

Presbyterian Support Central - Kandahar Court

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Presbyterian Support Central

Premises audited: Kandahar Court

Services audited: Dementia care

Dates of audit: Start date: 4 November 2025 End date: 5 November 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 28

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
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

Kandahar Court is part of the Presbyterian Support Central Enliven organisation. Presbyterian Support Central Enliven oversees fourteen aged care facilities across the lower North Island. Kandahar Court is certified to provide dementia level of care for up to 29 residents. There were 28 residents at the time of the audit.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with family/whānau, management, staff, the chaplain, and a general practitioner. There have been changes in management since the previous audit.

The kaiwhakahaere (manager) and clinical nurse manager oversee the dementia unit. They are supported by the regional manager and clinical director and various groups in the Presbyterian Support Central support office. There is a documented quality and risk management programme that links to the Presbyterian Support Central Enliven strategic plan and business plan. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service embraces the Eden Alternative Philosophy adopted by the organisation across all areas of resident care.

Feedback from family/whānau was very positive about the care and services delivered.

This audit identified improvement required in relation to medication management.

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.

Kandahar Court provides an environment that supports residents' rights and safe care. There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures and delivery of care. The service has established links with local Māori. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural and spiritual beliefs.

Staff demonstrate their knowledge and understanding of resident's rights and ensure that residents/family/whānau are informed in respect of these. Staff receive training on Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective enhancing their understanding. Staff provide services and support people in a way that is inclusive and respects their identity and their experiences. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent that work alongside of the enduring power of attorneys.

The rights of the resident/family/whānau to make a complaint is understood. Complaint processes are equitable and resolved in collaboration with the family/whānau.

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.

There is a documented business plan, mission, philosophy, and objectives. There is an implemented quality and risk management that takes a risk-based approach, and these systems meet the needs of the residents and staff. An ongoing focus on improving service and delivery is apparent across many aspects of service delivery.

Human resources policies cover recruitment, selection, orientation, and staff training and development. Prospective employees are police and reference checked prior to commencement. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported.

The staffing policy meets contractual requirements and ensures appropriate skill mixes. Family/whānau reported that staffing levels are adequate to meet residents' needs.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family/whānau participation in care

and treatment provided. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner, nurse practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed were reviewed by the general practitioner at least three-monthly.

An activities programme is implemented. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for hospital and rest home level care. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. The service has a current food control plan, and the menu has regular dietitian input and oversight. The menu provides for cultural and religious preferences, and food services are in line with tapu and noa.

Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care.

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 preventative maintenance plan to ensure the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly.

Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

All bedrooms are single occupancy. Some rooms have single or shared ensuites and there are additional shared bathrooms and toilet facilities. Rooms are personalised with ample light and adequate heating.

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

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 and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the audit and risk committee, and integrated into the quality improvement system. There is a documented outbreak response plan.

The facility has adequate resources and personal protective equipment, and staff are appropriately trained. A registered nurse oversees infection surveillance, sharing infection prevention data with staff, and ensures that the general practitioner recommendations are implemented. Judicial use of antimicrobials is monitored. There was one outbreak recorded and reported since the previous audit.

Policies and processes for managing waste, infectious, and hazardous substances are implemented. The laundry services are done off site at the sister facility. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

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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The restraint coordinator is the clinical nurse manager who is a registered nurse. The service is restraint free. Minimising restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	26	0	0	1	0	0
Criteria	0	167	0	0	1	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>The Presbyterian Support Central Enliven Māori Health plan is documented for the service. The plan was developed in partnership with Whanganui kaumātua and acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and incorporates the Māori Health Strategy, Te Whare Tapa Wha, and the Eden Alternative principles. At the time of the audit there were Māori staff employed. Staff complete cultural training related to the Māori worldview. The organisation demonstrates a commitment to equal access to professional development for staff and includes Māori in their business plan. There were residents identifying as Māori at the time of the audit. Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, choices and needs.</p> <p>The service has links with local Māori in place developed over time and nurtured by Māori staff, kaumātua and Kandahar team members who are affiliated with Ngāti Kahungunu ki Wairarapa. The Enliven Cultural Advisory Group (CAG) provide organisational support related to improvement of Māori health, equity, and wellbeing. The group is committed to involve family/whānau, Māori staff and elders in the co-creation of policies and resources. The organisation has adopted and embedded the Better Later Life – He Oranga Kaumātua 2019 to 2034 strategy and runs alongside of the Eden Alternative Principles to</p>

		<p>better meet residents cultural, spiritual, and emotional needs.</p> <p>Self-determination, cultural values, and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in day-to-day care. Staff are encouraged to learn and use their pepeha. Karakia is shared at the start and end of hui/meetings and gatherings. Resident/family/whānau and staff are welcomed by a hui whakatau. The audit team were welcomed by a hui whakatau on day one of the audit.</p> <p>Two managers, (kaiwhakahaere and clinical nurse manager), the chaplain, seven supportive rs, (healthcare assistants) one registered nurse, one recreation team leader (diversional therapist), one cleaner and a maintenance coordinator were interviewed. All care staff could describe their understanding of how the Māori health model is implemented within service delivery.</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>The organisation has a comprehensive Pacific health plan. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights is available in Tongan and Samoan. There were no Pasifika residents on the day of the audit; however, should a resident be admitted in the future who identifies as Pasifika Pacific principles of acknowledging respectful relationships, valuing family/whānau and providing high quality healthcare are upheld.</p> <p>The clinical services manager outlined how family/whānau of Pacific residents are to be involved in all aspects of the admission process, and creation of assessments and support plans. All residents, individual cultural beliefs are documented in their care plan and activities plan. There are no staff currently employed who identify as Pasifika; however, the process in place to actively recruit a holistic Pacific workforce was outlined. The kaiwhakahaere described the commitment in the business plan to foster links with the Pasifika community through the work of the Enliven Cultural Advisory Group. The work of the cultural advisory group includes identifying support needs for Pasifika staff and residents to ensure Pasifika worldview is</p>

		embraced and equity is promoted. Additional links are in place via the wider Presbyterian Support Central network including Family Works (Pasifika: Wairarapa).
<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>	FA	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents' family/whānau. The clinical nurse manager and registered nurses discuss aspects of the Code with family/whānau during the resident's admission process. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and Te reo Māori. Discussions relating to the Code are held during the bimonthly resident advocate and family/whānau meetings. Five family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents' family/whānau.</p> <p>There are links to spiritual support and links with Kaupapa Māori health providers delivering a range of family/whānau ora services. Church services are held weekly, and a chaplain is on site regularly. The clinical nurse manager, the chaplain, registered nurse and supportive assistants interviewed explained how the service meets the residents cultural and spiritual needs. Staff received education in relation the Code at orientation and through the annual education and training programme which includes understanding the role of advocacy services.</p> <p>The Māori Health Strategy adopted by Presbyterian Support Central sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledge within the strategic plan to ensure and promote independent Māori decision-making. Presbyterian Support Central has also adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that reflects Māori mana motuhake.</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>Supportive assistants interviewed described how they support residents with daily activities and provide one to one time. Residents' family/whānau interviewed stated that residents are supported to meet their changing needs. Family/whānau members are encouraged to be involved in the care of their family/whānau. The service annual training plan demonstrates training that is responsive to the diverse needs of people across the service. Family/whānau confirmed the residents are treated with respect. This was also observed that staff interacted with residents in a respectful way.</p> <p>A sexuality and intimacy policy is in place with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to the values and beliefs of their family/whānau being met. Residents' privacy is ensured. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Te reo Māori is celebrated and evidenced in all aspects of service delivery. National celebrations are recognised including Waitangi Day, Matariki and Māori language week. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo Māori more visible within the organisation and service. Comprehensive cultural awareness training is provided and covers Te Tiriti o Waitangi, te ao Māori, equity and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A resident's rights policy is being implemented. The policy is a set of standards which outlines the behaviours and conduct that is expected for all staff employed at to uphold. Policies guide staff to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination</p>

		<p>of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed confirmed that the work environment was positive. Staff complete education at orientation and annually as per the training plan on how to identify abuse and neglect. Staff interviewed confirmed they have had training to help them recognise institutional racism, and how to identify bias. The family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>There are policies documented and implemented on how to deal with residents' property and finances. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with the registered nurse and supportive assistants confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities.</p> <p>There are short and long-term objectives in the Presbyterian Support Central Engagement with Tāngata Whenua policy and Safety and Wellbeing Framework provide a guide to improving Māori health and leadership commitment to address inequities.</p> <p>Staff interviews described how the Eden principles are incorporated in the service delivery to ensure a strengths-based and holistic model is implemented. This was evidenced further in family/whānau interviews.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>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>FA</p>	<p>Information related to the service and what to expect when entering the service is provided to family/whānau on admission. Bi-monthly residents and family/whānau meeting minutes identify feedback from residents and follow-up by the service to all matters raised. Discussion with staff and family/whānau evidenced that the family/whānau had requested more frequent meetings and this has been implemented.</p> <p>Policies and procedures relating to accident/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence with family/whānau is recorded in the resident files. Five accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with</p>

		<p>family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak English. Non-subsidised residents' family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services.</p> <p>The delivery of care includes a multidisciplinary team and family/whānau are communicated to regarding services involved. The clinical nurse manager described an implemented process around providing enduring power of attorneys (EPOAs) with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed confirm they are aware of what is happening within the facility. There are emails and various regular newsletters distributed to family/whānau to keep them informed on matters within the facility and organisation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies to guide informed consent. Six resident files reviewed included informed consent forms signed by the EPOAs. There are general consent forms and forms for Covid-19 and flu vaccinations were also on file where appropriate. Family/whānau interviewed could describe what informed consent was and their rights around choice. In the files reviewed, there were appropriately signed resuscitation plans and advance care directives in place.</p> <p>The service follows relevant best practice tikanga guidelines, evidencing the involvement of family/whānau/EPOA in decision-making. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files reviewed. Copies of EPOAs were in resident files and activation letters sighted for all residents' files reviewed. The clinical nurse manager demonstrated how tikanga best practice guidelines are implemented</p>

		during the informed consent process.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to family/whānau on entry to the service. The kaiwhakahaere maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There was one complaint received since the previous audit. This was received late last month and is still under investigation. All policy and procedure had been followed to date. The kaiwhakahaere explained the complaints process include an investigation, follow-up, and replies to the complainant.</p> <p>The complaints process links to the advocacy service. The timeframes of the complaints process reviewed meet the HDC guidelines. If any complaints or concerns are raised, staff are informed (and any subsequent corrective actions) through meetings. There were no external complaints received. Discussions with family/whānau confirmed they are provided with information on complaints and complaints forms are available at entry to the facility. Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Family/whānau making a complaint can involve an independent support person in the process if they choose.</p> <p>Family/whānau and advocates are invited to the bimonthly resident meetings. The clinical nurse manager explained how the complaints process works equally for Māori. The complaints form, within the electronic system captures ethnicity data. Family/whānau interviewed stated the managers are very approachable, available and proactive if they raise any issues of concern.</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>	FA	<p>Presbyterian Support Central Kandahar Court is in Masterton in the Wairarapa and is part of Presbyterian Support Central Region. The facility has been gifted the te reo name of Wahi Haumarū (safe place). Kandahar Court is closely located to the sister facility Kandahar</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>Home. The service provides care for up to 29 residents requiring rest home level dementia care. On day one of the audit, there were 28 residents. One resident was receiving respite, and all other residents were under the age-related residential care agreement (ARRC). All rooms are designed as single occupancy.</p> <p>There is an Enliven Board and senior leadership team. There is Māori representation on the board. The roles and responsibility framework for the Board are documented in the Trust Charter. The board receives monthly reports related to all aspects of service delivery from the senior leadership team that include the chief executive [CE], chief financial officer [CFO], chief operating officer (COO), general manager (GM), property and GM business services and sustainability.</p> <p>The board have attended Mauri Ora orientation and cultural training to ensure they are able to demonstrate knowledge in Te Tiriti o Waitangi, health equity and cultural safety. There are advisory groups that include Quality Advisory Group (QAG), Training Advisory Group (TAG), Cultural Advisory Group (CAG), mini-CAG (Māori only), Eden Advisory Group (EAG), Business Advisory Group (BAG), Recreation Advisory Group (RAG), Nutrition Advisory Group (NAG) and Product Advisory Group (PAG). Advisory groups are compiled of staff, residents, family/whānau and where appropriate (CAG and mini-CAG), iwi and community organisation representation. These groups meet three to four times per year and develop policies and procedures. The senior leadership team are expected to sit on at least one of these groups. The work plan for the Cultural Advisory Group includes identifying support needs for Māori and Pasifika staff.</p> <p>The CAG has input into policy development. There is an Enliven Central strategic plan (2023-2026) is in place with clear business goals to support their Enliven philosophy. The Enliven principles of care is based on the Eden alternative that aims to promote positive ageing. The model of care sits within the Enliven framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha. There are short and long-term objectives in the Presbyterian Support Central Enliven engagement with tāngata whenua policy and Safety and Wellbeing Framework that provides a framework and guide to improving Māori health and leadership commitment to identify barriers to care, address inequities and to promote the wellbeing of Māori and</p>
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		<p>of tāngata whaikaha. Tāngata whaikaha have meaningful representation through quarterly family/whānau meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p> <p>Kandahar Home and Court have a combined business plan (2025-2026) that aligns with Enliven overarching strategic plan (2023-2026) and has in place clear business goals to support their Enliven philosophy, including safe care specific goals. The model of care sits within this framework and incorporates the Māori concept of wellbeing – Te Whare Tapa Whā. Site specific goals are regularly reviewed at clinical focussed meetings.</p> <p>Clinical governance is provided by the audit and risk committee. The Presbyterian Support Central clinical director is responsible for clinical oversight with support from Presbyterian Support clinical advisors, two regional managers and the audit and risk committee. The quality programme links to the strategic plan and improvements are made where deficits are identified in the service delivery. There are regular Presbyterian Support Central Enliven managers and clinical nurse meetings where learnings are shared.</p> <p>There has been changes in management since the last audit. The clinical nurse manager has been in the role since April 2025. They come to the role from another Presbyterian Support Central facility and have a background in aged care including dementia care. The kaiwhakahaere has a broad background in the health and disability sector in a variety of roles including management. They commenced employment with Presbyterian Support Central in April 2025 and the kaiwhakahaere temporarily oversaw Kandahar Home and Court and another Presbyterian Support Central facility whilst a recruitment process was underway for a permanent manager. The kaiwhakahaere and clinical nurse manager have completed more than eight hours of training related to leadership topics.</p> <p>The facility had a recent observational visit from the Ombudsman. Low level recommendations related to the environment have been addressed.</p>
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<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>Kandahar Court is implementing a combined 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. Ethnicities are documented as part of the resident’s entry profile and any extracted quality indicator data are critically analysed for comparisons and trends to improve health equity. The clinical nurse manager provided an example of a report that is generated for this purpose.</p> <p>There is a monthly and annual meeting schedule available; quality(clinical) meetings and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection prevention, complaints received (if any), cultural compliance, staffing, and education. Clinical and staff meetings occurred as scheduled. Progress with the quality programme/goals has been monitored and reviewed through the monthly clinical meetings. The internal audit schedule for 2024-2025 has been implemented. Corrective actions are documented where indicated to address service improvements with evidence of progress and sign off when achieved. Corrective actions are discussed at the clinical and staff meetings. Quality data and trends are documented in the clinical meetings these are shared with other staff. Enliven benchmarks quality indicator data against other Presbyterian Support regions. The kaiwhakahaere and clinical nurse manager outlined the service has undergone a review of service delivery over recent months. Quality initiatives including the broadening of the education/training programme (including reviewing and updating how the Eden principles are being implemented into all aspects of service delivery and the environment, and ensuring more staff are accessing the Spark of Life training) review of the roster and increase of care and support staff has been implemented, enhancing of tikanga Māori across all avenues of service delivery, and resetting of the routine of the home towards a more therapeutic, home like approach.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. There is a cultural competency package that staff completes as part of their orientation and ongoing training on the electronic education platform. The kaiwhakahaere outlined that the 2025 family/whānau survey for the service was sent</p>
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	<p>out in September with a closing date of 3 October. The response was low, so this closing period has been extended until 31 October. The 2024 response was also low; however, the results were positive in key areas. All family/whānau interviewed stated they were very satisfied with all areas of service delivery.</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. Policies are regularly reviewed and have been updated. New policies or changes to policy are communicated to staff. Policies are accessible on the Presbyterian Support Central Enliven intranet.</p> <p>A health and safety system is in place. Health and safety is part of the monthly clinical and staff meetings. There is a health and safety representative, and they have completed training related to their role. Hazard identification forms and an up-to-date hazard and risk register had been regularly reviewed in 2025 (sighted). Health and safety policies are implemented and monitored by audit and risk committee. Audits include a hazard identification audit, incident reporting audit and environmental audit; all have been completed. Incident and accident data is collated monthly and analysed. Benchmarking occurs. Results are discussed in the clinical meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a registered nurse. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager and registered nurses. Evidence was provided of how the quarterly audit and risk committee meetings ensures commitment to health and safety and staff wellbeing.</p> <p>Discussions with the kaiwhakahaere and clinical services manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications completed for the appointment of the kaiwhakahaere and clinical nurse manager (sighted). With another one completed for a resident challenging behaviour incident. There was one Covid-19 outbreak since the previous audit. The outbreak was appropriately notified to the regional public health unit, managed and debriefed with</p>
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		staff.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing, and skills mix policy that describes rostering. The roster provides appropriate coverage to meet the clinical and cultural needs of the residents. The service is currently fully staffed. The clinical nurse manager works full time Monday to Fridays to oversee the day-to-day operations of the facility. The kaiwhakahaere has regular face to face contact with the clinical nurse manager, staff and resident's/family/whānau. In the absence of the clinical nurse manager the facility is overseen by a roving clinical nurse manager, and the Kandahar Home clinical nurse manager. On call after hours are shared between the clinical nurse manager, and registered nurses who participate in a shared roster. The kaiwhakahaere is on call 24/7. The contracted medical centre provides after hours support. Interviews with supportive assistants confirmed that staffing levels have improved with the recent appointment of additional staff, and their workload is manageable. Absences are covered by part time staff extending their shifts or use of the organisations casual pool. Staff and family/whānau are informed when there are changes to staffing levels as evidenced in meeting minutes and newsletters. Family/whānau stated they feel the staff levels are adequate and they advised they feel connected with the service and are informed of what is happening within the facility. There are separate cleaning, laundry, recreation, and kitchen staff to perform their duties.</p> <p>There is an annual education and training schedule being implemented. The annual and two-year rotational compulsory training programme is overseen by the kaiwhakahaere and clinical nurse manager. The education and training schedule lists compulsory training which includes cultural awareness training. All staff have completed cultural training to reflect their understanding of providing safe cultural care, te ao Māori, response to equity and Te Tiriti o Waitangi. The training content provided resources to staff to encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The service supports and encourages to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 20 supportive assistants employed nine have completed the limited credit</p>

		<p>programme (LCP) to satisfy the learning requirements under clause E4.5(f) of the ARRC. There are a further 11 team members in progress to complete the LCP within 18 months of employment start date. A quality initiative has seen an assessor come on site on a regular basis to support supportive assistants navigate the NZQA qualification system. This has seen an increase in uptake of staff and completion of NZQA qualifications. All but the newest employees have completed their NZQA qualifications or are on the pathway. A competency assessment policy is being implemented. All staff are required to completed competency assessments as part of their orientation. All supportive assistants are required to complete annual competencies in hand hygiene, correct use of PPE and moving and handling. A selection of the supportive assistant's complete medication and second checker competencies. A record of completion is maintained on an electronic register. Four of five registered nurses (including the clinical nurse manager) are interRAI competent. All have the appropriate medication competency completed. Registered nurses complete Presbyterian Support Central Enliven professional and clinical training modules including HDC case studies, critical thinking, and reflective practice at peer review sessions. The Enliven intranet has extensive resources (pae ora) relating to Māori health equity data and statistics available to staff.</p> <p>An Employee Assistance Programme (EAP) is available to staff that support staff wellbeing and staff interviewed advised the work environment is positive.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored electronically. Six staff files were reviewed (one clinical nurse manager, two registered nurses, two supportive assistants, and one cleaner) and all evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff who have been employed more than a year had completed an appraisal in line with their anniversary date. A register of practising certificates is</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>maintained for all health professionals.</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. Staff interviewed stated the orientation programme was appropriate and they could extend the “buddying” support if required. Competencies are completed at orientation and annually. The service demonstrates that the orientation programmes support all staff to provide a culturally safe environment to Māori. Where volunteers are used an orientation programme and policy for volunteers are in place. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Staff interviewed advised they feel valued as employees and management are supportive.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or back up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The provider is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p>	<p>FA</p>	<p>Entry to services at Kandahar Court is managed fairly, transparently, and respectfully, upholding the rights and needs of residents and their</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>whānau. The admission and decline policy guides eligibility assessment, information provision, and decision-making in line with organisational and contractual obligations.</p> <p>Information about the service is accurate, current, and available in accessible formats. Prospective residents and whānau receive an information pack before or upon admission outlining the philosophy of care, available services, costs, contractual terms and key contacts. Entry criteria are clearly defined and communicated to referrers, residents, and families. Admission decisions are based on assessed need and level of care. All residents are admitted under the Age-Related Residential Care (ARRC) contract; at the time of audit, one respite resident was receiving services.</p> <p>A review of six admission agreements confirmed alignment with ARRC contractual requirements, including clauses on service provision, costs, and termination. Exclusions from service are clearly stated. Family/whānau members interviewed reported receiving comprehensive information prior to admission and being supported to make informed decisions. The clinical nurse manager oversees the admission process, ensuring it is competent, equitable and timely.</p> <p>A waiting list is maintained, and communication with prospective residents and whānau remains open and transparent. When entry cannot be offered—for example, when no beds are available or the level of care required cannot be safely met—the rationale is clearly communicated, and referrals to alternative providers are made to support appropriate placement.</p> <p>The service is committed to equitable access for Māori. Ethnicity data are collected at enquiry and admission to support analysis of entry and decline trends. Kandahar Court also engages with local iwi through an on-site kaumātua who provides cultural consultation and advocacy for Māori residents and their 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</p>	<p>FA</p>	<p>Six resident files were reviewed for this audit, including one on a respite contract. Registered nurses are responsible for completing all assessments and developing individualised care plans.</p>

<p>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>All residents had admission assessment information completed on entry, with an interim plan developed at admission. All initial assessments, interRAI assessments (where required), care plan were completed within required contractual timeframes, and care plans were evaluated at least six-monthly. The Te Whare Tapa Whā model is embedded in all residents' care planning and evidence confirmed whānau involvement in interRAI assessments and long-term care planning, with engagement documented in the electronic progress notes.</p> <p>Review of residents' care plans confirmed that interventions were comprehensive, individualised, and provided clear guidance for staff to deliver safe and effective care. Care plans demonstrated a 24-hour approach that reflected each resident's daily routines and behavioural support needs. Each care plan included a cultural assessment using the Tree of Life framework, ensuring residents' cultural identity and preferences were acknowledged and integrated into daily care.</p> <p>Long-term care plans were holistic and goal-focused, incorporating medical and non-medical aspects of care. Interventions and early warning signs were appropriate to residents' clinical conditions and supported timely recognition and response to behaviours that challenge and changes in health status. Evaluations recorded progress toward goals, and care plans were updated promptly when needs changed.</p> <p>Each resident was assessed by a general practitioner within five working days of admission, with reviews occurring at least three-monthly. A contracted general practice provides weekly on-site visits and after-hours on-call services. The clinical nurse manager is available after hours for advice and escalation. The general practitioner interviewed expressed satisfaction with the standard of clinical care and nursing competence. Specialist referrals are initiated as required and allied-health interventions are documented and integrated within care plans. Services available include physiotherapy, podiatry, dietetics, palliative care, occupational therapy, continence advisory, and wound-care specialist nursing.</p> <p>Supportive assistants and registered nurses interviewed described structured verbal and written handovers at each shift change to ensure continuity of care; this process was observed on the day of</p>
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		<p>audit. Progress notes are entered every shift and daily into the electronic system by supportive assistants and registered nurses respectively. Additional registered nurse entries are documented following (not limited to) incidents, general reviews, or health-status changes.</p> <p>Family/whānau interviewed confirmed that their family members' needs and expectations were being met. When residents' conditions change, registered nurses initiate medical reviews, and families are notified of all changes, including infections, incidents, general practitioners' visits, medication adjustments, and health-status updates.</p> <p>One resident with a chronic leg ulcer had a comprehensive wound assessment and management plan, including body map, photographs, and measurement records, reviewed regularly by the wound specialist. An electronic wound register is maintained and current. There were four wounds in the register at the time of audit.</p> <p>The registered nurse and shift lead interviewed reported that clinical supplies and equipment are adequate, including wound-care, continence, and pressure-injury prevention resources. Access to a continence specialist is available as needed. Care plans incorporate required health-monitoring interventions, and staff complete relevant monitoring charts including bowel records, blood pressure, weight, food and fluid intake, pain assessments, behaviour charts, blood-glucose levels, intentional rounding, and toileting regimes. Neurological observations are completed following unwitnessed falls or suspected head injuries, consistent with organisational policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are</p>	<p>FA</p>	<p>Kandahar Court delivers a structured and purposeful activities programme designed to enhance residents' physical, cognitive, social, and emotional wellbeing. The programme is coordinated and facilitated by a qualified diversional therapist (recreation officer), who works Monday to Friday for seven hours per day. The recreation officer holds a current first aid certificate and is responsible for the planning, implementation, and evaluation of activities to ensure they are meaningful, person-centred, and appropriate to each resident's</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>needs and level of care.</p> <p>The service applies the Ten Eden Alternative Principles, which are incorporated into both the activities programme and daily care routines to promote companionship, purpose and wellbeing. Activities are planned weekly for both units and include cultural and seasonal events (such as Matariki and garden planting), van outings, music therapy, games, puzzles and creative and sensory sessions. A weekly calendar is displayed on noticeboards for residents and families. Weekend activities, including movies and games are facilitated by supportive assistants who have access to a well-stocked activities cupboard available for use on Fridays and weekends.</p> <p>The programme fosters connection with the wider community through regular entertainment and social activities, including performances by a Māori women’s ukulele group, an organist, school groups, and weekly happy hour events. Residents also participate in music and pet therapy, van outings, walking groups, and collaborative projects with the Wairarapa Herb Society, which assists in maintaining the facility’s herb garden. A hairdresser visits the facility regularly, and a chaplain provides a non-denominational church service. Opportunities to engage in te ao Māori are integrated into the programme through waiata, flax weaving, and the use of basic Māori phrases, supported by a Māori liaison who assists in promoting cultural connection and participation.</p> <p>A “Tree of Life” (social and cultural profile) completed within 24 hours of admission, capturing their interests, hobbies, background, and preferences. Activities and recreation plan is developed within 21 days and reviewed six-monthly. Participation is documented electronically, and residents who are unable to join group sessions receive individualised one-on-one engagement. Supportive assistants assist with activities when the recreation officer is not rostered.</p> <p>A sensory room is located in the House End and features the Lucynt TABLE which is a recently introduced interactive projection system designed to enhance engagement for residents living with dementia. The system transforms a tabletop into a multisensory experience through a ceiling-mounted projector, displaying interactive activities such as popping balloons or clearing leaves. The technology promotes physical, cognitive, and social stimulation, helping to reduce</p>
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		<p>restlessness and improve mood and wellbeing.</p> <p>Activities and recreation plan and the support plan outline strategies to manage anxiety and responsive behaviours, supporting residents in a calm and inclusive environment. Activities are adapted to promote sensory stimulation, independence, and engagement suitable to residents' cognitive and physical abilities.</p> <p>Feedback is gathered through residents' family meetings, six-monthly reviews, and annual satisfaction surveys. Results from the 2024 survey reflected overall satisfaction with the programme, with positive comments about variety, participation, and quality of activities. Residents and family members interviewed confirmed that activities are enjoyable, well-organised, and meet individual preferences.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Kandahar Court maintains a medication management system that complies with legislative, professional and organisational requirements. Policies and procedures are current and clearly outline safe processes for prescribing, dispensing, administration, reconciliation, storage and disposal of medications.</p> <p>All registered nurses and medication competent supportive assistants have completed annual competency assessments and education in safe medication management. Staff interviewed demonstrated sound knowledge of their responsibilities and scope of practice. Medication administration was observed to be safe, accurate and consistent with best practice, with staff maintaining resident dignity and respecting individual preferences.</p> <p>The service utilises a robotic dispensing system for both regular and pro re nata (PRN) medications. Delivered medications are checked against the electronic medication chart, and any discrepancies are immediately reported to the pharmacy. Medications are stored securely in locked trolley and medication room; room and fridge temperatures are monitored weekly and were within safe ranges. Weekly stock checks, including bulk supplies, are completed and all eyedrops are dated on opening.</p> <p>A review of twelve electronic medication charts confirmed that all</p>

		<p>charts included photographic identification, allergy information, and prescriber details. All medication charts had been reviewed three-monthly by the general practitioner. There were no residents self-administering medication; however, there are policies in place to guide staff should a resident wish to self-administer their medication. There are no standing orders or vaccines held on site. PRN medications are prescribed appropriately and indications for use are clearly documented; however, it was noted that documentation of PRN medication effectiveness and resident outcomes was not consistently recorded in the electronic medication system or in the resident management system.</p> <p>Over-the-counter medications, vitamins, supplements, herbal remedies, and rongoā Māori (traditional Māori therapies) are only administered when prescribed or approved by the general practitioner, ensuring safe integration into each resident's treatment plan. EPOA, and family/whānau are informed and supported to understand medication changes, purposes and potential side effects. This communication is documented in progress notes.</p> <p>The clinical nurse manager and registered nurses collaborate with Māori residents' whānau to ensure that treatment plans reflect holistic wellbeing and Māori models of health, recognising the value of rongoā Māori and traditional healing alongside conventional treatment. Consultation with the onsite kaumātua (Māori liaison) provides guidance to ensure that medication management aligns with the principles of tapu and noa, supporting equitable and culturally safe health outcomes for Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals for residents at Kandahar Court are prepared and cooked in the main kitchen at Kandahar Home, located nearby. Meals are transported in hot boxes to the facility and placed in bain-maries for serving. Meals are plated and served by the kitchen assistant at Kandahar Court, who ensures they are well presented and kept at safe temperatures during service.</p> <p>A qualified dietitian is engaged by Kandahar Home to oversee menu development, review the nutritional value of meals, and support the</p>

		<p>implementation of the Food Control Plan and related food service policies. The dietitian's review confirms that menus meet residents' nutritional needs and reflect their food preferences, cultural practices, and dietary requirements, including vegetarian, gluten-free, and pureed diets. Alternative options are available to meet personal, religious, or cultural needs, and snacks are available twenty-four hours a day.</p> <p>The kitchens at Kandahar Court and Kandahar Home were observed to be clean, well-organised, and appropriately equipped to support safe food preparation and service. A current approved Food Control Plan (expiry 23 January 2026) is in place at Kandahar Court. A documented Nutrition Management Policy and Food Services Manual guide all aspects of food preparation, storage, and handling to ensure compliance with food safety requirements.</p> <p>The kitchen services manager at Kandahar Home receives an up-to-date dietary register prepared by the registered nurses, which records the specific nutritional needs of all residents. The kitchen services manager is promptly notified of any changes to residents' dietary requirements, preferences, or weight status to ensure meals remain appropriate and consistent with individual care plans. An identical updated register is provided to the kitchen at Kandahar Court to maintain consistency across both sites. The register includes comprehensive information such as room number, resident name, food and fluid allergies, food sensitivities, likes and dislikes, drink consistency, main-meal, vegetable, and dessert textures, serving size, and breakfast preferences.</p> <p>Food safety and hygiene practices are consistently implemented across both Kandahar Home and Kandahar Court. The kitchen services manager at Kandahar Home maintains a daily food safety diary, which includes monitoring and recording of fridge, freezer, and food temperatures. At Kandahar Court, the kitchen assistant also records daily temperature checks for fridge and freezers, all of which were observed to be within safe limits.</p> <p>Cleaning schedules are current, documented, and consistently followed. During the audit, staff were observed adhering to appropriate food safety protocols and wearing correct protective clothing in accordance with organisational policy. All food service staff have</p>
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		<p>completed training in food safety and hygiene, ensuring compliance with regulatory and organisational standards.</p> <p>Residents' whānau are encouraged to participate in menu planning by providing feedback through resident family meetings and surveys. Feedback from families interviewed was consistently positive regarding the quality, variety, and presentation of meals.</p> <p>The dining environment was observed to be calm, well-supervised, and culturally respectful. Supportive assistants provided assistance as needed while supporting resident independence, including the use of modified utensils and adaptive equipment. Staff demonstrated awareness of tikanga guidelines in everyday practice, respecting the principles of tapu and noa in relation to food service and mealtimes.</p> <p>Kandahar Court takes a holistic and culturally inclusive approach to menu development. Menus respect and support cultural beliefs, values, and protocols around food. Māori residents and whānau are offered culturally appropriate meal choices aligned with te ao Māori.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges and transfers at Kandahar Court are conducted safely, efficiently and in partnership with residents and their family/whānau. The Resident Discharge and Transfer Policy outlines processes that ensure each transition is timely, coordinated and maintains continuity of care.</p> <p>The clinical nurse manager oversees all transfers and discharges, ensuring comprehensive communication with receiving providers. Each transition includes a verbal handover and completion of specific transfer documentation.</p> <p>Reasons for discharge or transfer are clearly discussed and documented with residents' whānau, and any expressed concerns are noted. Residents and families are provided with information on alternative services, including health, disability, social support or Kaupapa Māori agencies where relevant or requested.</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 buildings, plant, and equipment at Kandahar Court are fit for purpose, complying with all relevant legislative and regulatory requirements for health and disability services. The facility holds a current Building Warrant of Fitness, valid until 22 April 2026 which is displayed in a public area. The environment is inclusive of people's cultures and supports cultural identity and practices.</p> <p>A maintenance coordinator oversees the maintenance systems across Kandahar sites (Court, Home and Village), supported by a part-time maintenance assistant, part-time lawn maintenance staff member, and part-time gardener. All maintenance requests are recorded in the logbook located at the nurse's station and are completed promptly, with tasks signed off once actioned in accordance with organisational procedures. An annual maintenance programme is implemented, which includes regular electrical testing and tagging, equipment and call-bell checks, calibration of medical equipment, and monthly testing of hot-water temperatures. When temperatures fall outside expected parameters, corrective actions are recorded and implemented. Essential contractors, including plumbers and electricians, are available as required to ensure continuous compliance with building and safety standards.</p> <p>The physical environment is safe, accessible, and well designed to support mobility and independence. The facility is located on a single level and comprises twenty-nine resident rooms, arranged into two interconnected units — the House End and the Court End. The House End includes fifteen bedrooms, six of which share ensuite facilities, and two additional communal showers and toilets. This unit has a large, open-plan communal space incorporating a kitchenette, dining, and lounge area where most resident activities and social interactions take place. The Court End contains fourteen bedrooms, including two rooms with shared ensuites and two rooms with private ensuites, as well as access to three communal showers and toilets. It also features a spacious, open-plan lounge designed as a quiet and relaxing area connected to the main dining and kitchen areas. A whānau room is available in this unit, providing a comfortable and private space for residents and their families.</p> <p>The facility has adequate personal and communal spaces that are age-appropriate and enable safe movement. Hallways are wide</p>
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		<p>enough for two-way traffic and the use of mobility aids. All resident bedrooms are single occupancy, equipped with handbasins, and have sufficient space to provide safe cares. Door colours vary to assist with orientation and recognition. Residents are encouraged to personalise their rooms with personal belongings and furnishings. All bathrooms, toilets, dining, and kitchenette areas have vinyl flooring. Handrails and call bells installed in bathrooms and toilets promote safety and accessibility. Hygiene products, including soap, sanitiser, and paper towels, are available near all handbasins.</p> <p>Each room has at least one external window, allowing for natural light and ventilation. The building is well heated and ventilated to maintain comfort throughout all seasons. Carpeted areas provide warmth and comfort. Space and furniture arrangements support individual and group activities, and residents were observed mobilising safely and independently in both units.</p> <p>The internal and external environments are well maintained. Secure access is managed via keypad entry, and the perimeter is fully fenced. Both units open directly to safe, landscaped outdoor areas with seating, shaded spaces, and gardens that encourage walking and outdoor activity. Pathways and surfaces are suitable for mobility aids, and the layout promotes independence, safety, and enjoyment of outdoor spaces.</p> <p>The service is not currently engaged in construction or major renovation; however, the organisation intends to consult with local iwi and the onsite kaumātua in future environmental design or refurbishment initiatives to ensure that the physical environment continues to reflect Māori values, aspirations and identity.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected</p>	<p>FA</p>	<p>Kandahar Court has comprehensive emergency management policies and procedures, including a current pandemic plan, which outline the specific emergency response, evacuation processes, and staff duties and responsibilities during an emergency. These procedures guide staff in conducting a safe, coordinated, and timely evacuation in the event of fire or other emergencies.</p> <p>A fire evacuation plan approved by the New Zealand Fire Service (25</p>

<p>event.</p>		<p>May 2023) remains in place, and fire evacuation drills are conducted every six months. Civil defence supplies (dry goods and continence pads) are stored and regularly checked to maintain readiness.</p> <p>In the event of a power outage, the facility can access a mobile generator located centrally within the facility. Emergency supplies, including a 3,000-litre external water tank and circulating ceiling water, meet regional civil defence and water storage requirements, ensuring continuity of essential services.</p> <p>Emergency management training is integrated into staff and contractor orientation programmes and forms part of the ongoing education plan. At least one staff member with a current first aid qualification is on duty, always including during resident outings.</p> <p>Resident safety systems are well established. Each resident room, communal area, and bathroom is equipped with a call bell system, linked to a central display panel at the nurses' station. Residents were observed to have call bells or sensor mats within reach, and family/whānau interviewed confirmed that staff respond promptly to residents' needs.</p> <p>The facility maintains a secure environment, with all external doors alarmed and nightly security checks performed by staff to ensure resident and building safety.</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>The infection prevention programme includes antimicrobial stewardship (AMS). Infection prevention and AMS are linked into the electronic quality risk and incident reporting system. Infection and AMS matters are raised at monthly clinical meetings. Infection rates are presented at staff meetings. Infection prevention data is also reviewed by the regional managers and benchmarked against other Presbyterian Support Central Enliven facilities. Infection prevention and AMS are part of the business and quality plans. The governing body receive reports on progress quality and business plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and AMS monthly. Significant events related to infections and antibiotic use are reported to the audit</p>

		<p>and risk committee. The service also has access to an infection prevention clinical nurse specialist from the Health New Zealand for advice and support.</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. 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. 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 kaiwhakahaere and clinical services manager supports the infection prevention activities within the service. A registered nurse oversees the infection prevention programme and AMS across the service with support from the clinical services manager. The job description outlines the responsibility of the role. The infection prevention coordinator has completed formal infection prevention training. On a national level, there is external support from the Presbyterian Support Central Enliven general practitioners, and the Presbyterian Support Central Enliven clinical advisors.</p> <p>The infection programme and antimicrobial stewardship programmes (AMS) are appropriate to the size and complexity of the service and has been approved by the audit and risk committee. The infection prevention programme is reviewed annually by the Presbyterian Support Central clinical advisors, PSC clinical director, and infection prevention committees at each site. Infection prevention audits are conducted.</p> <p>There are outbreak kits readily available and personal protective equipment (PPE) to support management of a pandemic or outbreak. There are supplies of extra PPE equipment as required. Stock is regularly checked against stock numbers and expiry dates. The infection prevention coordinator is involved in procurement of high-quality consumables including PPE and wound dressing products.</p> <p>The infection prevention policy outlines an approach to antimicrobial stewardship, pandemic planning, infection prevention standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the Presbyterian Support Central Enliven clinical director in consultation with infection control coordinators and Presbyterian Support Central Enliven clinical advisors. Policies are available to staff. Supportive assistants and registered nurses ensure their interactions with residents are safe</p>

		<p>from the infection prevention standpoint through hand hygiene and the use of aseptic techniques to minimise the risk of healthcare - associated infection (HAI). There are policies and procedures in place around reusable and single use equipment and items. All shared equipment is appropriately disinfected between use. Single use items are not to be reused or remanufactured. The cleaning and environmental audits evidence the service assess that these procedures are carried out.</p> <p>The policies acknowledge importance of information around infection prevention for Māori residents and tikanga are implemented in relation to infection prevention practices. Information is available and accessible to staff to provide to residents when required. Culturally safe practices and cultural considerations are included in the infection prevention programme. The infection prevention policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention is part of staff orientation and included in the annual training plan. Family/whānau are kept informed and updated on any infections and the progress thereof. Staff interviewed confirmed an awareness of the need for early-stage consultations with the audit and risk committee and infection prevention consultation if any changes occurred to the building and plant. There are hand sanitisers and flowing soap available for implementation of good hand hygiene.</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 antimicrobial use policy and procedures and provides guidance on monitoring of compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort and is approved by the governing body. Infection rates are monitored monthly and reported to the quality meeting and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antimicrobial use and the effectiveness is monitored by the Presbyterian Support Central Enliven general practitioners and the clinical pharmacist. The infection prevention coordinator completes a quarterly AMS report.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention programme and is described in the Presbyterian Support Central Enliven infection prevention manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered into a monthly infection summary.</p> <p>This data is monitored and analysed for trends, monthly, quarterly and annually. Infection surveillance is discussed at clinical meetings. Any infections of concern is discussed and escalated to the audit and risk committee. The service is incorporating ethnicity data into surveillance methods. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are implemented for any infection rates of concern. Internal infection prevention audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community infection concerns. All residents with infections have a documented plan with appropriate interventions documented. Family/whānau are kept informed of the progress on any infections.</p> <p>The last Covid-19 outbreak was in April 2024. Outbreak reports and debrief meeting minutes sighted. This was reported appropriately, and risk management systems were put in place to minimise the exposure to other residents, staff and public. An outbreak log was maintained.</p> <p>Visitors are asked not to visit when unwell.</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 decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are managed safely when the cleaning trolley is in use in resident areas. The cleaning trolley is locked in the sluice room when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves,</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms with a stainless-steel bench, a sink for handwashing and eye protection was available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of all chemicals.</p> <p>All laundry is processed at the sister facility Kandahar Home. A visual inspection of the laundry was completed during the Kandahar Home certification audit. There is a laundry manual available. There is a clear clean and dirty flow within the laundry. Laundry chemicals are automatically dispensed. The machines and dryers are serviced by an approved contractor. Dirty and clean laundry is transported in a van to and from Kandahar Court to the Kandahar Home. The van was inspected and internally divided for a clean and dirty flow. There is a separate entry to receive clean linen and a separate entry to collect dirty linen. The linen cupboards were well stocked and linen sighted were in good condition. Cleaning and laundry services are monitored through the internal auditing system, and the effectiveness of the outcomes are documented.</p> <p>Internal audits related to waste management, environmental cleanliness and laundry processes are overseen by the infection prevention coordinator. The infection prevention coordinator provides support to maintain a safe environment during any renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am 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>FA</p>	<p>The service maintains a commitment to a restraint-free environment, in line with the organisation’s restraint minimisation and safe practice policies. Policies and procedures meet the requirements of the standard, and clearly define the processes for assessment, approval, implementation, and review of any potential restraint use.</p> <p>The designated restraint coordinator is the clinical nurse manager. Governance and oversight of restraint minimisation are provided through the clinical governance structure, with the restraint coordinator responsible for the restraint elimination strategy and for ongoing monitoring at the facility level.</p>

		<p>The facility remains restraint free, reflecting the effectiveness of systems in place to support alternatives to restraint and to uphold residents' rights to independence, safety, and dignity. Where restraint is considered, the process is undertaken in full partnership with the resident and their family/whānau or enduring power of attorney (EPOA), ensuring that any intervention is the least restrictive option and that informed consent is obtained.</p> <p>Restraint minimisation and safe practice principles are embedded into staff education and culture. Training begins during staff orientation and is reinforced annually through the education plan, including a competency assessment and external education through the Ministry of Health. The restraint approval process and documentation requirements are described within policy, and include assessment, consent, monitoring, and evaluation steps consistent with sector standards.</p> <p>An interview with the restraint coordinator confirmed the organisation's commitment to maintaining a restraint-free environment. The coordinator demonstrated thorough knowledge of the restraint policy and associated procedures. Reporting to the Board includes monthly data collection and analysis to monitor resident safety and ensure ongoing quality improvement. In the event restraint were to be used, comprehensive records would evidence assessment, approval, and review processes, with family/whānau engagement and consideration of any impact on their wellbeing.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>A medication management system is in place and supported by comprehensive policies and procedures that guide safe practice. General practitioners review all resident medications three-monthly, including the use of PRN medicines. According to the Medicines Care Guides for Residential Aged Care (Ministry of Health), staff are required to record the outcome and effectiveness following PRN administration.</p> <p>While PRN medications are prescribed in accordance with legislation and best practice, evaluation of PRN effectiveness was not consistently documented. Review of twelve medication charts identified that six residents who had PRN medications administered; however, documentation of effectiveness or resident response was not documented. The medication management system automatically</p>	<p>Effectiveness and resident outcomes following PRN medication administration were not consistently documented in either the electronic medication management system or resident progress notes for six of six medication charts reviewed.</p>	<p>Ensure that the effectiveness and resident outcomes following administration of all PRN medications are consistently documented in accordance with organisational policy and best practice guidelines.</p> <p>60 days</p>

		populates PRN administration into resident progress notes; however, outcome entries were not consistently added.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.