

Selwyn Care Limited - Ivan Ward Centre

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:	Selwyn Care Limited
Premises audited:	Ivan Ward Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 11 November 2025 End date: 12 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:	88

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 are attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service are unattained and of moderate or high risk

General overview of the audit

Selwyn Ivan Ward is a purpose-built facility and part of The Selwyn Foundation Group. The facility is certified to provide rest home, hospital (geriatric and medical), and dementia level care for up to 90 residents. On the days of audit there were 88 residents. All residents were funded through the aged-related care contract.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts 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 residents, family, management, staff, and a general practitioner.

An experienced clinical operations manager and clinical manager manage Selwyn Ivan Ward. Senior registered nurses and the group director of care support them.

There are systems being implemented that are structured to provide appropriate quality care for residents. An orientation and in-service training programme continues to be implemented that provides staff with appropriate knowledge and skills to deliver care. Residents and family advised that the staff provide a caring and respectful environment.

This audit has met the intent of the standard.

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 are fully attained.

Selwyn Ivan Ward provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family 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 are fully attained.

Selwyn Ivan Ward is owned and operated by the Selwyn Foundation Group. The strategic plan includes a mission statement and operational objectives.

The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of quality indicator data were all documented as taking place as scheduled, with corrective actions as indicated to improve service delivery. There are various meetings where key issues related to service delivery are discussed.

There is a rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff complete annual competencies to ensure an effective, efficient, and skilled workforce.

Health and safety management systems are in place. Hazards are identified to ensure a safe workplace. Staff wellbeing is prioritised by ensuring a positive and supportive workplace.

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

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 are fully attained.
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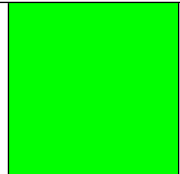
Selwyn Ivan Ward Centre has an admission package available prior to, or on entry to the service. The group director of care and clinical manager efficiently manages the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care partners are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. There are snacks available. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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 are fully attained.
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The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single with ensuites. Rooms are personalised.

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

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 are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has a robust outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There has been one outbreak that has been well documented.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were no residents using a restraint. Restraint is only used as a last resort when all other options have been explored. Staff received the appropriate training and complete competencies to maintain a restraint-free environment.

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	27	0	0	0	0	0
Criteria	0	169	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.</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>There is a cultural awareness and safety policy that includes a Māori health plan. The aim of this plan is equitable health outcomes for Māori residents and their family/whānau with overall improved health and wellbeing. Within the Selwyn Foundation Group (referred to as Selwyn in this report) policy on Māori partnership (which incorporates the Māori health plan), there is confirmation that the service works with their tikanga partner Te Pihopatanga o Te Tai Tokerau to obtain cultural guidance for cultural safety. Selwyn's cultural safety policy has been approved by their tikanga partner.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic, with staff completing a written competency to reinforce their understanding. Training covers discussions in relation to the importance of Te Tiriti o Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. The director of care stated the service supports increasing Māori capacity within the workforce. At the time of the audit there were Māori staff. Selwyn Ivan Ward evidences a commitment to equal access to employment opportunities and professional development for staff including Māori in their strategic plan.</p>

		<p>Selwyn Foundation Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The director of care described an established relationship with local kaumātua.</p> <p>The service currently has residents that identify as Māori. Selwyn Ivan Ward is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau, as evidenced in the resident's care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Nineteen staff interviewed (seven care partners [caregivers] five registered nurses (RNs), two diversional therapists (DT), one activities coordinator, two cooks, the maintenance person, and a house keeper), were able to describe how support of residents is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. RNs interviewed advised that family/whānau of Pasifika residents are encouraged to be present during the admission process including completion of the initial care plan.</p> <p>Individual cultural beliefs are documented for all residents in their care plan and activities plan. Staff discuss with residents and whānau the best way to individually meet the care needs of the residents. Implementing the Selwyn Way philosophy ensures equity and efficient provision of health and disability services for Pacific peoples.</p> <p>Ivan Ward Centre has access to the Ola Manuia Health and Wellbeing Action Plan and has a Pacific health plan in place. The plan and related policy documented encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. Selwyn has a member of their ecclesiastical staff who is Pasifika.</p> <p>The director of care described how Selwyn Ivan Ward increases the</p>

		<p>capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with six residents (one rest home and five hospital), and five family/whānau (three hospital and two dementia), identified that staff put people using the services, whānau, and communities at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family. The registered nurses (RNs) discuss aspects of the Code with residents and family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Residents were called upon using their preferred name.</p> <p>There is a group of chaplains who provide spiritual support and bereavement counselling. Church services are held weekly, and there is access to an on-site chapel. All residents are invited and supported to attend if they so wish.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana Motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p> <p>Three managers (clinical operations manager, clinical manager, and director of care), and staff could describe how the service upholds residents' rights in all aspects of service delivery.</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>Care partners and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice, and examples were provided where residents preferences are made a priority. Residents are supported to make decisions about whether they would like family/whānau to be involved in their care or other forms of support. Residents have control over and choice over the activities they participate in.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed during August to October 2025 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their cultural values and beliefs being considered and met. Privacy is ensured and maintained during procedures and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The Selwyn Way encourages care partners to be involved in a household model of care where each resident's individual preference, habits and routine underpin all decision-making. This holistic approach, using five pillars of wellbeing (belonging, contentment, growth, resilience, and spirituality) requires the care team to understand each resident's individual preferences, habits, and routines.</p> <p>The organisation is actively sharing knowledge around the values underpinning tikanga principles.</p>
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		<p>Staff receive education on the Selwyn Way at orientation that incorporates person centred care, cultural awareness, Te Tiriti o Waitangi and tikanga Māori training. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. The policy aims to prevent any form of discrimination, coercion, harassment, or any other exploitation and this is also included in the staff hand book. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules.</p> <p>All residents and family/whānau interviewed confirmed the staff are very caring, supportive, and respectful. Staff received training in 2025 on abuse and neglect. Staff interviewed demonstrated they knew how to recognise signs of abuse and neglect and how to report it.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and wellness partners confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm they would be comfortable addressing racism with the management team if they felt that this was an issue.</p> <p>The organisation is also continuing to raise awareness and educating staff on institutional racism and equity. There is a cultural manual and resources available for staff to access.</p> <p>The Selwyn values actively encourage an attitude to care which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, being nimble, flexible, and passionate. These values align closely with Te Tiriti principles, equity, and help to challenge</p>

		<p>discrimination.</p> <p>A strengths-based and holistic model is prioritised in the organisations model of care, and the Māori health plan to promote wellbeing outcomes for Māori residents.</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 is provided to residents and family/whānau on admission. Resident meetings include feedback from residents and family/whānau, and consequent follow up by the service was evidenced.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Review of a sample of incident/accident forms show family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who were unable to speak or understand English. Staff interviewed described how they are able to use non-verbal communication, an electronic translation application, and utilise family/whānau as interpreters to effectively communicate with residents if required.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>There is a multidisciplinary team approach to care at Ivan Ward Centre. Health professionals involved with the residents may include specialist services. The management team and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and</p>

		opportunities for further discussion, if required.
<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>	FA	<p>There is a policy and procedures for informed consent. Resident files reviewed included signed general consent forms as part of the admission agreement and other consent to include vaccinations, outings, and photographs. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with residents and family/whānau demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required, and these were activated in the case of residents with dementia. Resident files for the dementia unit included a needs assessment and coordination service (NASC) approval for secure dementia care. The service has Māori tikanga guidelines available for staff to ensure they are able to provide appropriate information for residents, family/whānau and in care planning as 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>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy. 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).</p> <p>Fourteen complaints were lodged in 2025. There were no complaints from external agencies. Complaints logged include an investigation, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the monthly staff meetings (meeting minutes sighted). Where issues have been raised through complaints, the service initiates changes as needed.</p>

		<p>This is evidenced with recent changes to an improved communication process when new residents are admitted, and a reduction of the use of medicalised words and jargon in care plans to allow easier understanding for residents and family/whanau.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. This includes resident meetings and resident and family surveys. Family/whānau confirmed during interview the clinical manager is available to listen to concerns and acts promptly on issues raised.</p> <p>Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical manager and the director of nursing acknowledged their understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have 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>	FA	<p>The Selwyn Foundation Group is governed by its board who have a subsidiary board for the Selwyn Village; including oversight of all aspects of the village and clinical governance. The service provides care for up to 90 residents across 72 dual purpose beds and 18 dementia care beds. At the time of the audit there were 88 residents in total, including six rest home residents, 64 hospital residents and 18 residents at dementia level of care. All residents were admitted under the age-related residential care contract (ARRC).</p> <p>The Selwyn Foundation Group Board of Directors have individual areas of expertise. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of their executive team. There is Māori representation on The Selwyn Foundation Board. This ensures that barriers to equitable service delivery is appropriately addressed.</p> <p>Selwyn works with the tikanga partner Te Pihopatanga o Te Tai</p>

		<p>Tokerau as well as a Pou Awhina service to obtain cultural guidance for cultural safety. Selwyn’s cultural safety policy and the Selwyn philosophy describes the governance commitment to reflect the communities they serve in planning and delivering services. The Selwyn Foundation Statement of Expectations to Selwyn Village Limited 2025-2026 (the strategic plan) includes the organisation’s scope, strategy, vision, mission, and philosophy around person-centred care. There is also a quality plan.</p> <p>Key performance indicators and specific goals are identified and regularly reviewed by the Board at their monthly meetings, as evidenced in the Board meeting minutes. Specific goals as determined by the director of care are also regularly reviewed. The Board receives progress updates from Ivan Ward Centre, including, (but not limited to): clinical indicator data, restraint use (if any), benchmarking results, high risk events (if any), and escalated and/or external complaints. Policies are regularly reviewed.</p> <p>In addition to Board meetings there are separate sub-committees of the Board with oversight of various areas of organisation. The clinical governance group operates in an operational governance role across all clinical professional staff and contractors who are subject to the Health Practitioners Competence Assurance Act. The area of accountability is within the clinical realm only and includes leadership and culture; clinical performance and evaluation of care; risk management; quality improvements; service design; workforce; cultural proficiency; and professional development.</p> <p>The household model of care stresses the importance of enabling residents to make their own decisions and choices. Care is done in partnership with residents and their family/whānau, if applicable. Feedback from these interactions results in service development to improve outcomes and achieve equity for Māori.</p> <p>The director of care has been with Selwyn Ivan Ward for three and a half years and is supported by a clinical manager who has been in the role for four years. The management team is supported on site by registered nurses, a team of experienced group of longstanding employed care partners, and administration and household staff. The clinical manager reports to the director of care (interviewed) on a variety of operational issues and provides a monthly report. Monthly</p>
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		<p>reports on residential care are provided to the operations committee by the director of care, highlighting any significant issues. These issues are addressed at board level.</p> <p>Board members have attended specific cultural training and cultural safety.</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>Selwyn Ivan Ward Centre has documented, effective quality and risk management programmes in place. These systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. 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 meet the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. New policies or changes to policy are communicated to staff.</p> <p>Monthly staff meetings and quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; internal audits; restraints; strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place as scheduled. Corrective actions were documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Clinical focus groups are documented weekly and ensure that all clinical matters are discussed and action plans documented as needed. The clinical manager discussed that the meetings are held on Fridays to ensure that all RNs are fully aware of clinical needs for the weekends and any planned actions. The service has implemented an internal audit process that moves away from a process of reviewing the individual area to be audited and takes 360-degree approach involving resident, family, and staff</p>

		<p>(as examples)to review the effectiveness of the process/ area to be audited. The internal audit process and tools are linked to the Ngā Paerewa Health and Disability Services Standard, 2021.</p> <p>Following a review of falls and high falls during 2024 (up to 37 falls a month) and peaking at 50 falls a month for July 2025, the service worked with the University of Auckland (AUT) to implement a process to reduce falls. A fall committee was implemented where all resident falls were reviewed for each month and each fall discussed with the physiotherapist and staff to see what care interventions should be documented and might assist. In collaboration with AUT, the service implemented the ‘preventing falls and harm from falls in older people’ (best practice guidelines for Australian aged residential services 2022). This was linked to all care staff and RN training. The service also developed a new falls risk assessment tool which all residents now have as part of the assessment process. RN/ clinical meetings and staff meeting document the process is reviewed and discussed at each meeting. As a result of the improvements made, the service has seen a significant reduction in falls (down to 28 a month at the time of audit).</p> <p>The previous certification audit awarded a continuous improvement for the implementation of an improved palliative care pathway. The palliative care team have continued to support the service and assist with discussing expectations with families/whānau, assist with anticipatory prescribing and assist with the grieving process. The service has continued to embed and improve the palliative care provided including implementing a process where all new dementia residents and family/ whānau as well as new rest home and hospital level residents as needed, complete shared goals of care in conjunction with the palliative care team. This process allows to family to be in a safe environment and the opportunity to discuss future planning. It allows staff the opportunity to discuss options for care and support in association with the palliative care team and GP. The process has been supported by wide range of RN education including: (but not limited to) cultural approaches to death and dying and communication skills (noting that the service has RNs from differing cultures who may not understand the New Zealand context and approach to palliative care). The service also hosts a twice a year family /whanau conference ‘ living with dementia” (including shared</p>
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		<p>goals of care and future planning) which is very well attended. The continued positive feedback collected from family/whānau documents that this process continues to assist and support both residents and family/ whanau.</p> <p>Health and safety management aligns with the health and safety policy, which includes staff representatives; monthly committee meetings; environmental audits; observations and reports; civil defence supply management and oversight; hazard reports; hazard register reviews; and support of injured staff incident reports. Hazard management, induction of bureau staff, and management of visitors, volunteers and contractors is appropriate to ensure a safe environment. Monthly meetings with the Selwyn health and safety coordinator ensures regular reporting of issues to the Board.</p> <p>Hazard identification forms and an up-to-date hazard register was sighted. Health and safety is discussed also in staff/quality meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form and staff are supported to return to work. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. There is a physiotherapist available every day at Selwyn Ivan Ward. Strategies implemented to reduce the frequency of falls include intentional rounding, and the regular toileting of residents who require assistance. The falls risk assessment tool is reviewed post falls. The service has further developed the falls prevention process and has successfully reduced falls over time. A continuous improvement is awarded for falls minimisation. Care partner interviews confirmed their awareness of the identified residents who are at greater risk of falling.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, as evidenced in 10 accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising, challenging behaviours). Incident and accident data is collated monthly and analysed using the electronic residents' management system. Discussions with the clinical manager and director of care evidenced awareness of their requirement to notify relevant authorities in relation to essential</p>
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		<p>notifications. There have been two critical incidents reported to the Health Quality and Safety Commission for 2025 and no outbreaks.</p> <p>Critical analysis of organisational practices is undertaken in consultation with the Māori facilitator to improve health equity. Staff competencies are regularly assessed to ensure a high-quality service is provided for Māori through the promotion of The Selwyn Way philosophy, by celebrating cultural diversity and the review of all relevant policies and procedures through the health equity lens.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There are policies in place that include staff rationale and skill mix. Sufficient staff are rostered daily to manage the care requirements of the residents.</p> <p>The service takes into consideration resident acuity and times of crisis management (Covid-19 and other outbreaks). Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The clinical manager confirmed the service uses Selwyn agency staff when available; however, care partners will cover the available shifts to provide sufficient cover.</p> <p>Rosters implement the staffing rationale. The managers work full time from Monday to Friday. The clinical manager is on call along with senior RNs for any clinical concerns and the director of nursing is available 24/7. Review of four weeks of rosters provides evidence that there is a registered nurse on duty 24/7, and a cover provided by a registered nurse for short notice leave.</p> <p>Separate cleaning and laundry staff are rostered. Staff interviewed stated that the staffing levels are adequate for the resident needs, and that the management team provide good support. Residents and family/whānau members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>There is an annual education and training schedule completed for 2024 and one being implemented for 2025. The training programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes culture including Treaty of Waitangi, the Code, complaints, communication, end of life, informed</p>

		<p>consent, restraint, management of challenging behaviour, cultural safety, manual handling, bullying harassment and abuse and medication management. There is an individual staff member record of training held electronically. The learning and development officer monitors completion of orientation, completion of training and competencies.</p> <p>Educational courses offered include in-services, online, competency questionnaires and external professional development through hospice and Health New Zealand. All registered nurses, a selection of care partners and activities staff have completed first aid training. All care partners are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the 43 care partners, 38 have NZQA qualification level three and above; There are six care partners rostered permanently to the dementia unit, and all have completed the dementia unit standards or similar. All care partners have had training around management of challenging behaviour and dementia.</p> <p>There are eleven RNs and six are interRAI competent. All registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments, including medication, controlled drugs, manual handling, restraint, wound, syringe driver, and emergencies.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held secure. Nine staff files reviewed (three RNs, one activity coordinator, one maintenance person, two house leads, and two care partners) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions which includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, nurse practitioner, pharmacy, physiotherapy,</p>

		<p>podiatry, and dietitian). There is an appraisal policy. All staff that had been in employment for more than 12 months had an annual appraisal completed.</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. A comprehensive induction which includes a training in the household model of care, cultural safety, and The Selwyn Way policy. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and care partners to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised. An orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Selwyn supports an employee assistance programme and staff have access through union delegates.</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>	FA	<p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in a dedicated secure archive room. Documents can be scanned and uploaded on the electronic system for reference. There is a locked bin on site for secure destruction and a document shredder.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record.</p>

		<p>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. The service is not responsible for the registration of National Health Index numbers.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Nine admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The clinical manager is available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The managers maintain communication with any potential residents or family/whānau if they are waiting for a bed to become available.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Selwyn-Ivan Ward Centre is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with Anthony Wilson, Kaihautu Matua, Tangata Whenua Strategy. The managers work with Māori health practitioners, traditional Māori healers, and</p>

		organisations to benefit Māori residents and family/whānau when this is requested or required.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Nine files were reviewed for this audit: five hospital residents, one rest home resident, and three dementia residents. The senior registered nurses and the registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the files reviewed.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>There is also a Pasifika health care plan to ensure the service supports Pasifika residents and family.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Short-term care plans for infections, weight loss, behaviour that challenges and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>Two general practitioners (GP) ensure residents are assessed within five working days of admission. The GP's review each resident at least three-monthly. The GP practice that the GP's are affiliated with provides on-call service for after hours. Each GP visits the facility weekly. The clinical manager is available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and commented that the staff were very well trained, and the RNs always gave information needed. Specialist referrals are initiated as needed. Allied health interventions</p>

		<p>were documented and integrated into care plans. The service has two physiotherapists and an exercise physiologist who work fulltime (shared with Sarah Selwyn Centre and the village). The contracted dietitian is contacted as required. A podiatrist visits six to eight-weekly and a speech language therapist, continence advisor, hospice specialists, and wound care specialist nurse are available as required.</p> <p>Care partners and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and care partners. The registered nurses further add to the progress notes if there are any incidents, GP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the senior registered nurses who then initiate a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There was one stage one pressure injury and one suspected deep tissue injury. All wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs(if required) to show healing progression. The wound care specialist had been accessed for input to the pressure injuries and one skin condition. The care partners and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels and repositioning. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head</p>
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		injuries according to policy.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There are two diversional therapists (DTs) and one activities assistant who provide activities seven days a week on a rostered basis. The care partners support the programme. There are monthly and weekly activities plans. These are in large print and are placed on notice boards in all areas. Rest home and hospital residents have a copy in their rooms. The monthly plan is sent to family/whanau. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Waitangi weekend. Māori language week and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. There is a set programme in the dementia household, but all staff are very aware that this programme needs to be flexible. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage, and chit-chat. There are lounges where residents and families/whānau can watch television and access newspapers, games, puzzles, and books.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. There is also a 24-hour activity plan for all dementia residents. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; music and movement; crafts; games; quizzes; entertainers; board gaming; knitting group; bingo; happy hour; pet therapy and walks outside. Every two months mothers and babies visit for a baby buddy session. There are regular van drives for outings and regular entertainers. Some residents join in village activities. More mobile residents go out shopping and for coffees, while others go to the café on-site. There is a church service and a mass weekly.</p> <p>There are resident meetings two monthly. Activities staff rely on feedback from other staff and family/whanau in the dementia</p>

		<p>household. Residents and family/whanau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging. Family/whanau acknowledged the difficulties in the dementia household but said staff did an amazing job.</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>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. RN's have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and care partners interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were three residents self-administering on the days of audit. All have been assessed as competent, and they are reassessed three monthly. Medication storage is safe.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent care partners or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders.</p>

		<p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and clinical manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Residents and their family/ whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The facility uses an external contractor, but all meals are prepared and cooked on site. There is a kitchen manager, two chefs and kitchen assistants who work on a rostered basis. All kitchen staff have completed safe food handling.</p> <p>The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, issued in January 2025.</p> <p>A dietitian has reviewed the four-weekly seasonal menu. There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, gluten free, pureed foods) or residents with weight loss. The two chefs (interviewed) are aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whanau can bring special meals for their relatives. At Matariki the kitchen cooked a hangi. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Tikanga guidelines are available to staff.</p> <p>The kitchen manager completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective</p>

		<p>clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area especially in the dementia household. Encouragement is given to stay seated for those residents who wander/constantly walk. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were satisfied with the food service and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. The latest resident survey showed satisfaction with the food service had improved since the commencement of a new contractor.</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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The clinical manager and registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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</p>	FA	<p>The building holds a current warrant of fitness. There is a facility and maintenance manager (interviewed) who works fulltime. They have four fulltime maintenance assistants. There is an external contractor who manages the gardens. Maintenance requests are documented on an i-pad which is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (completed May 2025). Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range a plumber is notified. Essential</p>

<p>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>contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment was completed in May 2025.</p> <p>Most of the hospital is carpeted with vinyl surfaces in bathrooms/toilets and kitchenette areas. The dementia household also has carpet, but bedroom flooring is gradually being replaced with vinyl. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and are able to personalise their room. All rooms are single with ensuite. Every room has a ceiling hoist. The doors in the dementia household are painted in the colour the resident chooses. Communal toilets have pictures of toilets on them. Residents were observed moving freely around the areas with mobility aids where required. The care partners interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and private and communal toilets. The hallways are wide. The lounges are large allowing ample room for residents to mobilise and use equipment safely. Large well-appointed dining rooms are placed as part of the lounges. Throughout the facility there are small niches for residents to have quieter times or entertain visitors. Activities take place in the large communal lounges.</p> <p>There are outdoor areas with outdoor seating, shaded areas and raised gardens .The upstairs households have access to balconies. These have pot plants. The outdoor areas in the dementia household are safely fenced and there is a looped pathway. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>The building is appropriately heated and ventilated. There is under-floored heating throughout the facility. There is ample natural light in the rooms.</p> <p>The director of care described how they would utilise their links with the kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori in any new construction.</p>
<p>Subsection 4.2: Security of people and workforce</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific</p>

<p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on 20 September 2018. Fire evacuation drills are held six-monthly, and one was last completed in May 2025. Civil defence supplies are stored in an identified cupboard and are checked six-monthly. There is a generator on-site. There are gas barbeques to cook on. There is an adequate food supply available for each resident for minimum of three days. There are three large water tanks on-site plus bottled water- enough for three litres of water per resident per day.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night; there is external closed-circuit television (CCTV) and nightly security patrols.</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 control policies and procedures including antimicrobial stewardship which link to the Selwyn Foundation Statement of Expectations to Selwyn Village Limited 2025-2026. In the case of a crisis (e.g., Covid-19), a crisis management team structure is put in place with regular reports to the Board. There is a clear communication pathway for escalation of significant events (including outbreaks and events related to AMS).</p> <p>A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role. There is a facility infection control team. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection</p>

		<p>control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually in house on the effectiveness of the programme, lessons learned, and improvements required.</p> <p>Infection control audits are conducted. Infection rates are presented and discussed at quality, infection control, and staff meetings. Infection control data is also reported at governance level. The data is also benchmarked. Results of benchmarking are presented, and results discussed with staff. This information is also displayed on staff noticeboards.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand.</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 clinical manager and director of care support the designated infection control coordinator. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility, positive tests, and communication pathways.</p> <p>The infection control coordinator has completed Bug Control education related to infection control principles, antimicrobial stewardship, and implementation of an infection control programme. There is good external support from the NP/ GP, laboratory, and Health New Zealand infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE equipment is available as required, stock is rotated and checked monthly against expiry dates. The infection control coordinator is involved in the procurement of high-quality consumables, PPE, and wound care products with the support from the management team.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed in consultation with infection control coordinators. Policies are available and accessible to staff.</p> <p>There are policies and procedures in place around disinfection of</p>

		<p>reusable and disposal of single use items, and this is monitored monthly through their 360 internal audit process. All shared equipment is appropriately disinfected between use. The service has incorporated te reo information around infection control for Māori residents including hand washing and sections of the infection control policy translated into te reo, encouraging culturally safe practices that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Selwyn Learn). Staff have completed annual handwashing and personal protective equipment competencies. Resident education occurs as part of the daily care. Residents and families were kept informed and updated on Covid-19 policies and procedures during an outbreak July 2025 through resident meetings, newsletters, and emails.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise HAI. The service follows the guideline of Health New Zealand 'Control of MRO in New Zealand.' The 'IPC during renovation and construction' policy ensures consultation with the infection control coordinator when significant changes are proposed to the existing facility. There are no major renovations or builds proposed for the near future.</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>	FA	<p>The service has an antimicrobial policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical and registered nurse notes. Adverse effects are monitored through the electronic systems acute interventions (short-term care plan) report. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, infection control, and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The reports are presented to the GP as part of collaboration in reducing antimicrobial usage.</p>

		<p>The service implemented a process to successfully appropriately reduce the use of antimicrobial medication. A review evidenced an expectation of their use by family/whānau. It was also noted that RN did not always demonstrate the clinical confidence to challenge and discuss the use of antibiotics with the GP.</p> <p>RN education was provided around clinical uses of antibiotics. The training has been re-enforced (and continues to be so) through a discussion of all infections and antibiotic use at clinical meetings. This has worked to raise the RN's clinical confidence to challenge and discuss the prescribing of antimicrobials. A recent example has included a discussion following a GP round where the GP stated that antibiotics would not be prescribed; however, the medication chart was updated after the round, and it included antibiotics. The RN felt empowered to ring the GP and discuss this, and, as a result the prescription was changed and the antibiotics removed.</p> <p>All antibiotic use is discussed monthly with the GP. The GP stated they are very happy with this proactive approach and praised the clinical confidence of the RNs. Antimicrobial use has reduced from 36 for last quarter (April-June 2024) to 14 at the end of quarter four (from quarter one to quarter four July 2024 to June 2025).</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary including ethnicity. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control, and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and plans to incorporate this into surveillance methods. Internal infection control audits are completed with corrective actions for areas of improvement.</p>

		<p>There has been one Covid-19 outbreak in 2025 year to date. There is ready made isolation kits and posters available to ensure consistency and timely implementation of isolation when required. All households were kept separate, and staff were kept to that bubble. Staff wore PPE. Residents and staff completed rapid antigen tests (RAT) daily. Antiretrovirals were made available at the last outbreak. Covid assessment screening tools are available on the electronic system and care plans implemented with regular interventions and signed off when resolved. Families were kept informed by phone or email. Visiting was restricted. Visitor health declaration is still continuing at entry to the service.</p> <p>The facility followed their pandemic plan, distributed communication, and completed outbreak logs, outbreak meetings and debrief afterwards to improve on `lessons learned`.</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 safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>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 kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each household. Each sluice room has separate handwashing facilities. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is completed off site. There is a laundry in each household where care partners can launder delicate personal items. Dirty linen is delivered to the pickup area via a laundry chute. Clean linen is returned daily on covered trolleys. The linen cupboards were well stocked. Care partners assist to distribute the clean linen to the dedicated linen cupboards and personal clothing to the rooms. Personal clothing is barcoded, and name tagged. Personal laundry is delivered back to residents in named baskets.</p>

		<p>There is housekeeping staff seven days a week. Cleaning and laundry services are monitored through the internal auditing system. The smaller washing machines and dryers are checked and serviced regularly.</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 restraint approval process is described in the restraint policy, and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. A senior RN is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the governance clinical body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit there were no residents using restraint and there have been no restraints in use for over a year. When interviewed the restraint coordinator stated that they like to discuss restraint policy and procedure with residents and/or family/whānau before admission, whenever possible.</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.