

# Goodwood Park Health Limited - Goodwood Seadrome Ltd

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## 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:

<b>Legal entity:</b>	Goodwood Park Health Limited
<b>Premises audited:</b>	Goodwood Seadrome Ltd
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care
<b>Dates of audit:</b>	Start date: 9 October 2025 End date: 10 October 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	43

# Executive summary of the audit

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## Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Goodwood Seadrome Limited is owned and operated by Goodwood Park Health Limited and provides hospital and dementia level care for up to 45 beds. On the day of the audit, there were 43 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the service's contract with Health New Zealand. The audit process included a review of policies and procedures; a review of residents and staff records; observations; and interviews with management, residents, family/whānau, staff, and a nurse practitioner.

The service is managed by an experienced general manager (registered nurse), who is appropriately qualified and is supported by a quality coordinator and an acting charge nurse. The residents and family/whānau spoke positively about the care and support provided.

The certification audit identified shortfalls related to communication with family/whānau, the quality programme, staff training, monitoring of care, and restraint.

## 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.

Goodwood Seadrome Limited provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health, and provide high-quality and effective services for residents.

The service supports culturally safe care delivery to meet Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents, and effectively communicates with them about their choices and preferences.

There is a policy and processes documented to ensure that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented.

## 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 medium or high risk and/or unattained and of low risk.
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Goodwood Park Health Limited has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The general manager is supported by an acting charge nurse and a quality coordinator.

The strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Goodwood Seadrome Limited has an established quality and risk management system. There are systems and processes in place to facilitate the reporting of quality and risk performance across various meetings and to the organisation's management team and governance. Goodwood Seadrome Limited collates clinical indicator data and benchmarking occurs.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme documented that covers relevant aspects of care and support, and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

There are human resources policies including recruitment, selection, orientation and staff training and development. The staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels 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 medium or high risk and/or unattained and of low risk.</p>
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The general manager, acting charge nurse and registered nurses efficiently manage the entry process to the service. Admissions are managed by the general manager, acting charge nurse, registered nurses, and the nurse practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

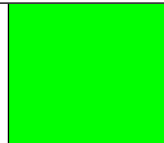
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There are adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. The electronic medicine charts reviewed meet prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned. Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. The service has a current food control plan. There are snacks available throughout the day.

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

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



Subsections applicable to this service fully attained.

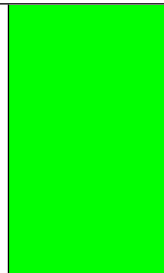
The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Most rooms have handbasins, with adequate provision of additional communal resident, visitors, and staff toilets and showers throughout the facility. Resident rooms are personalised.

The dementia unit is secure, with a secure outdoor area.

Documented systems are in place for essential emergency services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells, which are within easy reach of residents. Security checks are performed by staff, with the main doors and gates on restricted entry after hours.

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

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



Subsections applicable to this service fully attained.

A registered nurse is responsible for infection prevention and antimicrobial stewardship for Goodwood Seadrome Limited. Surveillance data is undertaken. Infection incidents are collated and analysed for trends and the information used to identify opportunities for improvements which are discussed in facility meetings. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level.

Healthcare assistants are supplied with personal protective equipment. Sufficient supplies are available. The organisation has access to other infection control expertise. Education includes hand hygiene and donning and doffing of personal protective equipment.

There are policies that provide guidance in relation to cleaning, laundry, and waste management. There have been no outbreaks since last audit.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Some subsections applicable to this service partially attained and of low risk.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has residents currently using restraints. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around restraint minimisation.

## 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	24	0	3	2	0	0
Criteria	0	170	0	4	2	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Te Mana Orite/Māori action plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori action plan includes commitment to the provision of services based on the principles of mana Motuhake. Goodwood Seadrome Limited is committed to respecting self-determination, cultural values, and beliefs of Māori residents and family/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>Goodwood Park Healthcare Group has a cultural advisory group called Te Roopu Mana Tautoko which covers the whole organisation. There is an established relationship with the local iwi Ngati Whatua and with Ōrākei Marae, and with Ngapuhi iwi who provide day to day guidance to Goodwood Seadrome 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 Goodwood Seadrome Limited engage in providing input into the resident's care planning, their activities, pepeha, and dietary needs. The service can also access kaumātua from Te Wai Takere Oranga Marae, Health New Zealand, for support and guidance. Cultural assessments</p>

		<p>are completed for residents who identify as Māori when admitted.</p> <p>Goodwood Seadrome Limited focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents receiving care and support. The management team stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they apply for employment opportunities at Goodwood Seadrome. At the time of the audit there were staff who identified as Māori. Goodwood Seadrome Limited evidenced a commitment to a culturally diverse workforce, as demonstrated in the Māori action plan.</p> <p>The service has signage throughout in te reo Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English, with pamphlets available.</p> <p>Interviews with twelve staff (four healthcare assistants, two registered nurses, one diversional therapist, one chef, one cook, one laundry, one cleaner, one maintenance) and four managers (general manager, acting charge nurse, quality coordinator, and the Goodwood Park Health Limited quality manager), and documentation reviewed demonstrated 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>	<p>FA</p>	<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/whānau values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. On admission all residents state their ethnicity. There were residents identifying as Pasifika during the audit.</p> <p>The acting charge nurse and registered nurses interviewed explained how 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 general manager</p>

		<p>stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected. Interviews with staff, management, four hospital residents and three family/whānau (one dementia and two hospital), and documentation reviewed identified that the service provides person centred care.</p> <p>The general manager described how Goodwood Seadrome Limited continues to provide equitable employment opportunities for the Pacific community. There were staff that identified as Pasifika at the time of the audit. Goodwood Seadrome has links with the local Pacific community through staff linkages to ensure connectivity within the region. The Code is accessible in Tongan, Samoan, and other Pacific 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 HDC Code are included in the information that is provided to new residents and their family/whānau. The general manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are included in the monthly resident meetings and six-monthly resident/family/whānau meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit was respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy. The service recognises Māori mana motuhake, and this is reflected in the Māori health care 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, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</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>Healthcare assistants interviewed described how they support residents to choose what they want to do. Residents interviewed 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. Goodwood Seadrome Limited training plan includes training that is responsive to the diverse needs of people across the service. 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 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. The care plans had documented interventions for staff to follow to support and respect their time together. There was one couple receiving services at the time of the audit (one hospital and one dementia – both occupying one of the double rooms in the dementia unit with a notification for one hospital-level resident in a rest home service area [NOHRRA] in place for one of the residents). Staff supported the couple to enjoy quality time with each other. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and family/whānau interviewed were positive 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. A spirituality and counselling related policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The general manager, acting charge nurse 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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		observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. 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>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Goodwood Seadrome 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, and staff are educated on systemic racism, healthcare bias, and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff have been provided with education on how to identify abuse and neglect (February 2025). All residents and family/whānau interviewed confirmed that the staff are very 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 healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Interactions between staff observed evidence a supportive working environment that promotes teamwork. Goodwood Seadrome 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>	PA Low	<p>Information about the facility and services offered is provided to residents and family/whānau on admission. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and</p>

<p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. However, not all accidents/incidents reviewed had evidence that next of kin had been notified.</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 used cue cards, sign language and family or staff to interpret as required. 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 acting charge nurse 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 and family/whānau interviewed confirm they know what is happening within the facility and felt informed through meetings and emails. Staff have completed education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,</p>	<p>FA</p>	<p>There are organisational policies around informed consent that align with the Code. Seven resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management, and medical cares were included and signed appropriately, either by the resident or the activated enduring power of attorney (EPOA) as part of the admission process. Residents interviewed could describe what informed consent was and their rights around choice.</p>

<p>keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p> <p>Enduring power of attorney documentation is filed in the residents' records and activated as applicable for residents assessed as incompetent to make an informed decision. Files reviewed for residents in the dementia unit had activation of EPOA letters, or current welfare guardian documents on file.</p> <p>The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented Nōku te mana ki te tuku amuamu – I have the right to complain procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. There has been one internal complaint received since last audit. Corrective actions related to the complaint were implemented. The complaint was documented as resolved to the satisfaction of the complainant. Follow up and resolution letters link to the national advocacy service.</p> <p>There has been one HDC complaint from 2022 which was closed off in December 2024. However, a request for additional information was received in September 2025 and the provider was in the process of collating the information to send back to HDC at the time of the audit. There has been one unsubstantiated anonymous complaint from HealthCERT in 2025, that has since been closed off.</p> <p>Information around complaints received and subsequent corrective</p>

		<p>actions are expected to be discussed in the staff and operational nurse meetings (link 2.2.2). 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 and resident/family/whānau meetings provide opportunities where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Information around the Code and the complaints process is visible, and available in te reo Māori, and English.</p> <p>An interview with the Goodwood Park Health Limited quality manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the 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 promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The Goodwood Park Health Limited quality manager acknowledged their understanding that for Māori, there is a preference to include whānau participation.</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>Goodwood Seadrome Limited, located in Massey, Auckland, is owned and operated by Goodwood Park Health Limited, a company registered in compliance with legislative, contractual, and regulatory requirements. The service provides hospital (medical and geriatric), and dementia level care for up to 45 beds: 25 dedicated dementia beds and 20 hospital level care beds. There are three double rooms in the dementia unit, with one occupied by a couple and the remainder singly occupied. At the time of audit, there were 43 residents: 23 at dementia level (including one on Accident Compensation Corporation [ACC], six on long-term support chronic health contract [LTS-CHC]); and 20 at hospital level (including one on National Health Index contract [NHI] contract, one on ACC, and two on LTS-CHC). The remaining residents were under the age-related residential care (ARRC) agreement.</p> <p>The service is managed by a suitably qualified general manager who</p>

	<p>has extensive experience in aged care and senior healthcare management. They have been in the role since 2023, having been the assistant general manager since 2021 and with the organisation from 2018. They are supported by an acting charge nurse and a quality coordinator. The management team is supported by the organisational quality manager, registered nurses, and a team of experienced staff.</p> <p>The Governance Board consists of four Board members. The Board members have relevant experience in accountancy, legal, healthcare, and management of healthcare services. They have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety. There are terms of reference for the Board. An interview with the Board member confirmed that the Governance Board receive monthly reports from general managers, health and safety manager, and the business development manager for the organisation and they all attend monthly Board meetings. The Board member interviewed explained how the organisation collaborates with mana whenua. They explained how the organisation collaborates with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. Cultural advice is sought from Māori staff members, the local community, and from the Goodwood Park Health Limited cultural advisor. Te Roopu Mana Tautoko, led by the organisational cultural advisor, informs and advises the Board.</p> <p>The senior management team, including the general manager mental health services and aged care service, general manager operations, business development manager, and general manager mainstream services is responsible for the overall leadership of the organisation, including clinical governance. Clinical governance is provided to the Board by the general manager (registered nurse with extensive experience), and two Board members, who are also registered nurses.</p> <p>The Goodwood Seadrome Limited annual business plan (2025-2026) has clearly identified their mission, services, and values which link to the strategic direction (2024-2029) of the organisation. Identified goals are regularly reviewed with outcomes reported. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The working practices at Goodwood Seadrome Limited are holistic in nature, inclusive of cultural identity, and respect connection to family, whānau,</p>
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		<p>and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The diversional therapist supports residents to maintain links with the community. Te Tiriti o Waitangi values and principles are embedded throughout the organisation and reflected in the Te Mana Orite/Māori Action Plan.</p> <p>The manager has completed more than eight hours of training related to managing an aged care facility and includes tikanga, privacy related training, business, infection control, cultural, Te Tiriti O Waitangi, and autism spectrum training.</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 Moderate</p>	<p>Goodwood Seadrome Limited is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff and operational nurse meetings are expected to be held to provide an avenue for discussions in relation to quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and training and education (link 2.3.4). Corrective actions are documented when indicated, with evidence of progress and sign off when achieved. Resident and family/whānau meetings have been held as scheduled (link 1.6.3).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the service is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through notices. Goodwood Park Health Limited has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and align with the Ngā Paerewa 2021 Standard.</p> <p>Resident and relative satisfaction surveys are conducted. The 2024 satisfaction survey results demonstrated overall satisfaction with service provision, with corrective actions completed related to comments. The most recent satisfaction survey completed in April 2025 demonstrated 83% satisfaction in all the areas reviewed. Corrective actions related to</p>

	<p>food service, and frequency of meetings have been implemented. Results from surveys have been shared with staff, residents, and family/whānau. Resident meetings now occur monthly as a result of the feedback, and these have been completed as scheduled.</p> <p>Goodwood Seadrome Limited implements a continuous quality improvement approach with service delivery. A quality improvement project looking at the impact of recently installed security cameras in communal, public, and outdoor spaces in the dementia unit through incident reporting, is being implemented.</p> <p>A health and safety system is in place. There is a health and safety committee made up of two representatives and supported by the general manager. Both the health and safety representatives have completed the required external training for health and safety officers. A health and safety representative (also interviewed as a healthcare assistant), explained how risk management, hazard control, and emergency policies and procedures, are implemented at Goodwood Seadrome Limited. There is a risk register in place and this is the responsibility of the committee to review. Hazard identification forms and an up-to-date hazard register that has been reviewed annually, were sighted.</p> <p>The service documents incidents/accidents, unplanned or untoward events and provides feedback to staff during handovers, so that improvements are made. Incidents and accidents forms are completed for all adverse events. However, neurological observations were not consistently completed for unwitnessed falls as per policy (link 3.2.4). Results are collated, analysed, and included in quality report completed by the quality coordinator monthly for the organisational quality committee and the Board. Data related to incidents and accidents was not consistently discussed in the staff and operational nurse meetings. There have been no serious injuries required to be reported to WorkSafe.</p> <p>Discussions with the general manager and organisational quality manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Notifications to Health Quality and Safety Commission (HQSC) [Severity Assessment Code (SAC)], and to HealthCERT (Section 31) have been completed for a hospital-level resident in a rest home service area. There have been</p>
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		<p>no outbreaks since the last audit; however, management demonstrated awareness of the reporting requirements should there be an outbreak.</p> <p>Regular policy reviews, and internal analysis of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week, for residents requiring dementia and hospital level care at Goodwood Seadrome Limited. The service has a roster in place which provides sufficient staff cover for the provision of care and service to residents. Rosters from the past two weeks showed a good cover of all the shifts, with replacement evident for short notice absences. The number of healthcare assistants 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.</p> <p>The registered nurses on each shift are aware that extra staff can be called on for increased resident requirements. Healthcare assistants and registered nurses reported that there were adequate staff to complete the work allocated to them. The service contacts their own staff, or agency staff, or those on the casual pool to cover short notice absences. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The general manager works during the week, and the acting charge nurse works Thursday to Monday, ensuring that there is always senior management on duty each day. Clinical on call is covered on rotation by all the registered nurses, with escalation to the charge nurse and general manager as indicated. The team is closely supported by the Goodwood Park Health Limited support team including the quality manager. There are designated food services, cleaning, maintenance, and laundry staff, with rosters reviewed evidencing seven-day cover. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed.</p>

	<p>There is an annual education and training schedule completed for 2024 and being implemented for 2025. The education and training schedule lists compulsory training, which includes cultural safety. Cultural awareness training and related competency is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand, and hospice.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Goodwood Seadrome Limited supports all employees to transition through the NZQA Careerforce Certificate for Health and Wellbeing. Of the 25 healthcare assistants at Goodwood Seadrome Limited, 18 are on level three and above NZQA qualification. There are thirteen staff who work in the dementia unit; seven have completed the required unit standards and one is in progress. Five healthcare assistants have not completed the required unit standards (three have been working in the dementia unit for more than 18 months).</p> <p>All staff are required to complete competency assessments as part of their orientation and annually. Registered nurses complete specific competencies that include restraint, medication management (including insulin administration and syringe driver training), wound care, subcutaneous fluids, and interRAI assessment. The service employs nine registered nurses (including the general manager, charge nurse, and quality coordinator), with all maintaining their practicing certificates. Six of the nine registered nurses (including the acting charge nurse) are interRAI trained. The acting charge nurse, and registered nurses are supported to maintain their professional development. All registered nurses are encouraged to attend in-service training, including training around critical thinking and problem solving, infection prevention and control, and identification and assessment of the unwell resident.</p> <p>All healthcare assistants are required to complete annual competencies, including moving and handling facilitated by the physiotherapist; personal protective equipment (PPE); handwashing; and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. A selection of healthcare assistants have completed medication administration competencies. A record of completion is maintained on the staff personnel files.</p> <p>Staff wellness is encouraged through participation in health and</p>
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		wellbeing activities. Staff and management collaborate to ensure a positive workplace culture. Staff interviewed report a positive work environment.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Seven 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 include 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 registered nurses, nurse practitioner, dietitian, podiatrist, pharmacists, and physiotherapist. There is an appraisal policy in place and an appraisal schedule maintained by the general manager. All staff who have been employed for more than 12 months have a current appraisal 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. The service demonstrates that the orientation programme supports registered nurses and healthcare assistants 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. Documentation was submitted that confirmed debrief to ensure wellbeing support is provided. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities.</p>
Subsection 2.5: Information	FA	There are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents

<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 personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>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 case of information systems failure.</p> <p>The resident files (paper based), are appropriate to the service type and demonstrate service integration. 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 general 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 general manager of operations 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 are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. A review of resident files confirmed that entry to service complied with entry criteria. The service has an information pack relating to the services provided at Goodwood Seadrome Limited, which is available for potential residents and families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The facility has a person and whānau-centred approach to services provided. Interviews with residents and family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p>

		<p>Seven admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed needs of the resident and the contracts under which the service operates. The general manager (GM) or acting charge nurse is available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process. A declining entry for residents process is in place, where by a referred person is not suitable. Potential residents are provided with alternative options and links to the community, if admission is not possible. If entry to the service is delayed, the managers ensure the person receives timely updates.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The provider verified that there are established links in place with local Māori who can provide residents and family/whānau support to navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities. The cultural advisor can also support staff to work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and family/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>PA Moderate</p>	<p>Seven resident files were reviewed for this audit: four hospital residents, including the following residents under specific funding (one resident under ACC funding, one funded on an NHI contract, and one CHC-LTS); and three residents using dementia level care (including two funded under a CHC-LTS contract).</p> <p>The acting charge nurse (ACN) and registered nurses (RN) are responsible for conducting all assessments and for the development of</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings, where the long-term care plans are reviewed. Involvement is documented in the progress notes, medical notes, and resident records.</p> <p>The diversional therapists (DTs) complete a resident profile (“Just me”) that outlines the resident interests, life history, and significant connections for residents. An activities assessment is completed with the information from the resident’s profile. All residents’ have a personalised 24-hour activities programme, with their needs in relation to individual diversional, motivational, and recreational therapy during the 24-hour period integrated throughout all the sections of the long-term care plan.</p> <p>The “Just my” booklet is tailored for Māori and Pacific Island residents to identify their cultural connections and preferences. The registered nurse works with the diversional therapist (DT) and develops a care plan to ensure staff are aware of the resident’s cultural needs. Residents and family/whānau interviewed confirmed their extensive input into this. Barriers that prevent family/whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident’s care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>Care plans are based on comprehensive data collected during the initial nursing assessment and pre-entry assessments from the Needs Assessment and Service Coordination (NASC) service, or other referring agencies. The assessments include mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; pain; and oral health.</p> <p>All residents have admission assessment information collected (inclusive of the ACC resident) and an initial care plan completed at time of admission. All reviewed files that required interRAI assessments and long-term care plans were noted to have been completed within timeframes required. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs. The care</p>
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	<p>plans are holistic and align with the service's model of person-centred care. Behaviour support plans include a description of the resident's current abilities, level of independence, identified needs/deficits, habits, routines, and behavioural characteristics. Any resident with behaviours that challenge have prevention-based strategies for minimising episodes of challenging behaviours.</p> <p>Care plan evaluations were completed and updated as resident care needs changed, which met the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner.</p> <p>A nurse practitioner (NP) from a local practice ensures residents are assessed within five working days of admission. The NP reviews each resident at least three-monthly and is involved in the six-monthly resident and family/whānau reviews (multi-disciplinary meetings). The medical practice provides on-call service for after hours and on the weekend. The NP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist who visits regularly for four hours a week. A podiatrist visits regularly and a dietitian, speech language therapist, continence advisor, hospice specialists, Mental health services for older people (MHSOP) and the wound care/district nurse specialist been involved in residents' care as required.</p> <p>Healthcare assistants (HCA) and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by HCAs and registered nurses. The registered nurses further add to the progress notes if there are any incidents, NP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse, who then initiates a review with the NP. Family/whānau stated they were notified of all changes to health, including infections, NP visit, medication changes, and any changes to</p>
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		<p>health status, and this was expected to be documented in the resident's progress notes (link 1.6.3).</p> <p>A wound register is maintained. There were five wounds on the day of audit, including minor skin tears. The wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations including photographs to show healing progression where required. The registered nurses reported that the wound care specialist has input into chronic wounds and any pressure injuries when they do occur; noting there were none during the audit. The HCAs and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources (sighted).</p> <p>Care plans reflect the required health monitoring interventions for individual residents. HCA and RNS complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. However, neurological observations were not completed as per policy for residents who had had an unwitnessed fall, or a fall where they had hit their head.</p>
<p><b>Subsection 3.3: Individualised activities</b></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>There is one diversional therapist and one activities coordinator who deliver the programme seven days per week. The activities team have current first aid certificates. The programme is supported by the HCAs, community groups, pastoral care, and volunteers.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is an activities programme printed and delivered to individual residents and placed in different areas of the facility. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. A resident's profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A 24-hour recreation plan is developed on admission for all residents and reviewed six-monthly at the same</p>

		<p>time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; house; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational church services. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities. There are lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>Activities in the dementia unit are tailored to individual residents and include walks, singing, arts and crafts, baking, domestic chores, baking, puzzles, and ball games. Residents in the dementia unit participate in some group activities with other residents outside the dementia unit. There are separate quieter spaces where residents can sit if they wish.</p> <p>There are resident and family/whānau meetings which are facilitated by the DT, and these offer opportunities to comment on the activities programme. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The facility uses robotic packaged medications for regular use. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in two medication rooms, with room temperatures monitored. Medication trolleys were always locked when</p>

		<p>not in use. The medication fridge temperatures are monitored weekly, and records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All medications with a short shelf life have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the NP and charted on the electronic medication chart.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the NP reviews all resident medication charts three-monthly and each chart has photographic identification and allergy status identified. Appropriate documented policy and processes were in place to ensure that residents wishing to self-administer medicines can do so safely. There were no resident self-administering their medications on the day of audit.</p> <p>As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent HCA or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The acting charge nurse, general manager (RN) and registered nurses described the process to work in partnership with residents and family/whānau, to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</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</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced. Dry ingredients were decanted into containers for ease of access, with all dry goods evidencing a decanting and/or expiry date. The four-weekly seasonal menu has been recently reviewed by a dietitian on 8th September 2025, before the</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>implementation of the summer menu. The chef is supported by a relief cook and three kitchen assistants. All kitchen staff have completed safe food handling, and customer satisfaction training.</p> <p>There is a food services manual available in the kitchen. The chef receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef has access to the nutrition aspects of the resident information. Resident's nutritional profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Residents are provided with choices of meals each meal, plus access to nutritious snacks. On the day of audit, meals were observed to be well presented. HCAs interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen team are assigned daily tasks, which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are served in the main dining rooms by the kitchen team. Other meals are transported to the dementia unit and residents' rooms in temperature-controlled scan boxes. Residents are supported to have their meals delivered to their rooms if they wish. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas, and modified utensils are available for residents to maintain independence with eating as required. On the day of audit, meals were observed to be well presented, and the dining experience and environment to be safe and pleasurable.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
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<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>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, family/whānau or EPOA, and the NP. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers were completed where required.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the NP and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer, or discharge, as confirmed by documentation and interviews. Family/whānau are involved and will support residents in the dementia unit when they are transferred to hospital.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility is inclusive of people's culture and supports cultural practices. The building holds a current building warrant of fitness. A full-time property management team for Goodwood Park Health Limited manages daily management concerns Monday to Friday, and they are supported by contractors (eg, electrical, plumbing) and a gardener. Contractors are available in the event of an emergency. There is an electronic maintenance request system implemented for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging. Records sighted of calibration of medical equipment evidenced this has occurred as scheduled. Resident equipment checks, call bell and hot water checks occur monthly. Hot water temperature records reviewed evidenced acceptable</p>

		<p>temperatures.</p> <p>The facility consists of two single level buildings that are joined by a covered walkway. Building one contains the hospital residents with single occupancy rooms, ten of which have toilet and handbasin. The remainder have handbasins only. The reception, offices, nurses' station, treatment room, sluice, laundry, and a lounge and dining area are situated in this building.</p> <p>There are adequate areas for storage of equipment across the floors. There are handrails in the corridors. There are adequate seats for resting in communal areas. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment in each of the buildings. There are communal mobility toilets and showers throughout the facility with privacy locks and identification signs. Visitor toilets are also available.</p> <p>The second building contains the secure dementia unit. Two rooms are double occupancy. On the day of audit, a couple occupied one room and there are privacy curtains in place. There are noticeboards in each resident room that can be personally decorated. There is a large dining room and lounge area with a smaller quiet room available. There is deck access and garden areas circulating the building, which are well designed/landscaped for wandering. Residents have free access to the garden area and were seen walking around outside. The kitchen is located in this building, which services both units.</p> <p>Flooring (carpet and vinyl), fixtures, and fittings are appropriate throughout the building.</p> <p>Group activities occur in the main lounges in each area. Residents interviewed stated they were able to use alternative communal areas, if they did not wish to participate in the group activities being held in the main lounge.</p> <p>The facility is heated with underfloor heating and wall heaters. All residents interviewed stated they were happy with the temperature of the facility. The facility has adequate natural light in the bedrooms and communal areas. Staff interviewed confirmed they have all the equipment required to safely provide the care documented in the care plans.</p>
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<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>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. This is also included within the annual staff education programme. Staff and visitors are informed of the correct action to take during commencement of employment, or via the admission process for their relative. The audit team were given a health and safety briefing on commencement of the audit. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand 5th November 1997. Fire evacuation drills are held six-monthly.</p> <p>Civil defence supplies are stored in identified cupboards and are checked monthly. In the event of a power outage, a gas hob and gas barbeques are available. The provider has a large generator which can be transported to the facility as required. In the event of a civil defence emergency, sufficient lighting is provided. There are sufficient supply of emergency water supplies available for residents and staff. There is a 5,000-litre water tank and 1000 litres of bottled drinking water available on site. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells were evident in resident's rooms, lounge areas, and toilets/bathrooms which are linked to a pager system to alert care staff. Indicator lights are displayed above resident doors. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells in close proximity.</p> <p>Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night, and there are security cameras located at reception/entrance and dementia unit.</p>

		<p>The main gates and front doors close automatically. A timer is set for summer and winter hours. All exits in and out require keypad access by staff and visitors. There is closed circuit television throughout the unit in the corridor areas.</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 Goodwood Seadrome Limited quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. Infection prevention and control and antimicrobial stewardship policies and procedures have been reviewed and are appropriate for the service. 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 team, the nurse 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 coordinators (registered nurse) and general manager are informed of any outbreaks, and these are reported immediately.</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</p>	<p>FA</p>	<p>Two registered nurses (one based in the hospital and the other in the dementia unit) hold the portfolio of infection control coordinators for Goodwood Seadrome Limited. Infection control coordinators responsibilities and reporting requirements are defined in the infection control job description. They have access to shared clinical records and diagnostic results of residents. The infection prevention and control coordinators have completed online external education in infection prevention and control for clinical staff (October 2025).</p> <p>The infection control programme has been approved by the</p>

<p>scope of our services.</p>	<p>management team and Board. Infection control programme is not consistently discussed at facility meetings (link 2.2.2.). Infection control data is included in the monthly quality reports to the quality committee that reports direct to the Board.</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 the organisational quality committee 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 coordinators have access to support from the infection control specialist at Health New Zealand, the nurse practitioner and public health team.</p> <p>The infection prevention and control coordinator and quality coordinator interviewed, described the pandemic plan, and confirmed that resources are available in case of a pandemic or outbreak. 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 policies and practices. The infection prevention and control audits monitor the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinators have input in the 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 coordinators 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</p>
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		<p>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 (link 2.2.2). The management described a clear process of involvement and consultation with infection control team, should there be plans for development and refurbishments of the building.</p> <p>The infection control coordinators are 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 May 2025). Staff have completed hand hygiene, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares.</p> <p>Family/whānau are kept informed of extra precautions required or outbreaks, and updated through emails and phone calls. 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>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <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>FA</p>	<p>The service has an antimicrobial policy and procedure which has been developed using evidence-based guidance, which monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and nurse practitioner notes. The antimicrobial stewardship programme is appropriate for the size, scope, and complexity of the resident cohort.</p> <p>The policy in place, which has been approved by governance, aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The nurse practitioner has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented as indicated. Interview with the infection prevention and control coordinator confirmed that the service has a process for identifying opportunities for improvement and implementing continuous quality improvement for wellbeing of the residents. The healthcare acquired infections being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were identified as indicated, with evidence of sign off when completed. Records of monthly data sighted confirmed very low numbers of infections for Goodwood Seadrome Limited. The monthly report provides opportunity to compare infections with the previous month; reason for increase or decrease; and action taken. Any new infections are discussed at shift handovers for early interventions to be implemented. Internal benchmarking is completed.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes and from interviews with family/whānau. There have been no outbreaks reported since last audit. Interview with the infection control coordinator confirmed awareness of outbreak management process and reporting requirements.</p>
<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</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material safety data sheets were displayed in the laundry and cleaning areas. Cleaning products were in labelled bottles. All cleaning is completed by designated cleaning staff. Staff ensure that</p>

<p>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>		<p>trolleys are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE. There are sluice rooms in each unit, with sanitisers and separate handwashing facilities. Cleaning guidelines are provided to meet the needs of the facility and updated as changes are required. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning.</p> <p>There are designated laundry staff responsible for completing laundry tasks seven days a week. All the laundry including personal laundry and bed linen is washed on site. The laundry is delivered to the laundry in colour coded leak proof linen bags using a linen skip trolley. The laundry room is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All the staff have received training and documented guidelines are available.</p> <p>The internal audit programme provides oversight of Goodwood Seadrome Limited testing and monitoring programme for the built environment through scheduled internal audits that includes those related to cleaning, laundry, and the environment. Staff interviewed demonstrated awareness of the infection prevention and control protocols. Residents and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>There are implemented policies and procedures underpinned by best practice that include the process of holistic assessment of resident's care with care planning in place; delivery of services to avoid the use of restraint; the process of approval and review of de-escalation methods; the types of restraint used and the duration of restraint used by the</p>

		<p>service provider; and restraint elimination and use of alternative interventions; and use of equipment.</p> <p>The designated restraint coordinator is a registered nurse (quality coordinator). The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. A job description which defines the responsibilities of the role is in place. The facility currently has four hospital level care residents with restraint (bedrails).</p> <p>The use of restraint is reviewed monthly and is reported by the restraint coordinator to the general manager, Goodwood Park Health Limited quality manager, governance group, with discussion at relevant meetings (link 2.2.2).</p>
<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>	<p>PA Low</p>	<p>A restraint register is maintained by the restraint coordinator. The restraint assessment is expected to address alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, and strategies to manage challenging behaviours). The files of four hospital residents listed as using restraint, were reviewed. The files reviewed had no documented evidence of a formal process of assessment completed prior to implementation of restraint. The resident files reviewed did however, indicate that restraint was only used as a last resort, to promote better positioning, safety, and/or at the insistence of the family/whānau and/or their activated EPOA.</p> <p>Approval for the use of restraint is given after discussion and agreement by the restraint coordinator, resident and/or their EPOA, and the nurse practitioner. No emergency restraints have been required; however, staff are aware of the process to follow if one was required, including implementation of the debrief process.</p> <p>Monitoring forms are completed for each resident using restraint, and review of the resident records confirmed that they have been completed as scheduled. Monitoring takes into consideration resident's cultural, physical, psychological, spiritual, and psychosocial needs. Family/whānau are available as required for advice regarding cultural aspects of the restraint.</p>

		<p>Each episode of restraint is expected to be evaluated at least six-monthly, with review of the type of restraint; residents' preferences; impact of restraint on self and others; duration; de-escalation options; observation and monitoring adequate; maintenance of safety to the person; and options to avoid use of restraint. The resident files reviewed did not evidence that a formal evaluation review had been completed.</p> <p>There have been no incidents recorded related to restraint use. Restraints are regularly reviewed and discussed in facility staff meetings (link 2.2.2). There is a six-monthly internal audit that reviews use of restraint and compliance to policy. Results demonstrate compliance with expected standards and policy.</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> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in the six-monthly internal audit. The outcome of the internal audit is discussed in meetings (link 2.2.2). The restraint coordinator provides a monthly and a six-monthly report (looking at trends etc) with the acting charge nurse, general manager, quality manager, and the nurse practitioner involved in the reporting process.</p> <p>The service is employing a continuous quality improvement process to look at eliminating the use of restraints through discussions with staff during meetings (link 2.2.2), which also includes restraint incidents (should they occur), and educational needs. Restraint data, including any incidents, are reported as part of the monthly quality coordinator reporting to quality manager and governance group.</p> <p>Internal audits are carried out to check and monitor adherence to policy and protocols. Any changes to policies, guidelines, education, and processes are implemented if indicated. It was reported that in some cases, family/whānau have resisted the removal of bed rails. The use of restraint fluctuates according to the safety needs of the resident population.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.6.3</p> <p>My service provider shall practise open communication with me.</p>	PA Low	<p>Goodwood Seadrome Limited has policies that alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Any such notification is expected be documented in the accident/incident form and / or progress notes. Four of 12 accident/incidents reviewed had documented evidence on the forms or progress notes to demonstrate that that family/next of kin were notified</p>	<p>Eight of twelve incidents reviewed do not show evidence on the form and/or in the progress notes that family/whanau, next of kin, or EPOA ,were notified of the incident.</p>	<p>Ensure that there is documented evidence of communication with family/next of kin following events.</p> <p>60 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</p>	PA Moderate	<p>Processes are in place to ensure that monthly staff and operational nurse meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety;</p>	<p>Staff and operational nurse meetings have not been held as scheduled since the last audit.</p> <p>The staff and operational nurse meeting minutes do not provide</p>	<p>Ensure that meetings are completed as scheduled.</p> <p>Ensure that key quality, risk, and operational</p>

and care.		<p>infection control/pandemic strategies; complaints received (if any); staffing; and education. However, reviewed records confirmed that four staff were held in 2024, six in 2025 year to date; and only three operational nurse meetings have been completed for 2025.</p> <p>A review of the meeting minutes shows that there is no consistent discussion of key quality, or risk and operational areas, which inform service delivery (eg, incident and accidents, trend analysis, outcomes of internal audits, resident clinical risks, staff movements).</p>	evidence of review and discussion of key quality, risk and operational areas that would inform service delivery e.g. trends and patterns in accident and incidents, outcomes of internal audits, resident clinical risks.	<p>areas are discussed and evident in the meeting minutes, with improvements to service delivery as required.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Goodwood Seadrome Limited supports all healthcare assistants and activity staff working in the dementia unit to complete the four contractually required dementia unit standards. However, at the time of the audit, three healthcare assistants working in the dementia unit did not have the required unit standards and have been working in the unit for over 18 months.</p>	<p>Three staff who have been working in the dementia unit for over 18 months have not completed the required dementia unit standards as per ARRC agreement E4.5f.</p>	<p>Ensure staff complete the required dementia unit standards as per ARRC agreement E4.5f.</p> <p>90 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p>	PA Moderate	<p>Care plans reflect the required health monitoring interventions for individual residents. HCA and RNS complete monitoring charts, including bowel</p>	<p>Neurological observations were not completed in five of five incident /accident forms reviewed for unwitnessed falls</p>	<p>Ensure that neurological observations are completed as per</p>

<p>(a) Active involvement with the person receiving services and whānau;  (b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;  (c) That the person receives services that remove stigma and promote acceptance and inclusion;  (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. Neurological observations are required for residents who have had an unwitnessed fall, or a fall when they have hit their head. These were not completed in five incident forms as per policy.</p>	<p>and suspected head injuries.</p>	<p>policy.  60 days</p>
<p>Criterion 6.2.1  The decision to approve restraint for a person receiving services shall be made:  (a) As a last resort, after all other interventions or de-escalation strategies have been tried or implemented;  (b) After adequate time has been given for cultural assessment;  (c) Following assessment, planning, and preparation, which includes available resources able to be put in place;  (d) By the most appropriate health professional;  (e) When the environment is appropriate and safe.</p>	<p>PA Low</p>	<p>The restraint assessment is expected to address alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, or strategies to manage challenging behaviours). An assessment of restraint was not documented as having been completed in four resident files reviewed.</p>	<p>A formal documented assessment had not been completed in the four resident files reviewed where restraint had been used.</p>	<p>Ensure that an assessment is completed and documented prior to any use of restraint.  90 days</p>

<p>Criterion 6.2.7</p> <p>Each episode of restraint shall be evaluated, and service providers shall consider:</p> <p>(a) Time intervals between the debrief process and evaluation processes shall be determined by the nature and risk of the restraint being used;</p> <p>(b) The type of restraint used;</p> <p>(c) Whether the person's care or support plan, and advance directives or preferences, where in place, were followed;</p> <p>(d) The impact the restraint had on the person. This shall inform changes to the person's care or support plan, resulting from the person-centred and whānaucentred approach/reflections debrief;</p> <p>(e) The impact the restraint had on others (for example, health care and support workers, whānau, and other people);</p> <p>(f) The duration of the restraint episode and whether this was the least amount of time required;</p> <p>(g) Evidence that other de-escalation options were explored;</p> <p>(h) Whether appropriate advocacy or support was provided or facilitated;</p> <p>(i) Whether the observations and monitoring were adequate and maintained the safety of the person;</p> <p>(j) Future options to avoid the use of restraint;</p> <p>(k) Suggested changes or additions to</p>	<p>PA Low</p>	<p>Each episode of restraint is expected to be evaluated at six-monthly intervals. The evaluation is expected to include a review of the type of restraint used; resident preferences; the impact of restraint on self and others; duration of use of restraint; de-escalation options; adequacy of monitoring; maintenance of safety to the person; and options to avoid use of restraint.</p>	<p>There was no documented evidence of a formal evaluation review being completed for each resident using restraint.</p>	<p>Ensure that there is documented evaluation of restraint use for each resident using restraint at six-monthly intervals at least.</p> <p>90 days</p>

<p>de-escalation education for health care and support workers;</p> <p>(l) The outcomes of the person-centred debrief;</p> <p>(m) Review or modification required to the person's care or support plan in collaboration with the person and whānau;</p> <p>(n) A review of health care and support workers' requirements (for example, whether there was adequate senior staffing, whether there were patterns in staffing that indicated a specific health care and support workers issue, and whether health care and support workers were culturally competent).</p>				
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## Specific results for criterion where a continuous improvement has been recorded

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As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display
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End of the report.