

Lexall Limited - Lexall Care

Introduction

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

The audit has been conducted by 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:	Lexall Limited
Premises audited:	Lexall Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 24 November 2025 End date: 25 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:	55

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

Lexall Care is owned by Lexall Limited. The service provides hospital (medical and geriatric) and rest home level of care for up to 58 residents. On the day of the audit, there were 55 residents.

The service is managed by a clinical manager, who is supported by a charge nurse, owner/manager, assistant manager, finance manager, nursing team and staff.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand- Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and their family/whānau; and interviews with staff, management, and the general practitioner.

The previous four audit shortfalls around staff meetings, training for staff, neurological observations, and including ethnicity data in the surveillance of infections have been addressed.

This surveillance audit identified no shortfalls.

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.

Lexall Care provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Te Tiriti o Waitangi obligations. There is a Māori health plan, and residents and staff state that culturally appropriate care is provided. The service works 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.

Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The management and staff listen to and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The quality and risk management systems are focused on quality service provision and care. The business plan includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Health New Zealand.

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions, and receive education. All employed and contracted health professionals maintain a current practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are documented and evaluated.

There is a medicine management system in place. All medications are reviewed by the general practitioners every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for the specific dietary likes and dislikes of the residents. A current food control plan is in place.

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

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

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

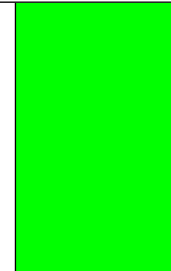


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe, and meet the needs of residents living in this care home.

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.

The service ensures the safety of the residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The charge nurse coordinates the programme.

Staff orientation and ongoing education are maintained. There were sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of Covid-19 are managed according to the Ministry of Health guidelines.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The governance body aim for a restraint-free environment. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint be considered. A suitably qualified restraint coordinator manages the process. The staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring. There are eight restraints in use by seven hospital level care residents.

Summary of attainment

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

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

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Lexall Care has a Māori Health Care Plan, which guides the delivery of care to Māori using Te Whare Tapa Whā and ensuring their mana motuhake is respected. The documentation reviewed contained templates for cultural assessments, Māori health care plans, and New Zealand strategy documents to inform culturally safe practices.</p> <p>The organisation has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The clinical manager (CM) and the charge nurse (CN) reported that there were no residents and staff who identified as Māori.</p> <p>Documentation and interviews with the staff (the CM, CN, two registered nurses [RNs], five healthcare assistants [HCAs], a cleaner, a kitchen hand, and a cook), confirmed that the service delivers a service that is focused on the health, wellbeing, and cultural needs of its residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>There is a Pacific peoples' policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The Pacific People's policy includes the Pacific health plan, which guides on how Pacific people who engage with the service are supported. The service had residents and staff who identify as Pasifika. There are currently staff employed that</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>identify as Pasifika. The staff interviewed highlighted the importance of understanding and supporting each other's culture.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Three family/whānau (hospital) and six residents (four rest home and two hospital) reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff on an annual basis. Residents reported that their property and finances were respected, and that professional boundaries were maintained.</p> <p>The CM and CN reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members interviewed stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</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>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation forms, and care plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. Activation letters related to enduring power of attorney (EPOA) were in place where required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Rights, which is the right to complain, to be taken seriously, respected and to receive a timely response. The service maintains a complaints' register. There were three complaints in 2024, and five in 2025 (year to date) since the previous audit. The CM reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation, including follow-up letters and resolution, were completed and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and family/whānau confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The CM reported that any issues are discussed promptly with the residents before they escalate into complaints. Satisfaction and dissatisfaction outcomes of the complainant were documented.</p> <p>Family/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code is visible and available in te reo Māori and English. The residents and family/whānau spoken with</p>

		<p>expressed satisfaction with the complaints process. In the event of a complaint from a Māori resident or family/whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed, to ensure an equitable process.</p> <p>There have been no external complaints received since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Lexall Care is owned by Lexall Limited. The service is privately owned by an owner/manager with over 24 years of aged-care management experience, who also owns two other aged care facilities in Auckland. The governing body includes the owner/manager, an assistant manager (with three years' experience and a business management degree), and a finance manager.</p> <p>Lexall Care is certified to provide rest home and hospital (including medical) levels of care for 58 residents, including one double/shared room. Five designated rooms are allocated for residents requiring rest home-level care. At the time of the audit, occupancy was 55 residents. This included 20 residents receiving rest home level care (two under the long-term support–chronic health conditions (LTS-CHC) contract) and 35 residents receiving hospital level care. Hospital-level occupancy included two residents under Accident Compensation Corporation (ACC) funding, one interim-care (medical) resident, and three residents under LTS-CHC. All remaining residents were admitted under the Age-Related Residential Care (ARRC) contract. There was a couple occupying the double/shared room and all other rooms were singly occupied.</p> <p>The service is managed by an experienced clinical manager (registered nurse), who is supported by the charge nurse and the governing body.</p> <p>The service has a business strategy and management plan (2024-2025), which is current and includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term objectives and the associated operational plans. The sighted objectives were time-framed with action steps that the CM regularly reports on to the owner/manager weekly or as required. The meeting minutes show a discussion of the objectives and progress. There is a quality and risk management plan updated as required and at least annually. The CM</p>

		<p>reviews all aspects of the quality programme annually.</p> <p>The governing body assumes accountability for delivering a high-quality service through supporting the meaningful inclusion of Māori and Pasifika in honouring Te Tiriti o Waitangi, and being focused on improving outcomes for Māori and Pasifika. Equity for Māori and Pasifika is also addressed through the policy documentation and enabled through choice and control over supports, and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control). Local Māori organisations are consulted in policy formulation and cultural advice. The CM and CN were knowledgeable about legislative and contractual requirements.</p> <p>The clinical governance group is appropriate to the size and complexity of the organisation. An external specialist reviews policies and procedures, and the GP, CM, CN and registered nurses offer clinical advice on all clinical matters.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service implements the organisation's quality and risk management programme, which is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits; and a process for identifying and addressing corrective actions.</p> <p>The meeting schedule has been implemented, including monthly staff meetings, registered nurses' meetings, management meetings, and quality meetings. There are regular meetings with the governance body to discuss progress and updates on service delivery. Meetings provide an avenue for discussions in relation to key performance indicators (including clinical, such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint, etc); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Meeting minutes and quality data tables are also posted in the staffroom. Internal audits, meetings (including monthly staff meetings, registered nurses' meetings, management meetings, and quality meetings), and data collation were all documented as scheduled, with corrective actions as indicated. Corrective actions are being documented</p>

	<p>to address service improvements, with evidence of progress and sign-off when achieved. The corrective action document is posted in the staffroom and discussed in staff meetings. Previous corrective action shortfalls related to meetings (criteria # 2.2.2) have been addressed.</p> <p>Resident and family/whānau satisfaction surveys completed in May 2025 reflected high levels of satisfaction in all areas. Minimal corrective actions were identified in areas, such as food, laundry and frequency of residents' outings, which have been implemented. All these were reported to the staff, and evidence of this was sighted. Quality initiatives are identified, followed up and evaluated.</p> <p>The quality and risk management plan, policies, and procedures clearly describe all potential internal and external risks, and corresponding mitigation strategies in line with the National Adverse Event Reporting Policy. Management understood the Severity Assessment Codes (SAC), SAC1 and SAC 2 reporting requirements. These were reported as per protocol and included two falls, which resulted in injury. There was a Covid-19 infection outbreak in August 2025, reported since the previous audit.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications.</p> <p>A health and safety system with identified health and safety goals is in place. Hazard identification forms held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety.</p> <p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident-related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities were identified to mitigate future risks.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service adjusts staffing levels to meet the changing needs of residents. Staff interviewed reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this.</p> <p>Rosters from the past four weeks showed that all shifts were covered by experienced registered nurses and HCAs, with support from the management team. The service employed 10 registered nurses, and all shifts were covered by the registered nurses. A significant number of staff members maintain current first-aid certificates, so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The training schedule has been implemented for 2024 and being implemented for 2025. The previous corrective action (criteria # 232) related to the implementation of the training schedule has been addressed.</p> <p>The CM reported that most of the training is completed online or face-to-face, every month. Evidence of regular education provided to staff was sighted in attendance records. Training topics included (but not limited to): Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); moving and handling; medication; de-escalation; pain management; falls assessment; care planning; chemical training; skin management; hydration and nutrition; open disclosure; advocacy; sexuality and intimacy; wound management; continence management; abuse and neglect; first aid; fire evacuation; and restraint management.</p> <p>Related competencies are assessed as per policy requirements. Healthcare assistants have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the provider's funding and service agreement requirements. Staff records were reviewed to demonstrate completion of the required training and competency assessments. There are 27 HCAs employed. Fourteen have achieved NZQA qualification level four, six with level three, two with level two, and five with level one. The management team reported that the model of care and cultural training provided ensured that all residents are</p>
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		<p>treated equitably.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for RNs and associated health contractors.</p> <p>A sample of five staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of five staff files (clinical manager, charge nurse, one registered nurse, one HCA, and one cleaner) were reviewed. Staff files included reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	FA	<p>Five residents' files sampled included three hospital care, including one ACC, one on an interim care contract, and two rest home, including one resident on a LTS-CHC contract. The residents' files reviewed identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that includes consideration of resident's lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and HCAs.</p> <p>InterRAI assessments were completed within 21 days of admission, and</p>

<p>whānau to support wellbeing.</p>	<p>long-term care plans were reviewed following interRAI reassessments. Cultural assessments were completed by the nursing team in consultation with the residents and family/whānau. Long-term care plans were also developed, and a six-monthly evaluation was conducted. Resident, family/whānau, EPOA, and GP involvement is encouraged in the plan of care. Interventions were adequate to identify early warning signs and to meet the needs of the residents.</p> <p>The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident-centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The CN and registered nurses reported that sufficient and appropriate information is shared between the staff at each handover. The interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems, or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or more frequently if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the charge nurse or registered nurses; this was evidenced in the records sampled. Interviews verified that residents and family/whānau are included and informed of all changes.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>There were 43 active wounds at the time of the audit, and these included</p>
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		<p>28 skin tears/abrasions, 7 chronic wounds and 8 pressure injuries at stage II. Wound management plans were implemented, with regular evaluation completed. Wound nurse specialists were attending to the pressure injuries and chronic wounds as required. The following monitoring charts were completed in assessing and monitoring residents: food and fluid balance charts; turn charts; weight charts, behaviour monitoring charts, restraint monitoring charts; neurological observations forms; blood glucose; and bowel charts.</p> <p>The previous audit shortfall (criteria # 3.2.4) relating to completing neurological observations has been addressed. Neurological observations were completed for all unwitnessed falls and falls resulting in head injury. Evidence of this was sighted.</p> <p>Where care plans were reviewed, progression towards the resident's individual goals were documented.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. A total of ten medication charts, including six hospital (including one LTS-CHC, one interim care, one ACC) and four rest home (including one LTS-CHC) were reviewed. Allergies were documented, and indications for use are noted for pro re nata (PRN) medications. Eye drops were dated on opening.</p> <p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. The medicine fridge and medication room temperatures were monitored regularly, and deviations from normal were reported and attended to promptly. Records were sighted. There was no food in the medication fridge.</p> <p>The RN was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked</p>

		<p>treatment rooms, and cupboards.</p> <p>There were residents self-administering medications. Appropriate processes were in place to ensure this was managed safely, including safe storage. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</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>	FA	<p>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A cook and kitchen hand explained copies of individual dietary preferences are available to them and placed in the kitchen folder.</p> <p>The food control plan is current to 5 June 2026.</p> <p>Family/whānau and residents interviewed indicated satisfaction with the food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the safety of the resident was completed. The CM and CN reported that all transfers and discharges are developed in collaboration with the resident and family/whānau and the accepting service provider.</p>
<p>Subsection 4.1: The facility</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. There</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>was a current building warrant of fitness expiring 15 December 2025. Calibration of equipment, and electrical checks were completed, and an inventory was maintained. Hot water temperatures are checked monthly, and if there are any problems, there is a contracted plumber. There is also a contracted electrician if required.</p> <p>The residents and family/whānau interviewed expressed satisfaction with the environment being suitable for their needs and family member's needs. There were well-maintained garden areas. The environment was clean and tidy throughout the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a clearly defined and documented infection prevention control (IPC) programme implemented, that was developed with input from external IPC services. The IPC programme was approved annually, in consultation with the CM, nursing team, and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel, and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards, and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about hand hygiene and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents and family/whānau.</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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. The previous audit shortfall (criteria #5.4.3) related to including ethnicity in surveillance data has been addressed. Infection data is collected, monitored and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to</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>collect infection data, and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are discussed at staff and management meetings, and reported back to the governing body.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, compared with the previous month, the reason for the increase or decrease, and action advised. Any new infections were discussed at shift handovers for early interventions to be implemented. Benchmarking is completed internally.</p> <p>There was a Covid-19 infection outbreak in August 2025 reported since the previous audit. This was managed in accordance with the pandemic plan, with appropriate notifications completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint elimination and safe practice specify that the organisation is committed to providing a restraint-free environment. This is supported by the governing body and management staff. At the time of the audit, seven residents (all hospital level care) were using bedrails or lap belts, including one resident using both.</p> <p>Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is planned annually.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.