to reduce preventable harm, falls events are investigated with analysis to contributing factors to the fall, gap identification and improvement actions and, where the resident's progress is different from the expected, assessments and care plan are updated in collaboration with the resident and/or family/whānau.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including severity assessment code (SAC) reporting procedures. There have been no occasions requiring Section 31. There has been one severity assessment notification sent since the previous audit for a fall with fracture.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements, and the service provides adequate registered nurse cover for rest home level care residents. The facility manager and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager is available Monday to Friday and covers the on-call roster along with the clinical manager.</p> <p>Interviews with staff, the clinical manager and the facility manager confirmed that their workload is manageable. Interviews with caregivers, and an RN evidenced that staff appear to be settled and happy. Caregivers stated they have worked at the facility for many years and only stay because they "like working here". Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training as well as a range of topics related to caring for the older person. The service has implemented a range of additional training following HDC complaints including; bullying, manual handling protocols, a review of the complaints (all staff), staff stress management, respect and attitude, skin checks and wound care, foot care, oral health assessment, recognition of decline, communication around changes to care needs, culturally safe practice,</p>

		<p>advance care planning and communication with family, person centred care, falls prevention and management, incident reporting, incident investigations, communication with older people, RN critical thinking, ISBAR, RN documentation, code of rights, abuse and neglect and behaviour management. All training continues to be repeated to ensure as many staff as possible have an opportunity to attend. The training is provided as well as the scheduled training programme. Staff attendance has been between 16 to 25 staff which is around 30 -60% of staff.</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. There are ten caregivers who work in the secure dementia unit all of whom have completed the required dementia unit standards. Three caregivers have achieved level four NZQA in health and wellbeing, 14 have achieved level three, five have achieved level two, and five have not yet completed level two.</p> <p>The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. RN competencies include medication, syringe driver and interRAI assessment competency.</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>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member, application form and reference checks. All staff who have been employed for over one year have an annual appraisal completed. The practising certificates for the registered nurses, and other health practitioners are retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. 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. The service demonstrates that the</p>

		<p>orientation programme supports staff to provide a culturally safe environment for Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</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>The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files reviewed; two from each of rest home level (including a younger person), hospital level and dementia care, evidenced initial care plans are developed in partnership with the residents/EPOA within the required timeframe. There is documented evidence of resident, EPOA or family/whānau involvement in care-planning. Care plans are based on data collected during the initial nursing assessments.</p> <p>The paper based individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment (completed for all residents). The long-term care plans and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. Short term care plans are developed for short term needs such as infections, wounds, bruises and have been evaluated and signed off once completed or transferred to the long-term care plan. All care plans reviewed had been regularly reviewed to ensure that needs and risks are an ongoing process, and that any changes were documented in the care plan.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The staff take residents to the GP surgery for planned reviews, and the GP is available for acute visits, and after hours. Documentation and records reviewed were current. The GP was not available for interview at the time of audit. A physiotherapist is available as required. Contact details for family are recorded in the clinical file. Resident records evidenced that family are informed where there is a</p>

		<p>change in 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. Photos were taken where this was required. Wounds included skin tears, lesions, chronic ulcers, and abrasions. There was evidence that if wounds required additional specialist input, this was initiated, and a wound nurse specialist consulted.</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 the facility manager. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the RNs initiate a review with the GP. There was evidence RNs had added to the progress notes when there was an incident and or change in health status.</p> <p>A range of monitoring charts are available for staff to utilise. Monitoring charts reviewed were all completed as required. 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 include the degree of achievement towards meeting desired goals and outcomes, are documented by the registered nurses.</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>A safe electronic medication management system was observed on the day of audit, and eleven electronic medication records were reviewed and one paper based. The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. Prescribing practices are in line with legislation, protocols, and guidelines. Three-monthly reviews by the GP and allergies were recorded in all electronic medication charts sampled. The paper-based chart was for a short-term resident and reviews have been documented as needed for changes in medication needs.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by</p>

		<p>the facility manager on delivery to the facility. All medications sighted were within current use by dates, and eyedrops had been dated upon opening. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily. Medications are stored securely in accordance with requirements.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. All staff who administer medications have current competencies in place. Registered nurses oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>There were no residents self-administering medication on the day of the audit; policy and procedures including assessment, review, and the provision of safe storage were in place where required. Standing orders are not used, and vaccines are not kept on site.</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>A nutritional assessment is undertaken by the registered nurse for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and a family/whānau member interviewed stated that they are satisfied with the meals provided.</p> <p>The food control plan is current and expires 12 September 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	FA	<p>There is a documented policy that relates to resident transfer and</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>discharge. Transition, discharge or transfer is managed in a planned and coordinated in a timely and safe manner. Interview with staff confirmed residents and their family/whānau were involved for all discharges to and from the service. Discharge notes are kept on file and discharge instructions are incorporated into the care plan.</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>	FA	<p>There is a current building warrant of fitness certificate in place. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. The environment is inclusive of people's cultures. The dementia unit is secure with secure and accessible gardens. All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where 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</p>	FA	<p>The clinical manager (registered nurse) oversees and coordinates the implementation of the infection control programme. Infection control nurse role, responsibilities and reporting requirements are defined in the job description. The infection control nurse has completed infection prevention and control training via Health New Zealand and the Ministry of Health. There is a defined and documented infection control programme, and the programme was developed by an external consultant, well known, and respected in the industry and approved by the board. Policies reflect the requirements of the infection prevention and control standards and include</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>appropriate referencing. Policies are available to staff.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date with a high number of staff attending. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</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 program is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. An infection control manual is used as reference for best practice around infection control. Advice around infection control matters is also sought from the local infection control specialist in Regional Public Health and by liaising with the GP.</p> <p>Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system and wounds is collected, based on signs, symptoms and infection definitions. This information is logged into an infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and executed, which is also analysed monthly and annually for trend identification. Additionally, the infection control data captures information on ethnicity. Staff are kept up to date on infection rates and outcomes of regular audits during staff meetings, with evidence documented in the minutes of these meetings. There have been no reported outbreaks since the previous audit.</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</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>Interview with the restraint coordinator described the organisation's commitment to restraint elimination and implementation across the</p>

<p>use of restraint in the context of aiming for elimination.</p>		<p>organisation. The reporting process to the board includes restraint data that is gathered and analysed monthly. On the day of the audit there were no residents utilising restraints.</p> <p>Interviews with staff confirmed who are actively involved in the ongoing process of restraint elimination. Training for all staff occurs at orientation and annually. This includes a competency assessment.</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.