

Riverleigh Care Limited - Riverleigh Care Ltd

Introduction

This report records the results of a Certification 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: Riverleigh Care Limited

Premises audited: Riverleigh Care Ltd

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

Dates of audit: Start date: 2 October 2025 End date: 3 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: 59

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

Riverleigh Care Limited provides rest home, hospital level care (medical and geriatric) and residential disability – physical for up to 68 residents. On the day of the audit, there were 59 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand - Te Whatu Ora and Ministry of Social Development. 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, general practitioner, and management.

The facility manager (non-clinical) is supported by a clinical coordinator and a team of clinical and non-clinical staff. Interviews with residents, family/whānau and the general practitioner were positive.

This certification audit identified shortfalls related to complaints process, meetings, care plan interventions and restraints.

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.		Some subsections applicable to this service partially attained and of low risk.
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Riverleigh Care Limited provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers Rights are included in the information packs given to new or potential residents and family/whānau.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. There are documented complaints processes that are in accordance with the guidelines set by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The business plan includes a mission statement and operational objectives. The service has documented quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits and collation of data are well documented including processes for corrective actions as indicated.

A robust health and safety programme is implemented, and hazards are reviewed on a regular basis.

There are human resources policies including recruitment, selection, orientation, staff training and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission.

InterRAI assessments are used to identify residents' needs. The general practitioner completes a medical assessment and ongoing review in timeframes that meet the aged residential care contract. Residents have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. The activity programme is managed by a diversional therapist. The activity team, and programme provide residents with a variety of individual, group activities, including outings in the van, and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. A dietitian reviews the menu plans. Residents and family/whānau confirmed satisfaction with meals provided. Nutritious snacks are always available.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness. There is a maintenance plan implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The facility is spread over two levels with a lift and stair way providing safe access between the levels. Rooms are spacious enough for residents to move freely with mobility aids and personalised with their own belongings.

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

There are security measures to safeguard the residents, staff, and visitors. There is an approved evacuation in place.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of Riverleigh Care Limited and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been outbreaks reported since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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.		Some subsections applicable to this service partially attained and of low risk.
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Policies and procedures for restraint minimisation and safe practice align with the standard. On the days of the audit there was one resident using restraint. The restraint coordinator is the clinical coordinator. Staff have ongoing training in the least restrictive practice and in safe use of restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	4	0	0	0
Criteria	0	176	0	4	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.</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>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana Motuhake. Riverleigh Care Limited is committed to respecting self-determination, cultural values, and beliefs of Māori residents and whānau. There were residents who identified as Māori at the time of the audit. There are clear processes to include tikanga in everyday practice and training for staff. All staff have completed training around Te Tiriti o Waitangi.</p> <p>There is an established relationship with Nga Rauru Kokiri Marae, who provide day to day guidance to Riverleigh Care Limited staff regarding cultural practices, providing interpreting support as required to meet the needs of the residents and their family/whānau. Residents and family/whānau at Riverleigh Care Limited engage in providing input into the resident’s care planning, their activities and their dietary needs. The service can also access kaumātua from Health New Zealand - Te Whatu Ora for support and guidance. Cultural assessments are completed for residents who identify as Māori when admitted.</p> <p>Riverleigh Care Limited focuses on recruitment practices which</p>

		<p>includes building a diverse workforce that meets the needs of the residents receiving care and support. The facility manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities at Riverleigh Care Limited. At the time of the audit there were staff who identified as Māori. Riverleigh Care Limited evidence commitment to a culturally diverse workforce as demonstrated in the Māori health plan.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with twelve staff (two caregivers, four registered nurses, one reception/administrator, one diversional therapist, one chef, one cleaner, one laundry staff and one maintenance manager) and two managers (facility manager, clinical coordinator) and documentation reviewed described how care is based on the resident's individual values and beliefs.</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 worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A Pacific health plan is documented that focuses on upholding the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. The plan addresses equity of access, reflecting the needs of 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 Pasifika. There were residents identifying as Pasifika during the audit.</p> <p>Registered nurses interviewed explained that family/whānau are involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Individual cultural beliefs are documented in the resident's care plan and activities plan. The facility manager and clinical coordinator stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p>

		<p>The facility manager described how Riverleigh Care Limited continues to provide equitable employment opportunities for the Pacific community. There were staff that identified as Pasifika at the time of the audit. Riverleigh Care Limited has links with the local Pacific community through staff linkages to ensure connectivity within the region. Code of Rights are accessible in Tongan, Samoan and other Pasifika languages when required.</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 Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager and clinical coordinator discuss 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 sign language.</p> <p>Discussions relating to the Code are held during the resident meetings. Two rest home and two hospital residents (including one younger person with disability) and seven family/whānau (one rest home and six hospital including family for a younger person with disability interviewed by the consumer auditor remotely) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available in the entry pack of information provided to residents and their family/whānau. Other formats are available online. There are links to spiritual support documented in the policy. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan that is in place.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme (last completed in January 2025) which includes (but not limited to) understanding the role of advocacy services.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed (including the younger person with disability interviewed on the day of audit) stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Riverleigh Care Limited training plan demonstrates training that is responsive to the diverse needs of people across the service including for younger persons with disability. The service promotes care that is holistic and collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Interviews with family/whānau (including family/whānau of the younger person with disability interviewed remotely by the consumer auditor) provided constructive feedback and also confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There was one married couple living in one of the double rooms. The remaining double rooms were all singly occupied. Staff could explain how the couples' needs were met and privacy maintained. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and family/whānau interviewed were satisfied about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The facility manager, clinical coordinator and staff have completed training related to te ao Māori as part of their orientation and ongoing as part of the roles. They were</p>
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		<p>observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori and te reo Māori. The diversional therapist confirmed that the service actively supports Te ao Māori by identifying needs and aspirations which include the physical, spiritual, family/whānau, and psychological health of the resident.</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. Riverleigh Care Limited policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. Policies guide staff on how to address the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged.</p> <p>Staff have been provided with education on how to identify abuse and neglect (February 2025). Residents and family/whānau interviewed confirmed that the staff are caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions.</p> <p>Interviews with the registered nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes reviewed evidence a supportive working environment that promotes teamwork. Riverleigh Care Limited promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents including Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	<p>FA</p>	<p>Information about the facility and services offered is provided to residents and family/whānau on admission. The information pack reviewed that is provided to residents and family/whānau on admission includes information on the Code, advocacy services, and complaints. Resident meetings identify feedback from residents and consequent follow up by the service.</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>		<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Communication with family/whānau is documented in the progress notes. All accidents/incidents reviewed had evidence that family/whānau had been notified of adverse events.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English. Staff were able to demonstrate how they effectively communicate with the residents. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical coordinator and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents interviewed confirm they know what is happening within the facility and felt informed through meetings; however, these platforms were not extended to family/whānau (link 2.2.2).</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</p>	<p>FA</p>	<p>There are polices around informed consent. Eight resident files reviewed included informed consent forms signed by either the resident or their enduring power of attorney (EPOA). Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed there were appropriately signed resuscitation plans and advance directives consistently completed. The service</p>

<p>health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>follows relevant best practice tikanga guidelines welcoming the involvement of whānau in decision making where the person receiving the services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all files sampled. Copies of EPOA's or welfare guardianship were in resident files where applicable. Where the EPOAs are activated a medical letter of incapacity were on file.</p>
<p>Subsection 1.8: I have the right to complain 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>PA Low</p>	<p>The complaints 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. There have been four internal complaints received since last audit: one in 2024 and three year to date in 2025. The complaints reviewed evidenced acknowledgement of the lodged complaint; however, there was no documented process and timeframes of follow-up and resolution documented. Investigation and communication of the outcome with the complainants was evident in the records reviewed. Corrective action plans are created when required to ensure learnings occur when gaps are identified in service delivery. All the complaints were documented as resolved to the satisfaction of the complainant. Follow up and resolution letters do not link to the national advocacy service.</p> <p>All complaints received and subsequent corrective actions have been shared with staff in the quality improvement and staff meetings. Review of documentation and interview with the facility manager confirmed that complaints are discussed with governance. Access to complaints forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings provide opportunities where concerns can be raised. The documented complaints process is linked to advocacy services but was not evident in the complaints reviewed. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori and English.</p> <p>Interview with the facility manager and documentation reviewed</p>

		<p>demonstrate that complaints are not managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Interviews with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is a preference to include whānau participation and face to face meetings.</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>Riverleigh Care Limited, located in Lower Hutt, is one of five facilities owned and operated by Care with Love, a small family-run aged care group. The service provides hospital (medical and geriatric), residential disability – physical, and rest home level care for up to 68 residents, with all beds being certified for dual purpose. At the time of audit, there were 59 residents: 19 at rest home level (including one on a long-term support chronic health (LTS-CHC contract) and 40 at hospital level (including one younger person with disability, one on Accident Compensation Corporation [ACC] respite, two on respite care, and two on LTS-CHC contracts). The remaining residents were under the age-related residential care (ARRC) agreement. There are eight double rooms, one occupied by a couple and the rest were single occupancy.</p> <p>Governance of Riverleigh Care Limited, trading as Care with Love, is provided by the owner/Chief Executive Officer, owner/Group Operations Manager, and an accountant, who collectively ensure compliance with relevant standards and legislation. The facility manager demonstrated a clear understanding of the organisation’s philosophy, business plan, and strategic direction, which emphasise resident and whānau-centred care. The current 2025–2027 business plan outlines measurable objectives, with progress reviewed and signed off (last reviewed August 2025).</p> <p>Governance and management actively promote an inclusive and culturally responsive environment, addressing inequities for Māori and people with disabilities through partnership, consultation, representation, cultural competence, and continuous improvement.</p>

		<p>They have completed training on Te Tiriti o Waitangi, health equity, and cultural safety (December 2024). There is an established relationship with Nga Rauru Kokiri Marae, who provide day to day guidance to Riverleigh Care Limited regarding cultural practices, inform service delivery and provide interpreting support.</p> <p>Clinical governance is overseen by the clinical coordinator, supported by an external clinical advisor who provides expert guidance. Monthly clinical and quality reports are presented to the board, with data analysis and internal benchmarking used to identify risks and drive continuous improvement. The governance, leadership and management structures are appropriate for the size and complexity of the service.</p> <p>The facility manager (non-clinical) has over five years' experience in aged care management and has been in this role for three and a half years. They are supported by a registered nurse clinical coordinator with six years in the position, alongside an experienced care team. Both maintain ongoing professional development, completing more than eight hours annually in leadership and aged care management.</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>PA Low</p>	<p>Riverleigh Care Limited has an established quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. Quality data is reported to the Board in the monthly facility manager report. There was documented evidence in the quality improvement and staff meetings of discussions held around quality data. Meeting minutes are made available to staff who were unable to attend the meeting. Facility meetings have been held according to schedule.</p> <p>Riverleigh Care Limited implements a continuous quality improvement approach with service delivery including critical review of clinical data, benchmarking and identifying opportunities for improvement. Quality improvements that Riverleigh Care Limited continues to work on include those related to reduction of fall related incidents.</p>

		<p>Policies and procedures align with current good practice, and they are suitable to support YPD, rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Staff and members of the Board have completed cultural training, including Te Tiriti o Waitangi, to ensure all residents are cared for in a culturally sensitive way.</p> <p>Resident satisfaction surveys are conducted. The resident satisfaction survey results from August 2025 have been collated and corrective actions put in place based on the feedback. The resident survey results evidenced overall satisfaction with service delivery. Corrective actions related to (but not limited to) facility heating, laundry service, call bells and communication have been documented and were being implemented. Results from surveys have been shared with staff and residents. Resident meetings occur monthly; however, this platform was not extended to family/whānau. Minutes reviewed demonstrated issues raised are followed up with actions being reported back to the meeting.</p> <p>Health and safety policies are implemented and monitored through the monthly quality improvement and six-monthly health and safety programme review meetings. Risk management, hazard control and emergency policies and procedures are in place. There is a health and safety committee, led by the facility manager which has representation from all departments. The facility manager was interviewed about the health and safety programme. The hazard register is maintained by the health and safety committee. There is a risk register in place and is the responsibility of the committee. Hazard identification forms and an up-to-date hazard register were sighted (last reviewed February 2025). The service documents incidents/accidents and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and in the Board report. Incident data was evidenced as discussed at quality improvement, registered nurse and staff meetings and a summary kept in staff areas.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The facility manager, interviewed, confirmed staff needs and shortages are reported to the Board (sighted in the manager monthly report). The roster provides sufficient and appropriate coverage for the effective delivery of culturally and clinically safe care 24 hours a day seven days a week. The service adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced caregivers, there was 24/7 registered nurse cover and support staff for the clinical and management team. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. There are dedicated activities, maintenance, kitchen, laundry and cleaning staff supporting service delivery.</p> <p>The service contacts their own staff and agency to cover short notice absences. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and review of meeting minutes. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The managers (facility manager, clinical coordinator) all work full time Monday to Friday. The clinical coordinator provide clinical on call for the service. Non-clinical concerns are directed to the facility manager who is on call 24/7. Maintenance staff are rostered over five days with on call cover as required.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural competency and enabling good lives. Staff complete cultural competency at orientation and ongoing as part of the training schedule. External training opportunities for care staff</p>

		<p>include training through Health New Zealand and hospice. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The mandatory training delivered creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Riverleigh Care Limited supports all employees to transition through the (NZQA) Careerforce Certificate for Health and Wellbeing. There are twenty-five caregivers employed in total. Thirteen caregivers have achieved a level 3 and above NZQA qualification. A record of completion is maintained on electronic system and staff files.</p> <p>All staff are required to complete competency assessments as part of their orientation and maintain these annually. Registered nurses' complete specific competencies that include medication administration, wound care, subcutaneous fluids, syringe driver and interRAI assessments. Four of eleven registered nurses (including clinical coordinator) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, identifying and assessing the unwell resident.</p> <p>All caregivers are required to complete annual competencies including (but not limited to) restraint, manual handling, cultural safety, and hand hygiene. A selection of caregivers have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic system and in staff files.</p> <p>Support systems promote health care and staff wellbeing and a positive work environment. This includes staff welfare that is promoted through provision of regular cultural themed activities and shared meals at staff meetings. Staff interviewed reported a positive workplace.</p>
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<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 policies are in place and include recruitment, selection, orientation, and staff training and development. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, general practitioner, dietitian, podiatrist, pharmacists and physiotherapist. There is a policy related to performance review process in place and a performance review schedule maintained by the facility manager and clinical coordinator. All staff who have been employed for over a year have completed performance reviews on file.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and annually. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of</p>	<p>FA</p>	<p>There are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents and staff are retained and archived. Residents' information is held for the required period before being destroyed. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>case of information systems failure.</p> <p>The resident files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The facility manager is the privacy officer and there is a pathway of communication and approval to release health information.</p> <p>The service is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is a policy for managing inquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest home, or hospital level care. Authority from the needs assessment service coordination (NASC) were sighted in residents' files. There is accurate information about the facility and services available on the website and in an information pack.</p> <p>Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers. Prospective residents and their family/whānau can visit or call any time and the facility manager will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial, and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty and where possible can choose their room. Residents and family/whānau interviewed confirmed the entry process was well explained, went smoothly and feel they are always treated with respect and dignity. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria,</p>

		<p>they are informed of the reason, advised of other options, and referred to the referrer. Enquiry and admission information is entered into the electronic system where service monitors entry and decline rates. This includes ethnicity.</p> <p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau.</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 Low</p>	<p>Eight resident files were reviewed: four hospital including one resident on a YPD contract, one resident on a LTS-CHC contract, one under ACC funding who was receiving respite care, and two rest home level residents.</p> <p>Registered nurses are responsible for all assessments including interRAI assessments and care planning. A physiotherapist is contracted for four hours per week and has input into mobility and falls prevention. They are supported by a physiotherapy assistant (activities coordinator) who assists with planned exercises.</p> <p>Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment, care planning to evaluation. Initial assessments, interim care plans, initial interRAI assessments (including the resident on the LTS-CHC contract) and reassessments are completed within required timeframes; however, long-term care planning and evaluations are completed as scheduled. The YPD resident is not required to have an interRAI assessment completed; however, has a detailed and holistic assessment and comprehensive care plan in place. The resident on respite care had an initial care plan and all required assessments to guide care delivery. Review of resident files shows validated assessment tools are embedded in the interRAI system. Where interRAI shows a trigger for a specific need, this is included in the care plans; however, interventions do not always reflect all assessed needs.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. Residents then have a three-monthly review by the general practitioner as a routine. More</p>

	<p>frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were happy with the clinical leadership, competence of the registered nurses, care provided and timely communication. The contracted medical practice provides after hours services seven day per week. Resident files identify the integration of allied health professional input into care, and a team approach is evident. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. The service facilitates access to traditional Māori health practitioners as needed. The activities coordinator completes a detailed lifestyle assessment to identify residents' interests and preferences and uses this to develop a plan for meaningful activities. All residents undergo a cultural assessment and residents and family/whānau interviewed confirmed their input into this.</p> <p>Care staff complete electronic monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; repositioning charts; blood glucose levels; and toileting regime. Registered nurses collaborate with caregivers to evaluate interventions for individual residents at risk of falling. Neurological observations are completed for unwitnessed falls or falls involving a head injury. Opportunities to minimise future risks are identified by the clinical coordinator in consultation with registered nurses and caregivers.</p> <p>Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Where there is a potential for a risk, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are not always documented and communicated to staff. Care plans, assessments and progress notes are recorded on an electronic system. Registered nurses and caregivers described how they involve residents and family/whānau in implementing care plans. The residents interviewed reported their</p>
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	<p>needs and expectations are being met, and they are supported to achieve their own pae ora outcomes and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiates a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes and any changes to health status and this was consistently documented in the resident files. Care plans are scheduled for review routinely every six months or more frequently if the needs of residents' change.</p> <p>InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Family/ whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are developed for short-term needs such as wounds and infections however these were inconsistently updated. At the time of the audit there were six wounds being treated. All but one (chronic ulcer a resident had on admission) were minor in nature. There were no pressure injuries. There are policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Registered nurses confirmed they receive ongoing training on wound management and can access the wound nurse specialist if needed for expert advice.</p> <p>Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Staff reported that sufficient and appropriate information is shared between the staff at each handover. This was sighted on day of audit and found to be adequate. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed each shift by the caregivers with registered nurses updating post general practitioner reviews and when there has been a change in the resident health status. If there is a change in the condition of a</p>
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		<p>resident, the registered nurse is informed, undertakes an assessment and updates the care plan if needed. However, this was inconsistently completed.</p> <p>A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau. A policy guides staff in completing neurological observations for unwitnessed falls or head injuries. Incident reports reviewed evidenced completed neurological observations and timely nursing follow up.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the care plan for Māori. The clinical coordinator reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. There were residents who identified as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as Karakia, Waiata and spiritual assistance when required. Cultural assessments were completed by the registered nurses and diversional therapist who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is overseen by an activities coordinator (interviewed) who is a qualified diversional therapist. They have a shared role of activities coordination and physio assistant (three days as activities coordinator and one day as physio assistant). They are supported by a full-time activities assistant who is completing their diversional therapy training. Another activities assistant works part time. Two volunteers and a newly appointed van driver further complement the team. Activities are provided five days per week.</p> <p>Review of resident files evidenced activities plans are created by using information obtained from the resident and family/whānau. This</p>

	<p>includes information pertaining to past employment, interest, hobbies and who and what is important to them. Monthly resident meetings provide an opportunity for residents to have a say in the activities programme, and the activities coordinator gets ongoing feedback from residents in conversation. The ability for family/whānau to provide feedback or be part of the activities programme requires improvement (Link 2.2.2).</p> <p>Review of the monthly activities schedule shows a broad range of activities are provided including physical exercises to enhance strength and balance, chair exercises and floor and table games. Cognitive activities include simple word games, quizzes, newspaper reading and board games. Social activities include happy hour and outings in the community once a week and activities themes each month including Easter, Anzac, Christmas, Matariki, and King`s birthday as examples. Other activities include garden planting, pet therapy and baking. The programme is varied and incorporates the needs of the residents and different age groups within the facility. Local entertainers perform on a regular basis. A group of Māori entertainers performing on day one of the audit appeared to be well received by the residents. Cultural events include celebration of Māori language week and cultural days where staff preform in their national costumes. Two local church groups provides church services on a rostered basis each month. Photographic evidence was sighted of the range of activities provided. Outings occur weekly in the van. Examples of venues visited include visits to the botanical gardens, regional parks and the local beaches. School children provide regular kapa haka performances. The activity coordinator explained how the activity programme meets the needs of younger people with disabilities which includes maintaining connections with the community and facilitating technology-based activities.</p> <p>There are residents who identify as Māori; and staff interview evidenced how residents are supported to participate in te ao Māori by incorporating Māori language in regular activities, entertainment and signing plus participation in Māori language week and Matariki. Individual activities include reminiscing, pampering, exercises, hand massage and listening to the resident`s preferred music. A record of individual activities is recorded in the progress notes.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing dispensing, administration, review and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in plastic rolls for regular and pro re nata (PRN). The general practitioner completes three-monthly medication reviews. A medication round was observed and seen to be safe.</p> <p>Medications are administered by registered nurses and caregivers who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file and appropriate investigation and follow up is done. Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>Medicines were seen to be stored securely in the medication rooms and locked medication trolleys. Stored medications are checked monthly by a registered nurse for expiry dates. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Sixteen medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes. There are policies in place to guide the management of residents who wish to self-administer their medications. There was one resident self-administering their medications on the days of audit. A review of documentation and discussion with the clinical coordinator confirmed all aspects of</p>

		<p>required policy and procedure were being adhered to. There are no standing orders and no vaccines kept on site. Over-the-counter medications and supplements are considered by the general practitioner and prescribed on the medication chart.</p> <p>Māori residents confirmed they receive information from the registered nurses regarding their medication and potential side effects. The clinical coordinator stated appropriate support, advice and treatment for all residents and family/whānau is available.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food is prepared and cooked onsite by a kitchen team led by a trained chef. A part time cook, and kitchen hands complete the team. The food services manual was reviewed and kept in the kitchen. Meals are served directly to the main dining room on the ground floor and transported to the upstairs dining room and resident bedrooms in "hot boxes". Special meals are pre plated in the kitchen and sent out in hot boxes to the two dining rooms. All other meals are placed in bain-marie containers and plated by staff. The temperatures of hot food are recorded. The kitchen was observed to be clean, well-organised and well equipped. There is an approved food control plan in place that is current to 25 September 2026. Dry food is stored in a walk-in pantry in original packaging in closed containers labelled with the date of opening.</p> <p>The four-weekly seasonal menus have been reviewed by a dietitian. There are two options for the main lunch meals. Dietary needs, preferences, dislikes, allergies, food textural requirements and food intolerances are identified on admission and reviewed six-monthly as part of the care plan review (or more often if the needs of a resident change). The dietitian is available to provide input into specific dietary requirements as required. Food is fortified as needed and nutritional supplements prescribed are provided. Resident meetings provide an opportunity to obtain feedback on the food service. The chef makes sure they are visible post the lunch meal to discuss any feedback with residents. Modified plates and utensils are available. Nutritious morning, afternoon tea and supper is provided along with beverages. Additional snacks and beverages are available 24/7.</p>

		<p>The chef identifies as Māori and confirmed they have attended cultural safety on orientation. The food services manual contains information to guide staff in aspects of tikanga and the food service. The menu has Māori and Pacific options available and on request. Staff were observed wearing correct personal protective clothing in the kitchen. Residents participate in food preparation as part of the activities programme.</p> <p>Refrigerator and freezer temperatures are recorded daily and seen to be maintained within an acceptable range. Residents interviewed confirmed they have a variety of meals which they enjoy. Alternatives are available if they do not like what is on the menu. Feedback is obtained at residents' meetings and residents and family/whānau can speak with the chef directly. During the audit, the meal service was observed in each dining area to be enjoyable and pleasant. Staff were observed discreetly assisting residents as needed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Policy and procedures outline the process and required documentation for transfer and discharge. Discharge and transfer are generally planned processes that are communicated to with the resident and their family/whānau. Residents and their family/whānau are advised of options to access other health and disability services, social support, or Kaupapa Māori agencies if indicated or requested. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell the registered nurse can call the general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital they send a summary of care needs, medication chart, legal documents and shared goals of care using the yellow envelope system with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers including Māori health practitioners as needed. Records were sighted of attendance at clinic appointments at the public hospital, nurse specialist appointments and allied health appointments and if possible, family/whānau are asked to</p>

		attend appointments with residents.
<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>The building holds a current warrant of fitness which expires in September 2026. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance person works 30 hours a week (Monday to Friday) plus on-call after hours. The maintenance person is a qualified builder. There is a maintenance request book for repair and maintenance requests located at each nurse's station. This is checked daily, and repairs required are prioritised and signed off when completed.</p> <p>There is a 52-week annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Review of hot water monitoring records show the temperature is maintained at a safe level. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment was completed in August 2025 and clinical equipment including hoists and scales were checked and calibrated in March 2025.</p> <p>The facility is spread over two levels with access to the top floor gained via a lift and stairwells. At time of audit the service was undergoing a project to remove all old heaters, and thermometers and replace with heat pumps. Corridors are wide and residents were observed moving freely around the areas with mobility aids where required. There are spacious lounges on both floors. There are limited seating alcoves throughout the facility and a library area which was noted to be used frequently by residents. All bedrooms and communal areas have ample natural light and ventilation. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Activities take place in dedicated activities areas. There are dining areas on each floor. Outdoor spaces provide opportunity for walking and gardens show evidence of regular maintenance. There are rooms with ensuites and rooms without ensuites. Shared bathroom and toilets are within close proximity. There are identified communal and visitor toilets within the facility with privacy locks.</p>

		<p>Fixtures, fittings and flooring are showing wear and tear in places but are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Six bedrooms have had ceiling hoists fitted. There is adequate space for the use of a hoist for resident transfers as required.</p> <p>Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Whilst the facility is undergoing replacing old heaters with new heat pumps residents are using individual heaters all of which were included within the last test and tag programme. Communal areas are heated by heat pumps. Caregivers interviewed stated they have adequate equipment to safely deliver care for all residents.</p> <p>The facility manager is aware of the need to consult with local Māori (who the facility has close links with) should any alterations or extensions to the building be planned in future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The building has separate fire cells so in the first instance evacuation would be to another fire cell within the building. A fire evacuation plan is in place (sighted) that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, and the last one was held March 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</p> <p>Civil defence supplies are stored in dedicated cupboards throughout the facility and are checked three monthly. In the event of a power outage the owner has a generator available off site. The plan regarding how this can be accessed when required is included within the site-</p>

		<p>specific emergency plan. There is a gas barbeque, and adequate supplies in the event of a civil defence emergency including sufficient water held within tanks. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan.</p> <p>All registered nurses and a selection of other staff maintain current first aid certificates, ensuring there is always a first aider on site. There are call bells in the residents' rooms and ensuites, communal toilets, and lounge/dining room areas. Residents wear personal pendants where required. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed provided a mixed response when asked if call bells were answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. There are security cameras installed internally and externally.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Riverleigh Care Limited quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Health New Zealand and Public Health. Infection prevention and control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the infection control coordinator, the general practitioner and the public health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator (clinical coordinator) is informed of any outbreaks, and these are reported immediately to governance.</p> <p>The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical coordinator, a registered nurse, holds the portfolio of infection prevention and control (IPC) coordinator and they lead, oversees and coordinate the implementation of the infection control programme and antimicrobial stewardship (AMS). Infection prevention and control coordinator responsibilities and reporting requirements are defined in the infection prevention and control job description. They have access to shared clinical records and diagnostic results of residents. The infection prevention and control coordinator has completed external education in infection prevention and control for clinical staff (August 2025).</p> <p>The infection control programme has been approved by the management team and Board. The infection control programme is discussed at quality improvement and staff meetings. Infection control data is included in the monthly facility manager reports, which are discussed at Board level.</p> <p>The infection prevention and control manual include a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by an industry expert and advisor regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention and control coordinator has access to support from the infection control specialist at Health New Zealand, the general practitioner and public health team.</p> <p>The infection prevention and control coordinator, interviewed, described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. The infection prevention and control resources were readily accessible to support the pandemic plan if required. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control practices. The infection prevention and control audits monitor the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinator has input in the</p>
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		<p>procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates.</p> <p>Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention and control information available in te reo Māori. The infection prevention and control coordinator and staff are aware of the need to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. There are procedures to check these are monitored through the internal audit system. Infection prevention and control is part of facility meetings. The management team described a clear process of involvement, should there be plans for development and ongoing refurbishments of the building.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents, as described in infection control policies. Infection prevention and control is part of staff orientation and included within the mandatory staff training schedule (last completed September 2025). Staff have completed hand hygiene, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The

<p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>policy is appropriate for the size, scope, and complexity of the resident cohort.</p> <p>Infection rates are monitored monthly and reported to the staff and quality improvement meetings and the general practitioner. Significant events are reported to the Board immediately. Laboratory diagnostic testing reports are reviewed, and residents are prescribed appropriate antibiotics according to the sensitivity results. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the infection control coordinator and is included in the facility manager monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed and review of meeting minutes.</p> <p>The infection control coordinator described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection. The service receives information from Health New Zealand services for any community concerns. The infection control coordinator described developing action plans where required for any infection rates of concern.</p> <p>There have been two outbreaks since the previous audit - Covid-19 and Influenza A, both in 2024. The outbreaks were well documented with debrief meetings identifying what went well and areas of improvement for future outbreak management. The outbreaks were</p>

		well managed and reported appropriately.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on cleaning trolleys which are kept in sight, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms in each area with a sanitiser, stainless steel bench and separate handwashing facilities are available. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by laundry staff seven days a week with caregivers on the afternoon shifts washing the towels and linen on their shift. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident in the well-ventilated laundry area. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. The washing machines and dryers are checked and serviced regularly. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. Resident clothes are delivered to residents' rooms in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition.</p> <p>There are dedicated cleaners on seven days a week. Cleaning trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been maintained for daily and periodic cleaning. All chemicals on the cleaning trolley were labelled. Appropriate personal protective clothing was readily available. The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. There were</p>

		<p>cleaning and laundry audits completed by the infection prevention and control coordinator that evidence compliance.</p> <p>The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the 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 use of restraint in the context of aiming for elimination.</p>	<p>PA Low</p>	<p>The organisation and service is committed to providing services to residents without use of restraint. The restraint minimisation and safe practice policy describes that any use of restraint is minimised and only used if the safety of the resident is compromised and all other alternatives have been explored. At time of audit there was one resident using a bed rail restraint. Policy and procedure guide staff to maintain a resident centred approach to maintaining resident care in the least restrictive manner as possible. The resident's file was reviewed and all documentation relating to the restraint evidenced policy and procedure had been consistently followed. The review of documentation and discussion with the restraint coordinator outlined that the interventions are in place to ensure the restraint is only for a limited time each day. The family/whānau involvement was clearly documented.</p> <p>The service demonstrates a commitment to ensuring the voice of people with lived experience, Māori and whanau has oversight of and contributes to all matters pertaining to restraint. Staff with lived experience are involved in policy reviews and updates, event reviews and education.</p> <p>The designated restraint coordinator is the clinical coordinator. There is a job description in place for the restraint coordinator. The use of restraint is reported in the staff meetings; however, the provider is yet to have a process in place that ensures information pertaining to the use of restraint is reported to the governance bodies.</p> <p>Restraint was understood by the staff interviewed who also described the service commitment to eliminating restraint.</p> <p>Restraint related training which includes policies and procedures</p>

		related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint competency.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>A restraint register is maintained. The file of the one resident (hospital) was reviewed. The restraint assessment addresses alternatives to restraint before restraint is initiated including intentional rounding. The resident was using restraint as a last resort to promote safety. Written consent was obtained from the resident, the EPOA, the general practitioner and was reviewed three monthly.</p> <p>Monitoring forms are completed for the resident using restraint and review of the resident records confirmed that they have been completed as scheduled. The bed rails are in place each night shift and whenever the resident is in bed. Monitoring takes into consideration the residents cultural, physical, psychological, spiritual, and psychosocial needs. Māori staff are available as required for advice regarding cultural aspects of the restraint.</p> <p>Restraints are regularly reviewed and discussed at facility meetings. The formal documented review of restraint use takes place annually as part of the internal auditing process with the last review conducted in August 2025 with results demonstrating compliance with expected standards.</p> <p>The service policy and procedure and staff training provide guidance for staff to safely manage any emergency restraint situation. The senior team follows policy and procedure and ensure an appropriate debrief process occurs post any emergency restraint event.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p>	FA	<p>The clinical coordinator and registered nurses undertake a three and six-monthly review of all restraint use which includes all requirements of the Standard. The outcome of the review is reported to the facility manager but is yet to be reported through to the governance body (Link 6.1.4). Any changes to policies, guidelines, education, and processes are implemented if indicated.</p>

As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.		
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.1</p> <p>My right to make a complaint shall be understood, respected, and upheld by my service provider.</p>	PA Low	<p>There is a documented complaints procedure that meets the guidelines set out by the HDC. Three complaints were reviewed at the time of the audit. They provided evidence of acknowledgement letters; however, the letters did not provide information to the complainants regarding the expected timeframes and processes to be followed.</p> <p>Follow up and resolution letters of the three complaints reviewed do not evidence other avenues of raising the complaint should the complainant not be satisfied. All complaints received and subsequent corrective actions have been shared with staff in the quality and staff meetings.</p>	<p>(i). Acknowledgement letters sighted do not provide information regarding the process to be followed and expected response timeframes for the complainants.</p> <p>(ii). Complaints investigated and signed off did not evidence that the resolution letters provide other avenues of raising the complaint should the complainant not be satisfied including but not limited to advocacy services and HDC</p>	<p>(i). Ensure that acknowledgement letters provide detailed information to keep complainants well informed.</p> <p>(ii). Ensure that there is documented evidence of escalation pathways in resolution letters.</p> <p>90 days</p>

<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Low</p>	<p>The service documents that they collaborate with the community on business planning and service development through feedback from residents and their family/whānau to understand their needs and preferences by use of surveys, suggestion boxes and regular meetings; however, interview with some of the family/whānau confirmed that there were no platforms that engaged them in providing feedback or being provided with information, so they know what is happening within the facility.</p> <p>Interview with staff confirmed that resident meetings occur monthly; however, this platform was not extended to family/whānau. There is no practice of newsletters or email updates to family/whānau to keep them updated with what is happening in the facility.</p>	<p>Interviews with staff, family/whānau and processes reviewed do not evidence that family /whānau of residents who are incompetent of making decisions (with enacted EPOA) contribute to or provide feedback for the service or are updated with what is happening within the facility.</p>	<p>Ensure that there are avenues to keep family/whānau updated with what is happening in the facility.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or</p>	<p>PA Low</p>	<p>All assessments and care plans are developed by a RN in partnership with the resident and family/whānau. The care plans are holistic, individualised and resident centred. Review of resident files, and interview with the clinical coordinator evidenced that not all information pertaining to residents care is updated in their care plan in a timely manner.</p>	<p>i). A rest home level resident who had recently been diagnosed with diabetes did not have information provided for care staff to safely guide them in the management of their blood sugar levels. There was no guidance provided as to what was the normal range; nor what to do if results were away from the normal range.</p>	<p>i). – iv). Ensure all interventions required to address all resident care needs are documented in a timely manner.</p> <p>60 days</p>

<p>support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>			<p>ii). A hospital level resident who had gingivitis did not have interventions required to address this added to their care plan.</p> <p>iii). A hospital level resident who had had a fungal infection on their toe did not have the interventions required by staff to address this added to their care plan.</p> <p>iv). A hospital level resident who had an indwelling catheter did not have any record documented on their care plan when this was next due to be changed</p>	
<p>Criterion 6.1.4 Executive leaders shall report restraint used at defined intervals and aggregated restraint data, including the type and frequency of restraint, to governance bodies. Data analysis shall</p>	<p>PA Low</p>	<p>Review of documentation, and discussion with the facility manager and clinical coordinator evidenced that the reporting of restraint to the governance bodies requires improvement.</p>	<p>The provider is yet to implement a process that sees all information pertaining to restraint is reported to the governance bodies.</p>	<p>Ensure all information pertaining to restraint is reported to the governance bodies.</p>

support the implementation of an agreed strategy to ensure the health and safety of people and health care and support workers.				60 days
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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.