

Shalom Court Auckland Incorporated - Shalom Court Rest Home and Hospital

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 The DAA Group Limited, 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:	Shalom Court Auckland Incorporated
Premises audited:	Shalom Court Rest Home and Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 October 2025 End date: 2 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:	28



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

Shalom Court Auckland Incorporated (Shalom Court Rest Home and Hospital) provides hospital-level and rest home-level care for up to 29 residents. There have been no changes to the facility or senior management since the previous audit.

This surveillance audit process was conducted against the Ngā Paerewa Health and Disability services Standard (NZS 8134:2021) and the contracts the service holds with Health New Zealand – Te Whatu Ora. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents and whānau, staff, a general practitioner, and members of the operation team and governance. Residents and whānau were complimentary about the care provided.

There was one corrective action to be followed up from the previous audit. This area of improvement related to registered nurse coverage 24/7 has not yet been fully addressed. As a result of this surveillance audit, improvements are required in relation to interRAI assessments not being completed in a timely manner, long-term care plans not being updated, and wound care management not being completed as per the documented wound care policy requirements.

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.

Shalom Court Rest Home and Hospital worked collaboratively to support and encourage a Māori world view of health in service delivery. The facility does not have Māori residents; however, policies and procedures are in place that uphold Te Tiriti o Waitangi and the principles of mana motuhake.

There are systems in place to ensure Pacific peoples, when admitted to this home, are provided with appropriate services that recognise their cultural and spiritual views. Pacific staff employed would ensure Pacific residents needs are met.

Residents and their whānau are informed of their rights under the Code of Health and Disability Services Consumers' Rights (the Code), and these rights are consistently upheld. Service providers maintain professional boundaries, and there was no evidence of abuse, neglect, discrimination, or other forms of exploitation. Residents' property and finances are respected, and professional boundaries are maintained.

Staff have attended appropriate training and were aware of residents' rights according to the Code.

Policies and the Code guide staff to ensure informed consent is obtained as required. Residents and whānau reported feeling included in decision-making about care and treatment, demonstrating the service's commitment to partnership and transparency.

Complaints are addressed promptly and equitably, in collaboration with all parties involved, supporting an open and responsive complaints management process.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori, Pacific peoples, and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing and skill mix meet the cultural and clinical needs of residents when casual or bureau staff utilised. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Shalom Court Rest Home and Hospital worked in partnership with residents and their legal representatives to assess, plan, and evaluate care. Care plans are individualised and informed by comprehensive risk-based assessments. Interventions are tailored to residents' specific diagnoses. Reviewed records demonstrated that the care provided met the needs of residents and their whānau.

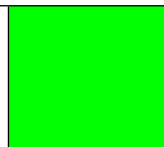
Medicines are managed and administered in accordance with established policies and procedures. Pro re nata (PRN) medications are regularly reviewed and audited within required timeframes.

The food service caters to the nutritional and cultural needs of residents and operates in accordance with an approved food control plan. A holistic approach to menu development is adopted, ensuring that food preferences, dietary needs, intolerances, allergies, and cultural preferences are considered in consultation with residents, family/whānau, and legal representatives where appropriate. Residents verified satisfaction with meals.

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

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

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

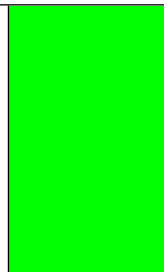


Subsections applicable to this service fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness (BWOFF) and planned maintenance programme ensure safety. Electrical equipment is tested as required. Biomedical equipment has been checked and assessed as required.

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

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



Subsections applicable to this service fully attained.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control, supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques and alternative interventions, and demonstrated effective practice.

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	0	2	0	0
Criteria	0	47	0	0	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Shalom Court Rest Home and Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and a marae to support service integration, planning, equity approaches, and support for Māori. A Māori health plan was documented and includes Te Whare Tapa Whā model of care. There were no Māori residents at the time of audit. There were no staff who identified as Māori. Training on Te Tiriti o Waitangi and cultural safety was provided to all staff during orientation and annually thereafter. Cultural topics were also available online for staff to access in their own time.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific</p>	FA	<p>Shalom Court Rest Home and Hospital provided services that are underpinned by Pacific worldviews. There were no residents from Pacific countries at this home on the day of the audit. However, there were staff who identified as Pacific people. Cultural and spiritual beliefs were embraced, and staff interviewed expressed that, when Pacific people are admitted to this service, their needs can be effectively met. One staff member who has worked at this facility for some time has been appointed as the cultural advisor. The 'Fonofale' model of care was understood by</p>

<p>worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>the staff interviewed.</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>Staff interviewed demonstrated an understanding of the requirements of the Code and were observed supporting residents in ways that respected their preferences, dignity, and cultural values.</p> <p>Whānau and legal representatives interviewed reported being informed about the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service).</p> <p>Evidence was sighted of Māori mana motuhake, advocacy, and Code of Rights training provided to staff. Opportunities to discuss and clarify residents' rights were provided during admission and at six-monthly multidisciplinary meetings.</p> <p>Residents and whānau interviewed at Shalom Court Rest Home confirmed that they were provided with clear information about their rights and felt supported in having their choices and wishes respected.</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>Residents at Shalom Court Rest Home and Hospital receive services in an environment free from discrimination, coercion, harassment, exploitation, abuse and neglect. This is supported by relevant policies and regular staff education. During the audit, there were no instances identified of such issues, as confirmed through interviews with staff, residents, and whānau or legal representatives, and through a review of documentation.</p> <p>Residents reported that their property was respected, and there was evidence that residents' belongings were labelled on admission. Residents' finances are managed securely. Cash brought in by residents is stored in a locked safe, with access provided through a designated key person when required. A system is in place to safeguard the residents' comfort fund. This is updated by the clinical nurse manager, with support from the accounts manager, using an electronic software system to ensure transparency and accountability.</p> <p>Evidence sighted showed that professional boundaries training and Code</p>

		of Rights training were provided to staff, with the most recent sessions completed in February 2025.
<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>Residents, whānau and enduring powers of attorney (EPOAs) are provided with the information necessary to make informed decisions in line with the Code. They felt empowered to actively participate in decision-making. With the residents' consent, whānau were also included in decision-making processes.</p> <p>Advance care plans and EPOAs were evident in the records reviewed. Activated EPOA documents were present. The admission agreements were appropriately signed by either resident or family.</p> <p>Informed consent on specific procedures were also cited. Examples included general consent forms, resuscitation forms, and vaccination consents.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. They demonstrated understanding of the principles and practice of informed consent. Staff interviewed confirmed they had attended training on Te Tiriti of Waitangi and cultural safety.</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>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>The service assures the process works equitably for Māori by having a copy of the Code displayed in te reo Māori. Interpreter services are accessible if needed.</p> <p>The complaints register reviewed verified that three verbal and two written complaints had been received in the last year, and all complaints had been addressed and effectively closed out. Documentation sighted showed that complainants had been informed of findings following investigation. Any complaints were used for quality improvements.</p>

		<p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed, and through the Shalom Court Rest Home and Howick Baptist Hospital (HBH) Group Quality and Risk Management Plan – Operational Goals 2025–2026, last reviewed in June 2025. Shalom Court Rest Home and Hospital have a core organisational business plan that outlines the service’s goals, objectives, and key strategies, including human resource management (HRM) and property services.</p> <p>Shalom Court Rest Home has two trusts, the Auckland Jewish Aged Home Trust Board (three board members), which is responsible for the premises (village cottages) and supporting Jewish residents in need of such support. This board reports directly to the Shalom Court Board (seven Board members) which is responsible for the operational management of Shalom Court Rest Home. Howick Baptist Healthcare Group is responsible for the clinical governance, quality systems and risk support and ensuring the quality management and risk is implemented to meet the requirements of an aged residential care facility and to meet the agreement obligations with Te Whatu Ora.</p> <p>The Eden Alternative philosophy and the quality and risk management plan support the principles and values of the Eden Alternative. In fulfilling the obligations of quality and risk management, the 10 Eden principles are considered. Shalom Court Rest Home and three other Howick Baptist Hospital facilities have commenced the registration process in 2025. A commitment to the quality and risk management system was evident.</p>

		<p>All members of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board of directors and minutes of meetings held. The annual report 2024–2025 was reviewed.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to the group manager – clinical operations and quality (GMCOQ) and monitoring of resident safety and clinical indicators monthly. The GMCOQ reports directly to the chief executive officer (CEO) Howick Baptist Healthcare Group. The general manager (GM) Shalom Court Rest Home interviewed is responsible for non-clinical operations management and reports to the Shalom Court Rest Home board.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for the provision of rest home-level care, hospital-level care, and respite care. On the day of the audit, there were 10 residents receiving rest home-level care, 18 receiving hospital-level care, and no residents receiving respite care. The home has a total of 29 beds and 28 were occupied on the day of the audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes, for example, management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management.</p> <p>Feedback from residents and families was encouraged. An annual survey has recently been sent out to residents and their family members. Results had not yet been received at the time of the audit. An annual staff survey is also completed by staff. Families and residents interviewed during the audit expressed satisfaction with the care and management provided by staff.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. The GMCOQ is in contact with the nurse manager (NM) weekly. Any issues are discussed and addressed.</p> <p>Policies reviewed covered all necessary aspects of the service and of</p>

		<p>contractual requirements, and were current.</p> <p>The GMCOQ described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>External benchmarking occurred, and quarterly cluster meetings are held with the organisations involved in this process.</p> <p>The NM and GMCOQ understood and have complied with essential notification reporting requirements. Section 31 notifications reviewed were in relation to the registered nurse (RN) shortage on some shifts, and one notification was completed when a resident absconded from the facility. There have been no notifications to the Health Quality & Safety Commission (HQSC) since the previous audit. There have been no investigations, issue based audits or coroner's inquests since the previous audits.</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>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Bureau RNs are contracted to ensure adequate RN cover on some shifts. Residents and whānau interviewed supported this. However, the number of RNs was an area of improvement identified at the previous audit, which has not yet been fully addressed. There are currently three registered nurses and one enrolled nurse (EN) employed, in addition to the nurse manager (NM). One RN was a new graduate at the beginning of the year. Three RNs are interRAI competent, and the one (EN) is completing the training currently.</p> <p>At least one staff member on duty has a current first aid certificate and</p>

		<p>there is 24/7 RN coverage, with contracted bureau staff employed as needed to cover for planned and unplanned leave. There are two international qualified nurses employed as Level 4 care partners.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. The organisation is an approved service provider for aged residential care (ARC).</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. Training is provided for all staff on the Eden Alternative and achieving the 10 principles.</p> <p>Care partners have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. There are 18 care partners employed at Shalom Court Rest Home and Hospital. Of these, 17 have completed a recognised ARC Level 4 course, and one care partner has completed Level 3. The diversional therapist (DT) has recognised training and has completed Level 4 DT-specific training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registrations, and scopes of practice for all employed and contracted health professionals. Information was recorded annually, with a copy of all annual practising certificates (APCs) being available if needed.</p> <p>Full orientation was provided to all staff at the commencement of employment. Training records are maintained for each individual staff member.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was confirmed in files</p>

		<p>reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</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>PA Moderate</p>	<p>The multidisciplinary team works in partnership with residents and whānau to support wellbeing. A care plan is developed by suitably qualified staff. The registered nurses are responsible for implementing and evaluating the care plan, supported by the nurse manager. Comprehensive assessments include consideration of the resident's lived experience, cultural needs, values and beliefs, and wider service integration where required. Service providers engage with residents to assess and develop their individual care or support plan on admission, with whānau involvement when requested.</p> <p>Early warning signs and risks, with a focus on prevention and escalation for appropriate interventions, are recorded.</p> <p>Residents and their whānau are supported to participate in decision-making in accordance with the Code. Information about residents' rights, informed consent, and advance directives is provided at admission and reviewed as required.</p> <p>Records reviewed showed that signed informed consent forms, advance directives, and admission agreements were present and signed by the resident or the activated EPOA, where applicable.</p> <p>Staff interviewed demonstrated understanding of the principles and practice of informed consent in line with the service's policies and the Code.</p> <p>Clinical records confirmed that residents, and where applicable their EPOA, were involved in care planning and review, and that advance directives were documented and accessible.</p> <p>However, some interRAI assessments and long-term care plans were not consistently completed within the required timeframes and wound care was not followed as per the policy reviewed (refer criterion 3.2.5). These findings were identified as areas for improvement.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was up to date and aligned with the Medicines Care Guide for Residential Aged Care and current guidelines. A safe system for medicine management, using an electronic platform, was observed on the day of audit. A registered nurse was observed administering medicines in accordance with documented procedures. Clinical staff responsible for administering medication had completed medication competencies that were current and valid.</p> <p>Medication reconciliation was undertaken by the pharmacist or prescribing general practitioner (GP) to review and verify each resident's current medications, while registered nurses checked and confirmed pharmacy supplies on receipt. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed, with weekly checks conducted by registered nurses and six-monthly checks by the pharmacist. Room and fridge temperatures in medication storage areas were monitored daily and were consistently within the recommended range. There was a clear process for the safe disposal of expired or unused medications, with items returned to the pharmacy in accordance with the medication management policy.</p> <p>Prescribing practices met requirements. Medicine-related allergies and sensitivities were recorded in the electronic medication charts, and any adverse events were responded to appropriately. Over-the-counter medications and supplements were considered by the prescriber as part of the resident's medication regimen. The required three-monthly GP review was consistently recorded on the medicine charts. Standing orders were not used.</p> <p>Residents were supported to understand their medications. While there were no Māori or Pacific residents at the time of audit, there was a policy in place to ensure culturally appropriate medication management, if required, and clinical staff were familiar with its implementation. Pro re nata (PRN) medications were administered as prescribed, with the indication and outcomes of administration consistently documented in all records reviewed.</p> <p>One resident was self-administering medication. The resident was assessed by a registered nurse and approved by the general practitioner.</p>
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		Medications were stored securely in a lockable cupboard in the resident's room in line with the service's policy for self-administration.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The menu was developed in line with recognised nutritional guidelines for aged care services and reflected residents' individual food preferences and cultural needs. The food service was provided on site by the facility's kitchen team. Evidence of resident satisfaction with meals was confirmed through resident and whānau interviews, satisfaction surveys, and feedback recorded in resident meeting minutes. Snacks and fluids were available to residents throughout the day and night, and residents interviewed confirmed that food and drinks were readily available when requested.</p> <p>The menu followed summer and winter patterns in a four-weekly cycle and had been reviewed by a registered dietitian on 13 May 2025. The menu incorporated residents' cultural preferences and dietary requirements, including texture-modified and diabetic diets. The kitchen maintained an up-to-date copy of each resident's dietary profile to ensure meals were prepared according to individual clinical and personal needs.</p> <p>The service operates under an approved food safety plan, with current registration valid until 13 May 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from Shalom Court Rest Home Rest Home and Hospital is planned and managed safely, with coordination between services and in collaboration with the resident and their whānau or EPOA. Risks and current support needs were identified and managed. Whānau reported being kept well informed and involved during the transfer of their relative.</p> <p>Processes are in place for both acute and planned hospital transfers. The facility uses yellow envelopes and provides the required documentation during transfers. Staff use the ISBAR form (Identify, Situation, Background, Assessment, Recommendation) communication tool when liaising with general practitioners (GP) and hospital staff, as confirmed during the GP interview. Post-discharge plans are followed and documented in the progress notes. Referral letters and specialist notes</p>

		<p>were sighted in the sampled residents' files.</p> <p>There was evidence of good practice in resident transitions. For example, one resident admitted for respite care successfully transitioned to long-term care before being discharged into the community. The multidisciplinary team (MDT), including the Needs Assessment and Service Coordination (NASC) agency, general practitioner, physiotherapist, community support team, and the resident's whānau, were all involved in the process. The clinical team developed a discharge care plan based on MDT input, which the resident continues to use in the community.</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>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This includes the current BWOFF for the two separate buildings that make up this facility. The facility has a built-in walkway for internal accessibility between the two buildings. Philippe House includes four rooms from Fisher House (14 beds in total) and the BWOFF reviewed expires on 30 March 2026. Albert House has 15 beds and the BWOFF expires on 8 December 2025.</p> <p>The electrical biomedical equipment was checked by a contracted service provider on 6 January 2025 and the electrical resources and equipment throughout the facility were checked by a contracted electrician in March 2025.</p> <p>Residents and whānau were happy with the homely environment, including heating and ventilation, natural light, privacy, and maintenance.</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>	FA	<p>The infection prevention and control coordinator (IPCC), a registered nurse, is responsible for overseeing and implementing the infection prevention and control (IPC) programme. The programme was developed by individuals with expertise in IPC and was approved by the governance body. The IPC programme is linked to the facility's quality improvement programme and is reviewed and reported annually. The most recent review was completed on 30 September 2025, as confirmed by the IPCC and programme documentation.</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>An infection control committee meets monthly to review infection data, discuss prevention strategies, and identify opportunities for improvement. Meeting minutes were sighted. The IPCC reports to the NM, who reports to the group clinical operations manager, ensuring appropriate oversight and accountability.</p> <p>The IPCC is qualified for the role and has received specific training in IPC from the group manager – clinical operations and quality.</p> <p>Staff were familiar with infection prevention policies and procedures through orientation and ongoing education and were observed adhering to these protocols. Residents and their whānau received education about infection prevention in ways that were appropriate to their needs. Staff training records and meeting minutes confirmed that staff had received adequate and ongoing training in infection prevention and control.</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>Surveillance of health care-associated infections (HAIs) at Shalom Court Rest Home Rest Home is appropriate to the size and complexity of the service and aligns with the risks and priorities identified in the infection prevention and control (IPC) programme. Standardised infection definitions, based on national guidelines, are used to ensure consistency and reliability of data. Ethnicity data is collected and included in infection surveillance and reporting to support equitable analysis and response</p> <p>Monthly surveillance data is collated and analysed to identify trends, potential causes, and required actions. Results from the surveillance programme are shared with registered nurses and care partners during staff meetings, with the general practitioner as part of clinical governance, and with the quality team to support ongoing monitoring and improvement.</p> <p>A COVID-19 outbreak occurred in June 2025. There was evidence that infection control measures were effectively implemented during this period, as confirmed by staff and residents in interviews. Residents were informed and engaged during the outbreak response, and feedback on the strategies used was collected through infection prevention surveys and the annual review.</p> <p>National and regional surveillance programmes and guidelines are</p>

		incorporated as required. New infections are discussed during shift handovers to ensure early intervention is implemented, as confirmed by the general practitioner during the interview.
<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>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The NM and the GMCOQ monitor the use of restraint across the organisation. A senior RN has responsibility for ensuring that restraint elimination is achieved. A job description for the role was reviewed.</p> <p>At the time of audit, there was no restraint in use. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Training was last provided on de-escalation at a forum held on 30 September 2025. A list of staff members who attended was maintained.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The service employs four registered nurses (RNs), and one EN in total, including the nurse manager. Bureau RNs and Level 4 care partners are utilised to ensure cover as needed for planned and unplanned leave for RNs. The service has one international RN working at level 4 who was awaiting registration. The service is currently advertising for registered nurses (RNs) but has not yet been successful. The nurse manager (NM) has sent 34 notifications to HealthCERT, as required, when shifts could not be covered appropriately since the previous audit. Rosters reviewed provided evidence of shifts that required registered nurse cover.</p>	<p>There are insufficient registered nurses employed to ensure the shifts are adequately covered 24 hours a day, seven days a week for this facility, which provides both rest home and hospital levels of care for residents. This is an area identified for improvement at the previous audit, which has not yet been fully addressed.</p>	<p>Ensure there is registered nurse coverage on all shifts 24 hours a day, seven days a week to meet the requirements of the Health New Zealand – Te Whatu Ora contract requirements.</p> <p>90 days</p>

<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Moderate</p>	<p>Care plans reviewed showed evidence of collaboration with residents and their whānau. Reviews included input from general practitioners and relevant allied health professionals. Outcome measurements such as interRAI triggers, blood glucose level monitoring records, and other clinical observations were used to inform care planning. Progress towards residents' identified goals and aspirations was documented in several files, and care plans were updated when changes in health status were identified.</p> <p>However, the review of residents' records identified gaps in the timeliness of ongoing assessment and documentation, and there were gaps identified in the documentation and follow-up of clinical incidents in relation to wound management.</p>	<p>In five of the eight resident files reviewed, interRAI assessments and long-term care plans were not consistently completed within the required timeframes, with some assessments overdue by up to almost 90 days. A resident sustained a skin tear following a fall; however, wound assessment, ongoing monitoring, and documentation of the wound's progress and outcome were not completed as required by policy.</p>	<p>Ensure that interRAI assessments are completed within the required timeframes and ensure wound assessments, care plans, and follow-up documentation are completed as required by policy.</p> <p>180 days</p>
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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.