

# Melodie Enterprises Ltd - Sheaffs Resthome

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by HealthShare Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Melodie Enterprises Ltd
<b>Premises audited:</b>	Sheaffs Resthome
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 18 November 2025    End date: 18 November 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>	26

# 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

Melodie Enterprises Limited – Sheaffs Rest home (hereafter referred to as Sheaffs Rest home) provides rest home level of care for up to 29 residents. On the day of the audit there were 26 residents. Since the last audit there have been no significant changes in the organisation or building.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand -Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, the owners, staff and a general practitioner.

The facility is privately owned by a registered medical practitioner and a registered nurse. They are supported by a facility coordinator, registered nurse and a team of caregivers, a diversional therapist and cook.

Feedback from residents and family/whānau was positive about the care and services provided.

This audit identified the service’s ongoing compliance with Ngā Paerewa Health and Disability Service Standard 2021. There were no findings as a result of this audit.

## Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

There is a Māori health plan implemented. The service employs a significant percentage of staff who identify as Māori. The service is Māori centred and embeds the principles of Te Tiriti o Waitangi and tikanga.

There is a Pacific health plan implemented. Staff receive ongoing training in cultural awareness, cultural safety, Te Tiriti o Waitangi and delivering equitable health services.

Residents and family/whānau are provided care in accordance with the Code of Health and Disability Services Consumers' Rights (the Code). The service is free of abuse and discrimination. Residents and family/whānau are included in making decisions about their care and treatment.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. The complaints process is in accordance with the Code.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The organisation is governed by the owners who ensure performance meets the required standards and legislative requirements. The business plan includes a mission statement and operational objectives. The service has effective quality and risk management

systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality data around incidents, infections, wounds and medication errors is collated monthly and communicated to staff. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy implemented. A role specific orientation programme and regular staff education and training are in place.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents' care plans are implemented with input from the resident and family/whānau. These consider the physical, social, cultural and spiritual components of the resident's well-being. The medicine management system is appropriate for the service. Staff who administer medication are competent to do so. The discharge and/or transfer of residents is safely managed. The general practitioner confirmed care is safe and meets the residents' needs. The kitchen has a current food control plan, and meals are well presented and varied. Residents with specific dietary requirements have these met.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. The physical environment supports the independence of residents and promotes safe mobility with the use of mobility aids.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The infection prevention programme is appropriate for the size, complexity, and type of service. The registered nurse implements and monitors the programme. A monthly surveillance report is analysed and presented at staff meetings.

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

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There is a policy and procedures for restraint minimisation and safe practice. During the audit there were no residents using restraint. Staff are trained in the least restrictive practice.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is implemented. This document acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and supports mana motuhake for Māori. The service employs a significant percentage of staff who identify as Māori. During the audit there were residents who identify as Māori. Staff receive ongoing training in Te Tiriti o Waitangi, cultural awareness, tikanga and culturally safe practice as part of the annual in-service education programme. There is signage throughout the facility in te reo Māori. Interviews with the two owners, facility coordinator, two caregivers, one registered nurse and the cook included examples of providing culturally safe services in relation to their roles. Residents and family/whānau who identify as Māori were interviewed and confirmed the service is responsive to their cultural needs and they feel supported and cared for.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</p>	FA	<p>A general Pacific health plan is in place along with health plans specific for various Pacific cultures, for example Cook Island culture. These documents align with the Ministry of Health Pacific Plan. During the audit there were staff who identify as Pacific people. Staff receive ongoing training in cultural safety and awareness as part of the in-service education schedule that includes recognising the world view, cultural and spiritual beliefs of Pacific</p>

<p>achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>people. During the audit there were residents who identify as Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). 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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff advised they are aware of the Code and discussed their responsibilities regarding providing care in compliance with the Code. Observation during the audit confirmed care is provided according to the Code. Information about the Code is given to residents and family/whānau on admission to the service and this was confirmed by residents and family/whānau.</p>
<p>Subsection 1.5: I am protected from abuse 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>	<p>FA</p>	<p>There was no evidence of abuse, neglect or exploitation during the audit. Staff discussed signs of abuse and neglect, including the actions they would take should they recognise these. Discussions demonstrated knowledge of professional boundaries and staff shared examples of unwanted/inappropriate behaviours/actions.</p> <p>Residents and family/whānau advised that they had not witnessed abuse or neglect and confirmed professional boundaries are maintained. Residents and family/whānau reported personal belongings are treated with respect.</p> <p>Residents comfort funds are managed by the owners. A transaction book is maintained that documents the funds deposited by family/whānau. Also documented is what the funds are spent on, with a receipt kept for each transaction. Residents and family/whānau confirmed they are satisfied the comfort fund is managed appropriately and securely.</p>
<p>Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my</p>	<p>FA</p>	<p>Staff stated they obtain verbal consent from residents prior to completing routine tasks such as supporting them with toileting and showering, administering medication, and evidence of this was seen during the audit.</p>

<p>wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Clinical records sampled held signed consent documents, these included for example taking photos, the provision of routine medical care, participation in outings and the collection and storage of health information. Residents and family/whānau confirmed they were provided with information to inform their decision making.</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 policy and procedures for complaints that is communicated to residents and family/whānau. Resident meeting minutes show residents are reminded at regular intervals on how to make a complaint. The owners have overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The owners maintain a complaints register. There were no complaints in 2024. There have been five complaints in 2025. Review of the complaints, correspondence with complainants including acknowledgement of the complaints and outcome of investigations show the complaints process is fully implemented. All complaints have been resolved to the satisfaction of the complainants. Six residents interviewed confirmed they knew how to make a complaint. Concerns and complaints are discussed at staff meetings.</p> <p>Since the last audit there have been no external complaints received.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The owners acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have</p>	<p>FA</p>	<p>Sheaffs Rest home is certified to provide rest home level of care for up to 29 residents. On the day of the audit there were 26 residents including: one on</p>

<p>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>young disabled person (YPD; one respite; and five on long-term support chronic health conditions (LTS-CHC). Aside from the residents on YPD, respite and LTS-CHC funding all others were under the age-related residential care contract (ARRC). There is one room that is suitable for shared accommodation although one person was occupying this on the day of audit.</p> <p>The facility is privately owned by a registered medical practitioner and a registered nurse. The clinical governance committee is comprised of the owners, the facility coordinator, a registered nurse and a diversional therapist. The owners ensure compliance with legislative, contractual and regulatory requirements through their membership with the Aged Care Association and a consultant who is well known in the aged care industry. During the weekdays one of the owners is onsite and both are available on call 24/7. The owners have formal three-monthly meetings to review the goals on their business plan, risk management and monitoring, discuss occupancy and staffing, review policies and procedures, review training, cultural competencies and incidents and to discuss complaints. The clinical governance committee meets three-monthly to discuss policies and procedures; audit results; resident needs; the activities programme; staff appraisals and training; and clinical indicators such as infections, wounds and incidents/accidents.</p> <p>The owners and clinical governance committee assume accountability for delivering a high-quality service with the support of staff. Services are provided in ways that honour Te Tiriti o Waitangi, reduce barriers to equitable service delivery and improve outcomes for Māori and people with disabilities.</p> <p>The purpose, values, direction, scope and goals for the organisation are defined. Organisational performance is monitored and reviewed at planned intervals. The quality and risk management system is focussed on improving service delivery and care. Goals include: for residents and family/whānau to be happy; low staff turnover; percentage of Māori residents and staff to be similar to Eastern Bay of Plenty demographics; good health outcomes for residents; good care plans; provision of a clean and safe environment; and medications to be safely administered and stored at the correct temperature. Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, family/whānau and staff input through</p>
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		<p>feedback and meetings. All of this is discussed and reviewed at clinical and staff meetings, including corrective actions required.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>A quality and risk management programme is in place that allows Sheaffs Resthome to track their progress against the quality goals as outlined in the business plan. Quality goals are documented and progress towards quality goals is reviewed regularly at staff meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors and staff injuries. The service actively looks for opportunities to improve through analysis of clinical indicator data.</p> <p>Meetings are held quarterly for all staff and these include health safety and quality (including infection control). There are bi-monthly resident meetings and residents interviewed stated they could approach the owners, facility coordinator or registered nurse at any time to raise concerns. Staff meetings include (but are not limited to): tabling the previous minutes, matters outstanding, incidents and accidents, clinical indicators as above, internal audit reports, human resources, education, compliments and complaints, policy updates, general business, and actions going forward.</p> <p>Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are communicated to staff in the meetings. The resident and family/whānau satisfaction survey from March 2025 showed overall a high degree of satisfaction with all aspects of the service.</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 facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p>

		<p>A health and safety system is in place with identified health and safety goals. The owners maintain oversight of the health and safety system and the facility coordinator oversees contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All residents' incidents and accidents are reported, collated and categorised. Ten incident forms were reviewed and these evidenced immediate action taken and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. The adverse event reporting policy is in accordance with the National Adverse Event Reporting Policy.</p> <p>Discussion with the manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Since the last audit there have been five section 31 reports relating to a police investigation, Covid-19 and influenza A outbreak (these were also reported to Public Health), an assault that was reported to the police and a police report relating to a trespassed person entering the facility. There has been one report to the Health Quality and Safety Commission relating to a fall with fracture.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a registered nurse on duty Saturday, Sunday and Monday. The registered nurse/owner is onsite Wednesday and Friday and the registered medical practitioner/owner is onsite Tuesday and Thursday. Over the 24-hour period there are six caregivers on duty on staggered shifts with an extra caregiver on Monday and Wednesday for cleaning, and on Thursday and Friday to provide activities. The diversional therapist works Monday to Wednesday and the</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>facility coordinator works Tuesday to Friday. One of the owners is on call at all times.</p> <p>Staff on the floor on the day of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the owners provide good support.</p> <p>Review of the rosters did not show any gaps in staffing. Any absences were covered by casual and regular staff picking up extra shifts. Residents interviewed reported there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and is aligned with Ngā Paereua. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. Senior caregivers and registered nurses have current medication competencies. Fourteen of sixteen staff have a current first aid certificate.</p> <p>Caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. There are 10 permanent and one casual caregivers in total and eight have achieved NZQA level three or above. The diversional therapist has achieved a level four qualification.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection prevention, wound management, medication, monitoring blood glucose levels and insulin competencies. At the time of the audit there were two registered nurses (including one of the owners). Both have completed interRAI training. Staff have completed training that covers general care of the older person, Te Tiriti o Waitangi, cultural safety and awareness, Pacific peoples' health and world view and a broad range of other subjects relevant to aged care nursing.</p>
<p>Subsection 2.4: Health care and support workers</p>	<p>FA</p>	<p>A register of current annual practicing certificates was sighted and included all registered nurses and general practitioners. Qualifications are validated</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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>prior to employment and the scope of practice for health professionals and caregivers is identified to ensure they match the requirements of residents.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and new staff are buddied with experienced staff until they are confident and competent in their role as confirmed in interviews with staff.</p> <p>Five staff files were reviewed including a registered nurse, three caregivers and a cook. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. Staff stated the performance appraisal process was helpful for identifying their strengths and what further training opportunities they could pursue.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Residents have individualised support provided that meets their physical, cultural, spiritual, and social dimensions of their wellbeing. Records sampled verified interRAI assessments, initial care-plans, long-term care-plans and general practitioner (GP) admission assessments had been completed within the required timeframes.</p> <p>Assessments included, for example, pressure area risk, pain, falls risk, dietary and continence. All team members including the caregivers, facility co-ordinator, registered nurse and the owners discussed individual residents' life experiences and aspirations and provided examples of how they incorporated this knowledge into the day-to-day care provided to the residents.</p> <p>All interRAI assessments were current in the records sampled during the audit. Care plans are developed by the registered nurse and document interventions that reflect the interRAI identified opportunities to optimise the resident's well-being. The registered nurse provides oversight and direction to caregivers to ensure the provision of care aligns with the care plan. Progress notes, observations during the audit and interview with the resident's and their family/whānau, confirmed assessments and care plans were developed in collaboration with the resident and family/whānau.</p> <p>Short term care plans are developed for acute conditions and/or any change in the resident's wellbeing, for example an infection or impaired skin integrity. These are updated as appropriate and signed off when the</p>

		<p>condition had resolved or transferred into the long-term care plan if appropriate. Residents monthly vital signs and weights are documented.</p> <p>Resident records include for example interRAI reports, consent forms, GP reviews and other health professionals' correspondence.</p> <p>Progress notes document the resident's daily activities and any observed changes in health status or behaviour. If an acute change in the resident's health status or behaviour/s is observed, the on-call health professional is called (registered nurse or GP/owner). Ongoing care is provided as per the directions of the on-call professional. If required, an ambulance is requested to transport the resident to the public hospital. Caregivers discussed the triggers that required escalation to the on-call professional.</p> <p>One resident required a prolonged rehabilitation programme at the public hospital. Staff from Sheaffs Rest Home visited the resident daily in the public hospital supporting the resident to mobilise and consume sufficient food and fluids to enable and facilitate recovery and discharge from the public hospital back to Sheaffs Rest Home.</p> <p>When non acute changes are observed further assessments are performed as appropriate. The registered nurse notifies the GP in a timely manner and if required an interRAI assessment for a significant change in health status is completed and sent to the New Zealand Needs Assessment Service Co-ordination Association. This process was confirmed by the registered nurse, GP and in a clinical record sampled.</p> <p>Records sampled confirmed the GP reviews residents three monthly, or more often if required. The GP stated the care provided to residents was attentive and met their needs. It was also stated that the communication system used between the GP and the service is effective and well-co-ordinated.</p> <p>Residents and family/whānau stated they are happy with the care provided, they feel included in care planning, and are given sufficient information to make choices in their care options.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a</p>	<p>FA</p>	<p>The medication management system is appropriate to the size and scope of the service and reflects current recommended best practice. An electronic system is used for the prescribing and recording of administration of</p>

<p>safe and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medication. A pre-packaged system is used by the pharmacy to dispense medications. The pharmacy delivers medications and collects medications that are no longer required. The registered nurse checks the medications prior to placing them in the medication trolley. The medication charts include allergies and sensitivities. Records sampled had been reviewed by the GP within the previous three months.</p> <p>Staff who administer medication discussed the medication competency programme and confirmed they complete it annually.</p> <p>Medications were seen to be kept in a locked medication cupboard, stored in the locked staff room. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication cupboard was temperature monitored. Medications requiring refrigeration are kept in a designated fridge that is temperature monitored and accessible to staff only. All medications were labelled as per requirements.</p> <p>There was no evidence of stock medications on site.</p> <p>The medication policy documented the self-administration of medication process, and this was discussed by staff. There was one resident self-administering medication at the time of the audit. The resident described the process used to self-administer in a manner that reflected the policy. The medication was stored securely in the resident's room. The GP expressed satisfaction with medication management, including oversight of resident who self-administers their medications.</p> <p>Standing orders are not used in this service.</p>
<p>Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences.  Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.  As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their</p>	<p>FA</p>	<p>All food is prepared on site. The menu is varied and reflects the nutritional needs of the older person. The cook described food choices available to ensure residents with specific dietary needs have these met. A white board in the kitchen held information relating to the specific dietary requirements of residents, and further detailed information was held in a folder. All residents have a nutritional assessment completed on entry, including likes, dislikes, allergies, intolerances, and cultural preferences. This is reviewed annually by the registered nurse. The kitchen is updated of any changes.</p>

health and wellbeing.		There is a current food control plan, with an expiry date of 9 April 2026.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Caregivers advised they contact the on-call health professional and/or the ambulance service in the event of a resident acutely deteriorating or sustaining an injury they were unable to manage. This was confirmed in incident forms, clinical records and by interviews with the registered nurse, the owners and the GP.</p> <p>Residents who require acute care are transferred to the public hospital by the ambulance service. The national yellow envelope system is used, which includes all required documents to maintain continuity of care. A verbal handover of care is provided to ambulance staff by the senior staff member on duty. Clinical records confirmed family/whānau are consulted regarding the resident's situation and this was verified by family/whānau.</p> <p>Discharges are planned in collaboration with the registered nurse and facility co-ordinator. The owners are kept updated by the registered nurse of transfers and planned discharges. The resident and family/whānau are included in discussions about the process, this was confirmed in clinical records and by residents and family/whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a current building warrant of fitness that expires on 25 June 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings as viewed on the day of audit. There is Māori and Pacific artwork throughout the facility and signage in te reo Māori.</p> <p>The planned maintenance schedule includes testing and tagging of electrical appliances (last completed in May 2025) and servicing and calibration of clinical equipment (last completed in February 2025). Hot water temperatures have been tested and recorded monthly in resident rooms, laundry, and kitchen. Hot water temperatures in residents' rooms are maintained below 45 degrees Celsius.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention programme implemented was suitable for the size and scope of the service provided. It had been developed by an organisation with infection control expertise and was approved and reviewed by the owners. There was evidence that one of the owner's (a GP) reviews and updates the programme on an ongoing basis in a manner that reflects changes and additions to best practice guidelines. An annual report of the implementation and effectiveness of the programme is provided to the owners. The registered nurse oversees the implementation of the programme. Infection prevention is discussed at monthly staff meetings, this was confirmed by staff and documented in meeting minutes.</p> <p>Infection prevention education is provided to all staff during orientation and regularly thereafter. The education is delivered by the owners and/or the registered nurse. The contents of the education programme are relevant to the type of services provided and reflected current practice trends. This was verified by education records and staff interviews.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections is appropriate to the size and type of service. The surveillance programme is documented, and standard definitions are used relating to the type of infection acquired.</p> <p>Monthly surveillance data is collected by the registered nurse which is analysed and reported to the owners. It is also reported to staff at staff meetings. The data includes ethnicity data. Trends and opportunities to improve arising from the data are considered by the registered nurse and owners and changes are implemented if required.</p> <p>There were two outbreaks of Covid-19 in 2024, and one outbreak of Influenza A in July 2025. Appropriate notifications had been made. Isolation precautions were implemented including the use of personal protective equipment (PPE). The GP stated the outbreaks were well managed, and medical advice was sought in a timely manner when required.</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</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to maintaining a restraint-free environment. This is supported by the owners and staff. During the audit</p>

<p>free from restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>there were no residents using restraint.  Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the in-service education programme and orientation.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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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.