

# Presbyterian Support Otago Incorporated - Iona Home and Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Presbyterian Support Otago Incorporated
<b>Premises audited:</b>	Iona Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
<b>Dates of audit:</b>	Start date: 18 November 2025    End date: 19 November 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	78

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Presbyterian Support Otago Iona Home and Hospital provides rest home, hospital (geriatric and medical), residential disability – physical and dementia level care for up to 79 residents. At the time of the audit there were 78 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand and Ministry of Social Development. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, general practitioner, management and staff. A consumer auditor participated in the audit process.

The facility manager has experience in the health care industry and is supported by a clinical manager, the quality advisor and the wider senior management team at Presbyterian Support Otago (PSO). There is a focus on delivering person centred care for all residents, encompassing the Enliven Philosophy in all aspects of service delivery.

This certification audit identified shortfalls related to care plan review and medication management.

A continuous improvement has been awarded around the activities programme.

## Ō tātou motika | Our rights

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

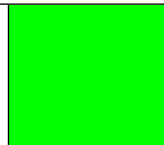


Subsections applicable to this service fully attained.

A Māori health plan is documented for the service. The service works to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. A Pacific health plan is documented and available for residents who identify as Pasifika. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The strategic plan and business plan documents include a mission statement and operational objectives. Both include strategies to provide equitable care for all residents and identify any barriers to care and services. Presbyterian Support Otago has effectively implemented quality and risk management systems in place that take a risk-based approach. These are implemented at Iona Home and Hospital to meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Health and safety is appropriately managed to ensure the safety of residents and staff. Rosters evidenced adequate staff on each shift. A role specific orientation programme and regular staff education and training are in place. Staff complete annual competencies related to their roles. There is safe storage of staff and resident information.

## Ngā huarahi ki te oranga | Pathways to wellbeing

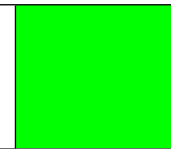
<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The registered nurses and enrolled nurses are responsible for each stage of service provision. The nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned. There is an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses, and healthcare assistants are responsible for administration of medicines have completed 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. The service has a current food control plan.

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

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

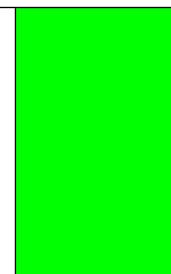


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness. There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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

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

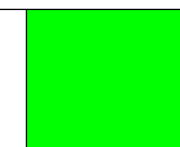


Subsections applicable to this service fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level. All staff have completed education in relation to infection control and Te Tiriti o Waitangi. Resources in te reo are available. Antimicrobial stewardship is

monitored. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Housekeeping and laundry services are provided seven days a week. There has been two outbreaks reported since the last audit. There were plentiful supplies of personal protective equipment around the facility including masks and hand gel.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager. The service is committed to a restraint free environment. There are no residents using restraint. Restraint minimisation and safe practise training is included as part of the orientation process and included in the annual mandatory training plan. The service considers least restrictive practices, implement diversion, de-escalation techniques and alternative interventions, and would only use approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	1	0	0
Criteria	1	168	0	1	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and associated best practice cultural policies are documented and available to staff. Te Tiriti o Waitangi is central to the identity of Presbyterian Support Otago (PSO) and their commitment to partnership. Presbyterian Support Otago acknowledges and is committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person’s culture is acknowledged, respected and maintained. The strategic plan includes strategies of how the organisation evidences the implementation of Te Tiriti o Waitangi through all levels of service delivery. Presbyterian Support Otago has affiliations with nine local iwi and seeks regular input from stakeholders to ensure culturally safe service provision.</p> <p>There is evidence of regular engagement and whakawhanaungatanga between PSO and Te Rūnanga o Ngāi Tahu. Te Whare Tapa Wha Māori Model of Health, the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are part of staff training and enacted in the work with residents. Elements of this are woven through other training as appropriate. The Enliven philosophy and approach means each person’s cultural needs are considered individually. There were residents who identified as Māori on the days of the audit.</p>

		<p>Family/whānau confirmed during interviews that any cultural preferences were documented during the admission process.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. There were staff who identified as Māori at Iona Home and Hospital. Twenty staff interviewed including six registered nurses (RNs), one enrolled nurse (EN), seven healthcare assistants (HCAs), two activities coordinators, one kitchen services manager, two housekeepers and one maintenance person, and three management including one facility manager, one clinical manager and one quality advisor were all confident describing how they provide culturally appropriate care for all residents in relation to their role.</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>There is a comprehensive Pacific Health plan developed by the organisation in consultation with Pasifika advisors from Health New Zealand. The plan focuses on achieving equity and efficient provision of care for Pasifika and is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in several different languages according to individual resident need. At the time of the audit, there were no residents who identified as Pasifika.</p> <p>Presbyterian Support Otago has several staff from a variety of cultures and relevant staff are consulted to assist with identifying the appropriate linkages in the community as needed. There were staff members who identified as Pasifika employed at Iona Home and Hospital. The organisation actively recruits for representation from Pacific peoples at a governance level. Presbyterian Support Otago have linkages through staff contacts with local Pasifika community groups. All residents have their personal preferences and cultural needs identified on admission in the 'getting to know me' assessment. Family/whānau are routinely invited to be included in the care planning process.</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 Code is displayed in multiple locations in English and te reo Māori. This is also available in a variety of different languages as required. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau on admission to the service. The facility manager discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the resident and family/whānau meetings. Seven residents including four rest home including one resident on a younger persons with disabilities (YPD) contract and one resident on an Accident Compensation Corporation (ACC) contract and three hospital, and nine family/whānau including one rest home, five hospital and three dementia level of care interviewed reported that the residents' rights are being upheld by the service.</p> <p>Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available to residents. There are links to spiritual supports. Church services are held. 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 through interviews and in policy and this is reinforced through the education sessions held. The organisation is in the process of reviewing the Enliven philosophy with the Māori cultural advisor to strengthen resident focused aspects of service delivery which will in turn, encourage and support Māori mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in</p>	<p>FA</p>	<p>The Enliven Philosophy training ensures the support of person-centred care, the values and beliefs of individual residents and staff. Residents interviewed stated they have choice. Residents reported they make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents are supported and encouraged to have control over all</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>		<p>aspects of their lives and are involved in care planning. Satisfaction surveys reviewed evidenced a high level of residents felt they had choice, contributed to the service and were treated with respect. It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were three married couples residing at Iona Home and Hospital at the time of the audit, interviews with one married couple confirmed they were provided with space and privacy. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place. The organisation has changed terminology in the quality plan, Māori health plan, policies, training resources, and wording in internal audits to common te reo Māori words and phrases. The organisation are steadily weaving te ao Māori into all aspects of service delivery. Te Tiriti o Waitangi and tikanga Māori is encompassed through the Enliven philosophy training and online training sessions. Te ao Māori is also incorporated into the activities programme. The model of care for younger persons with disability (YPD) is strength based and aligns with Enabling Good Lives. Younger persons are encouraged to maintain external interests and cultural, spiritual, and personal interests including access to the community.</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.</p>	<p>FA</p>	<p>The education plan includes abuse and neglect prevention sessions. Staff interviewed could describe signs and symptoms of abuse and neglect and that they would report any such concerns to the clinical manager or facility manager. Organisational policies document guidelines to prevent any form of discrimination, coercion,</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days celebrate diversity. The PSO code of conduct is discussed with staff during their induction to the service that addresses harassment, systemic racism, and bullying. Staff are educated on how to value the older person showing them respect and dignity. The annual education plan includes abuse and neglect prevention training and the understanding of health equity. The residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation and through professional responsibility sessions held as part of the ongoing education plan.</p> <p>A strengths-based and holistic model is prioritised through the Enliven philosophy encompassing respect - whakaute, relationships - whanaungatanga, security - whakahaumarū, choice - kowiri, contribution - whai wahi and activity ngā mahi te rēhia. There is a focus on promoting and supporting all residents to be as independent as they can be.</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 about PSO Iona Home and Hospital is provided to residents and family/whānau on admission as confirmed on interview with residents and family/whānau. Regular resident meetings identify feedback from residents and consequent follow up by the facility manager. There are policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau and next of kin of any adverse event that occurs. All correspondence with family/whānau and members of the multidisciplinary team is recorded in the residents' electronic file. The accident/incident forms reviewed identified family/whānau are kept informed, and where residents have declined the family/whānau notification, this is documented. Family/whānau</p>

		<p>interviewed stated that they are kept informed when their family member's health status changes and also updated on what is happening around the facility.</p> <p>One younger person resident interviewed by the consumer auditor stated their communication needs are met and they are supported with their communication devices when needed. At the time of the audit there were no residents who could not speak and understand English. The service has access to interpreter services when/if required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The facility manager, clinical manager or RNs engage with other health professionals that are involved with the resident such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Nine electronic resident files were reviewed with signed general consents sighted for outings and photographs as part of the admission process. Specific consents had been signed by resident and family/whānau for procedures such as influenza and Covid-19 vaccines and boosters. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain consent for entering rooms and supporting with personal care. The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of families/whānau in decision-making where the person receiving services wants them to be involved.</p> <p>Advance directives and shared goals of care for health care, including resuscitation status, had been completed by residents deemed to be competent. There was documented evidence of discussion with the</p>

		<p>enduring power of attorney. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the HCAs and RNs confirmed that staff understand the importance of obtaining informed consent when providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and enduring power of attorney. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care, as evidenced in the resident files reviewed.</p> <p>Where EPOAs are enacted, activated letters were on file as seen in the files reviewed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The PSO complaints procedure is provided to residents and family/whānau on entry to the service. Complaint forms are easily accessible in the facility, with advocacy services information provided at admission and as part of the complaint resolution process. The facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC). There have been seven complaints (three received in 2025 year to date and four made in 2024) since the last audit. Documentation including acknowledgement, follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the HDC. The complaints process links to advocacy services. Two complaints lodged with HDC before the last audit (one in 2019 and one in 2022) were investigated by the service and closed off by HDC in December 2024 and January 2025, respectively. There were no identified issues in respect of these complaints. A complaint made through HDC in October 2024 has been investigated and responded to HDC in December 2024. The service is awaiting a response from HDC.</p> <p>Residents and family/whānau reported the facility manager and clinical manager are always available and are responsive to any query before the issue escalates to a complaint. The residents and family/whānau all reported they felt comfortable raising any issues or</p>

		<p>concerns with either the facility manager, clinical manager or RNs. The facility manager easily described the complaint process during interviews. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose, which may include representation from Māori. The facility manager maintains an open-door policy. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication. The complaint policy demonstrates equitable processes for residents and whānau identifying as Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Presbyterian Support Otago Iona Home and Hospital is located in Oamaru. The service provides rest home, hospital (geriatric and medical), residential disability – physical and dementia level care for up to 79 residents. On the day of audit there were 78 residents. In Argyll (rest home wing) there were 28 beds with 27 residents, including one resident on a YPD contract and one resident on an ACC contract. Five beds in Argyll were dual-purpose. In Kirkness (hospital wing) there were 37 dual purpose beds with 37 residents, including three residents on YPD contracts and two residents on ACC contracts. In Mackay (dementia wing) there were 14 beds with 14 residents. The remaining residents were on the age-related residential care (ARRC) contract. There were no double or shared rooms in the facility. There were three married couples all in single occupancy.</p> <p>Iona Home and Hospital is one of eight PSO aged residential care homes in Otago. The organisation is governed by a Board of eight representatives and has a constitution to have up to 12 representatives who meet monthly. The Board is currently recruiting new members. Every Board meeting has a strategy review session built into the agenda where there is an item of strategic importance discussed. The strategic plan is set for a three-to-five-year period with annual reviews. All Board members complete an orientation as per policy. There is a wide range of skills and expertise on the Board including a minister from the Presbyterian Church. There are two sub-committees (finance, audit and risk committee, and the clinical</p>

	<p>governance advisory group). Each board member is required to be a member of one of these sub-committees based on their expertise.</p> <p>Reports from these sub-committees are discussed at the Board at the monthly meeting. Reports from the facility managers are collated and reported through the clinical governance committee to the Board. The clinical governance advisory group (CGAG) has a wide range of expertise including (but not limited to) the CEO, the Enliven general manager, quality advisor, clinical nurse advisor, designated residential manager (annual rotating position), a designated senior RN (annual rotating position). The CGAG meet quarterly. All aspects of quality are discussed including (but not limited to) benchmarking, new initiatives, external complaints, certification, policy development and review, and staffing. Meetings are minuted and reported to the Board, managers meetings and the wider staff through facility meetings. All quality data includes ethnicity which is used to improve services and outcomes for residents.</p> <p>There is a documented 2025- 2028 plan strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. The annual business plan links to the overall strategic plan and links to the quality plan. The service organisation philosophy and strategic plan reflect a person and family/whānau centred approach.</p> <p>A business plan for each facility is created annually with quarterly reviews and annual reporting to the Board on outcomes. The quality plan (2025-2026) states that “As part of our strategic plan, PSO has embarked on a journey to fully embrace Te Tiriti o Waitangi and its principles into all aspects of our organisation and the services we provide”. The quality plan is comprehensive and encompasses all areas of Presbyterian Support services. The quality plan includes organisational leadership and management, health, safety and risk, quality improvement, restraint, infection control, staffing and development. Each facility has site specific annual quality and wellbeing goals for 2025-2026.</p> <p>The organisation is incorporating te reo Māori words and phrases into all organisational documents. There is a well-documented Māori Health plan in place. A selection of the Board members can demonstrate expertise in Te Tiriti, health equity and cultural safety. A process to identify and address barriers for Māori for equitable</p>
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		<p>service delivery is ongoing, with additional expertise sought from Māori. There is Māori representation on the Board. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. The clinical governance (CGAG) committee and Board review this feedback to identify barriers to care and improve outcomes for all residents. Input from stakeholders is available and the cultural advisor will also provide feedback and advice around provision of equitable services and minimising barriers to services.</p> <p>The facility manager has been in the role since June 2025 and has extensive experience (over 20 years) in the health care sector. The facility manager is supported by an experienced clinical manager who has been in the role for five and a half years. The management team are supported by the quality advisor, clinical nurse advisor (role was vacant at the time of the audit) and the senior management team based at head office in Dunedin.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The quality programme is implemented by the facility manager with additional support provided by the quality advisor. An annual planner/schedule is implemented that includes timeframes for the completion of internal audits and education. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to HDSS:2021. A document control system is in place. Policies are regularly reviewed. Internal audits are completed as scheduled and signed off by the facility manager or clinical manager. Any non-conformity or where a re-audit is required, this is completed as scheduled. There are a range of meetings held within the facility including (but not limited to) quality and wellbeing meetings (includes health and safety and infection control, and staff meetings. Any matters outstanding from previous meetings are addressed and closed off. Meetings include the Enliven Philosophy which includes a principle for the month.</p> <p>The Enliven Philosophy is person centred and promotes health equity, providing excellent high quality individualised services for all residents. Quality data is collated for all key performance indicators</p>

	<p>(KPI). Data includes ethnicity and is analysed and benchmarked between PSO, national Presbyterian Support Services (PSS) and aged care providers nationally. Benchmarking data is reported at all meeting and reported to the board through the CGAG meetings. The results of the quality data is used to improve health outcomes for residents. As an organisation, PSO benchmarking results evidence the organisation is consistently below benchmark for all KPIs. Iona Home and Hospital quality goals include ensuring that all residents have shared goals of care documented.</p> <p>Resident and family/whānau satisfaction surveys are completed annually and the latest surveys were completed in September 2025. The surveys reflected high levels of satisfaction around privacy, personalisation of resident room, safe/secure environment and recommend the facility to others. Results were analysed and a summary report was shared with staff, residents and family/whānau. Corrective actions were implemented and completed around the activities programme attendance (not related to the dementia unit), food service and call bell response times.</p> <p>A continuous improvement rating is awarded for the provision and measurable enhancements to resident wellbeing that have been achieved through a structured, multi-layered, dementia-responsive activities programme.</p> <p>All resident incidents, accidents and near misses are entered onto the electronic resident management system. The electronic incident reports reviewed were fully completed, with opportunities to minimise risks identified and implemented. Reports are generated and included in KPI data. Health and safety policies are implemented, and a current hazard and risk register was reviewed. Staff incident, hazards and risk information is collated at facility level, reported to the general manager and a consolidated report and analysis of all facilities are then provided at the CGAG meeting and reported to the Board. A health and safety representative (HCA) interviewed confirmed that the health and safety committee meet bi-monthly to review any onsite incidents and hazards. External contractors complete an orientation and sign a health and safety agreement prior to undertaking work at the facility.</p> <p>Discussions with the facility manager, clinical manager and quality</p>
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		<p>advisor evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four events that required Section 31 notifications and five severity assessment code (SAC) event reports to the Health Quality and Safety Commission since the previous audit. Two outbreaks (one Covid-19 and one related to gastroenteritis) have been appropriately notified since the last audit.</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>The organisational policy outlines on-call requirements, skill mix, staffing ratios, and rostering for facilities. Part time and casual staff cover unplanned absences. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and clinical manager both work full-time from Monday to Friday and are available on call after hours for any operational and clinical concerns, respectively. They are supported by a team of RNs. There is RN cover 24 hours a day. Staff and residents are informed when there are changes to staffing levels and care requirements are attended to in a timely manner, as evidenced in staff interviews. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. The HCAs interviewed reported the RNs are supportive and approachable. Interviews with residents and family/whānau indicated that overall, there are sufficient staff to meet resident needs.</p> <p>There is an annual education and training schedule. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. Presbyterian Support Otago (PSO) have adopted an online training platform (Altura) which provides a wide range of training sessions for staff. The education plan includes all compulsory training sessions and annual competencies staff complete on an annual basis. Records of attendance and completion of online training are maintained. The Enliven Philosophy education sessions cover key aspects of all cultures and relates that back to all areas of service delivery. All staff participate in continuing education relevant to young people with disabilities.</p>

		<p>Cultural training includes te reo Māori, tikanga Māori, education on racism and reflection on individual bias and how these impact working practices. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>All staff are encouraged and supported to achieve New Zealand Qualification Authority (NZQA) qualifications through Careerforce. There are fifty-five HCAs in total and forty-three have achieved level 3 NZQA or above. There are nine HCAs who are employed to work in the dementia wing. Six have completed the required dementia standards and three are enrolled to complete the standards and are within the required 18 month timeframe. There are thirteen RNs (includes the clinical manager) and two ENs in total with nine RNs and one EN being interRAI trained. Registered nurses are supported to attend external education and complete annual competencies in interRAI assessments and syringe driver management. A focus of the health and safety committee includes staff wellness. A wide range of activities were described of ways the service promote staff wellbeing. Employment Assistance Programme is available to staff.</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 electronically and are password protected. Eleven staff files reviewed including one clinical manager, two RNs, six HCAs, one cook and one activities coordinator evidenced implementation of the recruitment process. All roles had job descriptions and role specific orientation packages. All letters of offer contain the employment agreement, job description and code of conduct, which were evidenced as being signed by the facility manager and the employee. All staff who have been employed for more than 12 months have annual appraisals completed as scheduled.</p> <p>Staff ethnicity data is collected and reported as required. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually. There was evidence of staff</p>

		feedback and discussions held around staff queries and concerns in the meeting minutes reviewed. Staff interviewed felt supported and stated the nurse manger is approachable and were aware of the EAP programme. Debrief sessions were included in meeting minutes following outbreaks.
<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>All resident records are held securely in the electronic resident management system which is password protected. Each staff role has limited access to information on the electronic system. Staff no longer working within the organisation have their passwords, logins and access to electronic and online systems disabled. Payroll ensure the staff member has been removed from generic PSO systems. All paper-based records are archived and stored securely for 10 years. Electronic systems are backed up regularly and the medication electronic system has battery back up in the event of emergencies. 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>	FA	<p>Iona Home and Hospital has clear, transparent, and equitable processes that guide entry and decline to the service. All prospective residents meet with either the facility manager or clinical manager prior to admission, and initial enquiries may also be facilitated by the Administrator. Information packs are available for prospective residents and their family/whānau to support informed and timely decision-making. The administrator records all enquiries on the facility's waiting list, which is jointly managed with the facility manager. Information collected and recorded include ethnicity data for the analysis of entry and decline rates. Review of resident files confirmed that admission to the service complied with the documented entry criteria.</p> <p>InterRAI assessments, NASC authorisations, and documentation confirming the appropriate level of care were present in all files reviewed. Admission agreements aligned with contractual and legislative requirements, including clearly documented service exclusions. Residents and family/whānau interviewed reported that</p>

		<p>they received sufficient information prior to and on entry to the service, and that the process was respectful, well-coordinated, and responsive to their needs. Admission criteria are based on assessed need and the service levels under which the facility operates. The facility manager or clinical manager is available throughout the admission process to respond to enquiries and support decision-making.</p> <p>Where the service is unable to accept an admission (such as when there is no bed is available or service cannot meet the assessed level of need), the prospective resident and family/whānau are informed of the reason for decline, and alternative options or community links are provided. Residents and whānau are kept updated where there is a delay in entry to the service. The service has established links with local iwi, who provide cultural advice and support for residents and staff. Information is available in both English and te reo Māori. The facility demonstrates a commitment to recognising and celebrating tāngata whenua through partnership, staff education, culturally responsive care, and support for whānau involvement. When a resident is accepted for admission, staff facilitate a welcoming and mana-enhancing transition into the service. Orientation includes introductions to staff, guidance on routines, call bell use, and familiarisation with the environment.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Nine resident files were reviewed (three in each level of care), including one rest home level care resident under a YPD contract (physical disability) and one Hospital level care under ACC funding. Registered Nurses are responsible for completing assessments, interRAI assessments (where applicable), and facilitating family/whānau meetings where long-term care plans are reviewed. These processes were clearly documented in progress notes and resident records.</p> <p>Barriers that prevent whānau and tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae</p>

		<p>ora outcomes in their care or support plan.</p> <p>Admission documentation and initial assessments were completed for all residents, with initial care plans developed at the time of admission. InterRAI assessments were completed for all eligible residents, and all residents had initial interRAI and long-term care plans completed within required timeframes. Long-term care plans reviewed were holistic, person-centred, and reflective of assessed needs.</p> <p>The service has fully implemented a comprehensive 'Getting to Know Me' assessment and care-planning tool developed by the Quality Advisor (with input from the Clinical Advisory Group). This tool integrates holistic assessment and care planning into a single process, addressing all domains of resident wellbeing (physical, cognitive, socio-cultural, and medical). It also incorporates interRAI clinical assessment protocol (CAP) triggers, outcome scores, and interRAI scales to strengthen clinical reasoning, ensure consistency, and enhance the linkage between assessment findings, identified needs, and long-term care planning. However, the CAPs triggered and outcome scales from completed interRAI assessments were not consistently linked to six-monthly care plan evaluations.</p> <p>For residents on the YPD and ACC contracts, an interRAI assessment is not required; however, a comprehensive suite of assessments contained in the electronic resident management system had been completed. The resident on younger person with disability contract had all sections for the 'Getting to know' me assessment and care plan completed on admission, and the care plan reflected their goals, aspirations, independence, and ongoing community involvement.</p> <p>"This Is My Life" assessments are completed on admission by the RN or the activities coordinator in partnership with the resident and their family/whānau. This assessment informs the social, cultural, spiritual, and lifestyle components of care planning, including aspirations, strengths, preferred routines, and meaningful activities across a twenty-four-hour period. For residents in the dementia wing, behaviour support needs, triggers, and personalised de-escalation strategies are clearly documented to ensure safe, person-centred</p>
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	<p>behaviour support that upholds dignity and promotes wellbeing.</p> <p>Care plan evaluations had been completed and showed updates in response to changes in resident condition. All required assessments were completed within the required timeframes. Short-term care plans for infections and wounds were well utilised and completed within required timeframes, with interventions transferred to long-term care plans appropriately.</p> <p>Residents retain the choice to remain with their own general practitioner (GP). Residents are assessed within five working days of admission and reviewed regularly according to GP practice arrangements. A telecare medical service is available after hours or the service is able to refer residents directly to the local community hospital for further assessment or escalation. The clinical manager or facility manager is available 24/7 for clinical advice and decision-making. The GP interviewed expressed satisfaction with the standard of care, the quality of clinical assessment, and the appropriateness of referrals. Specialist referrals were initiated as required.</p> <p>Allied health support includes physiotherapy services for six hours per week. A physiotherapy assistant works seven and half hours per week to support residents with mobility programmes, exercise plans, and implementation of physiotherapy recommendations. Podiatry services are provided three-weekly and an additional allied health services (including but not limited to) speech-language therapy, dietitian, mental health services for older persons, continence advisory services, hospice input, and wound specialist are accessed as required. Allied health interventions were documented and integrated into residents' care plans.</p> <p>Healthcare assistants and RNs have a comprehensive verbal handover process(observed) at the start of each shift. Handover sheets reviewed were detailed and current. Progress notes were completed each shift by HCAs and RNs and included documentation relating to incidents, GP visits, changes in health status, and other relevant updates.</p> <p>Residents and family/whānau interviewed reported that their needs were being met, and both groups confirmed that they were informed of changes in health status, including infections, incidents, GP</p>
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		<p>reviews, and medication changes. This was supported by consistent documentation in progress notes.</p> <p>The wound register contained detailed wound assessments, management plans, and evaluations with photographs showing healing progression. At the time of audit, there were twelve residents with active wounds, including a surgical wound (chest drain and peg insertion site), skin tears, minor lacerations, grazes and other wound types. The wound care specialist nurse had provided input into chronic wounds and pressure injuries. Healthcare assistants and RNs confirmed access to adequate clinical supplies, including wound care products, continence resources, and pressure injury prevention equipment. Externally acquired pressure injuries reported early this year has been healed.</p> <p>Care plans reflected required monitoring interventions, and staff completed monitoring records including bowel charts, vital signs, weights, food and fluid intake, pain, behaviour charts, blood glucose levels, repositioning, and restraint monitoring. Neurological observations were completed for unwitnessed falls and suspected head injuries in accordance with policy.</p> <p>Where care plans were evaluated the progress towards the stated goals were documented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Iona Home and Hospital delivers a comprehensive meaningful activities programme that promotes residents' strengths, identity, interests and wellbeing across its four levels of care: dementia, hospital, rest home and younger persons with disability. Activities are tailored to the unique needs of each service level, but combined activities (community singing) are offered when appropriate to support social inclusion and positive engagement. The activities team consists of three activities coordinators and one part-time coordinator, supported by healthcare assistants, and an extensive volunteer workforce. One activity coordinator is actively working toward a diversional therapy qualification and oversees the implementation for the activities programme within the facility. All activity staff hold current first aid certificates.</p>

	<p>The activities team meets bi-monthly with other PSO activities teams for resource sharing, support, and programme development, ensuring ongoing innovation and alignment with Enliven values and philosophy, which are embedded throughout the meaningful engagement approach. The activities programme is planned monthly and published weekly, with calendars distributed directly to residents and displayed on noticeboards throughout the facility. The programme offers a wide variety of activities, including exercise groups, craft sessions, music and singing, quizzes, visiting entertainers, housie, armchair exercises, bowls, baking, games, themed cultural celebrations, and happy hour. Strong community connections are maintained through weekly van outings, playcentre and school visits, guest speakers, visiting entertainers, and shared activities with local rest homes and community groups.</p> <p>The service benefits from an extensive volunteer programme comprising fifty-one fully vetted and oriented volunteers. Volunteers contribute across numerous areas, including gardening and watering the grounds, supporting van drives, providing pet therapy, acting as librarians, offering one-on-one companionship as 'buddies,' and assisting with activities such as housie, bowls, arts and crafts, piano music, and the shop trolley. Their involvement significantly enhances social connection, activity variety, and resident engagement. Spiritual wellbeing is actively supported. A chaplain provides non-sectarian pastoral care, and scheduled monthly denominational services (Reformed, Anglican, Presbyterian, and Catholic) ensure that residents can maintain their chosen faith practices. These services are well attended and valued by residents.</p> <p>A wide range of individual and group activities is delivered to meet cognitive, physical, emotional, social, cultural, and spiritual needs. There are several lounges and seating areas where group or quieter activities can occur. Residents who prefer or require in-room activities receive one-on-one visits involving hand massage, manicures, technology-based activities, reminiscence, music, or sensory stimulation. The dementia wing has an ample size courtyard which the residents and their family/whānau utilise on a good day. There are monthly events such as cultural lunches and a monthly activity dedicated to the younger people. A dedicated activities programme for the younger people with disabilities was reviewed. Young people</p>
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	<p>with disabilities are able to participate in a range of education, recreation, leisure, cultural and community events consistent with their interests and preferences.</p> <p>On admission, the activity coordinator (in each area) completes the “This Is My Life” assessment with the resident and their family/whānau. This assessment captures personal history, cultural identity, communication preferences, spiritual beliefs, past hobbies, social connections, and aspirations for ongoing involvement. This information informs the resident’s social, cultural and spiritual section of the Getting to know me assessment and care plan, which is developed on admission and reviewed six-monthly alongside all the other sections of the care plan. Individual preferences are clearly reflected in activities planning.</p> <p>The service maintains a strong focus on falls prevention and behaviour support, particularly within the dementia wing. Activities and sensory interventions are planned to support calm engagement, reduce restlessness, and promote emotional wellbeing. A continuous improvement rating is awarded for the provision and measurable enhancements to resident wellbeing that have been achieved through a structured, multi-layered, dementia-responsive activities programme.</p> <p>Volunteers and activities team work collaboratively with clinical staff to reinforce these approaches. Residents and family/whānau provided input. Feedback from interviews confirmed that the activities programme is meaningful, engaging, and responsive to residents’ preference. Families are encouraged to attend, join or assist in the activities.</p> <p>Opportunities to participate in te ao Māori are woven throughout the programme. These include the use of te reo Māori in music and entertainment, Māori art and craft activities, Matariki celebrations, and participation in Māori Language Week. The service has established links with the local marae, and residents who identify as Māori have the opportunity to visit and maintain those connections. Staff are encouraged and supported to participate in Māori-focused activities and community events, and residents are supported to communicate and participate in cultural practices of their choosing.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Iona Home and Hospital has a comprehensive medication management policy that aligns with safe medication practice and legislative requirements. All staff (RN, EN and medication competent HCAs) who administer medications complete annual competency assessments, and education on safe medication administration is provided regularly. Staff observed during the audit were administering medications safely and in accordance with policy. Staff interviewed were able to clearly describe their roles and responsibilities in relation to medication administration.</p> <p>The service uses an electronic medication management system. All regular and pro re nata (PRN) medications are supplied in blister packs. Medications are checked against the electronic medication chart on delivery, and any discrepancies are promptly reported to the supplying pharmacy. The three medication rooms were inspected and confirmed to be secure and have enough space to prepare and store large quantities of medications. Medication trolleys were locked when not in use. Medication fridges and medication room temperatures are monitored daily, and records reviewed were within acceptable ranges. All medications, including stock medications, are checked monthly. Eye preparations were dated on opening and discarded in accordance with manufacturer instructions.</p> <p>Residents' use of over-the-counter vitamins, supplements, or alternative therapies is overseen by the GP and charted on the electronic medication system. No standing orders are in use, and vaccines are not stored onsite. Eighteen electronic medication charts were reviewed. All charts included a current photograph and clearly documented allergy status. Medication charts demonstrated regular three-monthly GP reviews. Policies and procedures support residents who wish to self-administer medication; however, at the time of audit, no residents were self-administering medications. This was confirmed through RN interview.</p> <p>Pro re nata medications were administered as prescribed; however, the effectiveness of PRN medications was not consistently documented in the electronic medication system. Medication-competent staff sign for each medication administered. Residents</p>
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		<p>and family/whānau are informed of medication changes, including the reason for the change and potential side effects, and this communication is documented in progress notes. The RNs and clinical manager described how they work in partnership with residents and family/whānau to ensure support is appropriate, timely, and accessible. Residents are supported to understand their medications, including their purpose and potential side effects, to promote better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, and appropriately equipped, with a current approved Food Control Plan displayed, expiring August 2026. Dry goods were decanted into labelled containers with clear decanting and expiry dates. The seasonal four-weekly menu has been reviewed by a registered dietitian, employed by PSO head office.</p> <p>The kitchen service manager is a qualified chef and oversees all aspects of food service delivery. The manager is supported by a team of nine kitchen staff, including an alternate cook (part-time) and morning and afternoon kitchen hands. All food service staff have completed safe food-handling training. A food services manual is accessible in the kitchen and provides guidance for procurement, storage, preparation, and service of food.</p> <p>Resident dietary information is provided to the kitchen by RNs, including updates on allergies, modified diets (vegetarian, dairy-free, diabetic, pureed or soft diets), and weight changes. Dietary profiles sighted evidenced up-to-date review. Alternative meals are readily offered for residents with dislikes, food intolerances, cultural preferences, or religious requirements. Residents have access to nutritious snacks, including fruit and sandwiches, at all times especially for the residents in the dementia wing.</p> <p>Weights are monitored monthly, or more frequently when clinically indicated, and graphed in the electronic resident management system. Nutritional requirements, swallowing concerns, and food and fluid texture requirements are documented in the long-term care plan</p>

		<p>and communicated to kitchen staff. Residents who have experienced weight changes are followed up through multidisciplinary review processes to ensure appropriate nutritional interventions are implemented.</p> <p>The service uses an electronic food service system that supports oversight of cleaning schedules, fridge/freezer temperature monitoring, and alerts for overdue tasks or anomalies. All temperature records sighted were within required limits. Food temperatures are checked at various stages of preparation and distribution. Staff on duty were wearing correct personal protective clothing. Chemicals were stored safely.</p> <p>Meals are plated attractively, and staff were observed assisting residents respectfully during mealtimes across all three dining rooms. Modified utensils and adaptive cutlery are available to support independence. Residents who choose to dine in their rooms are accommodated. In the rest home dining area, meals are plated and served directly from the main kitchen. For the hospital and dementia service areas, cooked meals are transported in bain-maries and held at safe temperatures before being served from the dining room kitchenette. This ensures food safety, temperature control, and a consistent dining experience for all residents.</p> <p>The kitchen team demonstrated understanding of tikanga Māori, including practices relating to tapu and noa in relation to kai. Tikanga guidelines were displayed and available to staff. Menu options reflecting cultural celebrations are incorporated, and culturally appropriate foods are provided for special occasions. Residents identifying as Māori are offered opportunities for culturally preferred food options as part of the holistic menu approach.</p> <p>Residents and family/whānau interviewed were highly complementary regarding the quality, variety, and presentation of meals. Feedback on food services is sought through daily verbal comments, written feedback forms, resident meetings, and annual satisfaction surveys. The kitchen services manager makes themselves available for direct resident contact to address any emerging concerns promptly.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>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. The resident and 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 RNs 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 we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 1 July 2026. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance person works 40 hrs a week from Monday to Friday across Iona Home and Hospital and provides on call 24/7. The maintenance role includes maintenance of the gardens and grounds. There is a maintenance request book for repair and maintenance requests located in the main nurse's station. This is checked daily and signed off when repairs have been completed. There is a monthly, six monthly and annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/ trades services are available 24 hours as required. Testing and tagging of electrical equipment has been completed and expires in May 2026. Medical equipment, hoists and scales were last checked and calibrated and expires in December 2025 and May 2026. The facility vehicle has a current registration and warrant of fitness.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The internal and external courtyards and gardens have seating and shade. There is safe access to the courtyards and gardens. All communal areas are easily accessible for residents with mobility aids with ramp access.</p>

	<p>Healthcare assistants interviewed stated they have adequate space and equipment to safely deliver care. The Kirkness wing has 37 dual purpose beds. All rooms have shared bathroom facilities between the rooms and two have individual ensuite facilities. The shared bathrooms have privacy locks. The nurse's station in the area overlooks the central lounge. The area is designed so that space and seating arrangement provides for individual and group activities. There is adequate room to safely manoeuvre mobility aids or hoists.</p> <p>The Argyll wing has 23 beds as dedicated rest home and five dual purpose beds. All rooms are single occupancy with shared ensuites. There is an access to internal courtyard. There is a large lounge and a separate dining room adjacent to the main kitchen, a small lounge, and an activities room.</p> <p>The Mackay wing has 14 dementia beds and is secure, it can be accessed by secure keypad, and has several areas designed so that space and seating arrangement provides for individual and group activities. There is a separate dining room. There are quiet, low stimulus areas that provide privacy when required including individual rooms. There is a safe and secure outside courtyard that is easy to access. There is an aviary in the secured dementia garden. All rooms are spacious. Residents and family/whānau are encouraged to personalise bedrooms. All bedrooms and communal areas have ample natural light and ventilation. There are radiators in all resident rooms and throughout the facility which can be individually adjusted.</p> <p>There is a chapel on site that is used for church services and group activities such as singing. There are smaller seating areas for residents and families around the facility. Furniture in all areas is arranged in a very homely manner and allows residents to freely mobilise. Activities can occur in the lounges, dining rooms, activities areas, the chapel, and courtyards and this was confirmed by staff interviewed. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. All communal areas are easily accessible for residents with mobility aids. Young people with disabilities can access private communal areas. There is sufficient</p>
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		<p>equipment to meet the mobility and equipment needs of all residents including younger people.</p> <p>There are no plans for building projects, or further refurbishments; however, if this arises, PSO have procedures in place to utilise their Māori contacts to ensure aspirations of Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation. The evacuation scheme approval is dated 27 March 2016. A fire evacuation drill is repeated six-monthly with the last drill completed on 5 November 2025. There is a current resident list with documented mobility of all residents (including younger people) needs to ensure readiness in case of a fire evacuation. There are call bells in the residents' rooms, communal toilets and showers and lounge/dining room areas. The residents were observed to have their call bells in close proximity. Residents and/whānau interviewed confirmed that call bells are answered in a timely manner. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a clearly identified cupboard. Supplies are checked bi-monthly, and stocks replaced as required.</p> <p>There is not a generator on site; however, the service has an agreement in place with a local provider for a generator, should a civil defence emergency occur. The provider details are located in the emergency management plan. There is additional battery back-up power for lighting available. There is a gas barbeque and gas hobs in the kitchen to cook on if/when required. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per person per day for a minimum of seven days and sufficient food storage for five days. Emergency management is included in staff orientation and external contractor orientation and is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p>

		The building is secure after hours and an external security company and staff complete regular security checks at night. There are security cameras at the main entrance to the facility, carpark, kitchen and other perimeter entrances. The dementia wing is always secure.
<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>	FA	<p>The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection prevention control nurse (IPC) has support from the quality/clinical nurse advisors. The service also engages with IPC team from Health New Zealand for additional support if needed. Infection prevention is discussed in the combined quality forum group. The group has representation from each facility and includes the PSO clinical nurse advisor who provides support as the infection prevention coordinator across the group.</p> <p>Infection rates are presented at staff meetings and discussed at quality meetings and Clinical Governance Advisory group (CGAG) meetings. The Board receives reports on progress of quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection control and AMS quarterly and any significant infection events. Outbreaks and significant infection control events are reported to the facility manager immediately, who notifies head office.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection</p>	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed on a regular basis in consultation with the infection control coordinators. Policies are available to staff via the intranet. The organisational infection control programme is reviewed annually as part of the quality plan. Infection surveillance data is collated monthly and is

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>included in the benchmarking data.</p> <p>An outbreak management plan is in place. Adequate supplies of personal protective equipment was sighted, and staff had implemented good isolation precautions. The infection control coordinator is the clinical manager who oversees infection control and prevention across the facility. The infection control coordinator has attended external infection control education. There are infection control representatives from across the facility. Infection control is discussed at all facility meetings.</p> <p>There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning, infection control and environmental audits are completed to safely assess, and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. The clinical nurse advisor and the infection prevention coordinator have input into the procurement of good quality personal protective equipment (PPE), medical and wound care products, and would be involved if there were any major refurbishments or building projects. Expiry dates of equipment and infection control stock are regularly checked.</p> <p>There is good external support from the GP, laboratory and the PSO clinical nurse advisor. 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. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, the closed Facebook page and email.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation can source educational resources in te reo Māori information around infection control for Māori residents. The clinical manager and facility manager explained how they will ensure participation in partnership with Māori for the protection of culturally</p>
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		safe practice in IP and acknowledge the spirit of Te Tiriti.
<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>There is an organisational antimicrobial use policy and procedure documented. The infection control coordinator monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions and medical notes. The antimicrobial policy is appropriate for the size, scope and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. The infection control coordinator has adopted the 'guide to improving the use of antibiotics in the management of urinary tract infections through the Health Quality and Safety Commission. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at quality meetings. The management team are working alongside the pharmacies and GPs to reduce polypharmacy.</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 policies. Monthly infection data is collected by the clinical manager from the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a facility monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at facility meetings, clinical forum meetings and the CGAG group meetings. Ethnicity data is included in surveillance data captured around infections and this is included in the meeting minutes. Meeting minutes and graphs are displayed in the staffroom and infection control noticeboard for staff. Action plans are required for any infection rates of concern.</p> <p>Annual internal infection control audits and biennial five movements of hand hygiene audits are completed, with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. Two outbreaks were reported (one Covid-19 and one Gastroenteritis) since the previous</p>

		<p>audit. This was reported swiftly to the management, head office and the relevant authorities. An outbreak log is being maintained, and staff, residents and families are updated regularly. Appropriate isolation precautions were in place and all staff were wearing appropriate PPE as per policy. All staff and visitors were required to wear masks at all times. Outbreak kits and PPE were plentiful and easily accessible.</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 manufacturers' labels and stored in locked areas. Cleaning trolleys are kept secure when not in use and are stored in a locked cupboard, with stock cleaning chemicals. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals. Safety data sheets 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.</p> <p>Sluice rooms have infection control posters displayed prominently on walls. There are stainless steel benches, separate handwashing facilities with flowing soap and paper hand towels. There is a sanitiser in each sluice room. Plentiful supplies of PPE was easily accessible. Housekeeping and laundry services is provided seven days a week. The housekeepers interviewed were knowledgeable of infection control practices.</p> <p>The laundry has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. Clean linen is returned to linen cupboards on trolleys while personal laundry is returned in individual baskets. The linen cupboards in each wing were well stocked. The washing machines and dryers are checked and serviced regularly. The laundry assistant described the process of laundering infectious linen.</p> <p>Surveys evidenced residents and family/whānau across the service levels were satisfied with the cleanliness of the facility and laundry services provided. Infection control and environmental audits are</p>

		completed to ensure compliance. These are monitored and reviewed by the infection control coordinator.
<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>	FA	<p>Iona Home and Hospital has a restraint minimisation and safe practice policy that outlines the process for restraint assessment, approval, monitoring, review, and reporting. The policy includes requirements for holistic assessment, cultural and historical considerations, identification of alternatives and de-escalation strategies attempted, risk assessment, and GP involvement in the approval process. The clinical manager is the restraint coordinator and provides oversight of restraint processes, including maintaining the restraint register, coordinating reviews, and supporting staff. The staff interviewed, including the restraint coordinator, RNs, and HCAs, were familiar with the restraint policy and their roles.</p> <p>The restraint coordinator confirmed that any restraint consideration involves the resident (where able), family/whānau, and the multidisciplinary team, with decisions for Māori made in partnership with whānau in a mana-enhancing manner. The policy requires that only the least restrictive option is approved when restraint is used. Restraint data, if any, is reported through quality and staff meetings and to the organisation's Clinical Governance Advisory Group. The quality advisor confirmed organisational oversight to maintain a restraint free environment. Restraint minimisation is included in staff orientation and annual training, with competencies required. At the time of the audit, no residents were using restraint. All staff have completed the required training and competencies.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed</p>	PA Low	<p>Care plan evaluations had been completed and showed updates in response to changes in resident condition. All required assessments were completed within the required timeframes.</p> <p>The service has fully implemented a comprehensive ‘Getting to Know Me’ assessment and care-planning tool developed by the Quality Advisor (with input from the Clinical Advisory Group). This tool integrates holistic assessment and care planning into a single process, addressing all domains of resident wellbeing (physical, cognitive, socio-cultural, and medical). It also incorporates interRAI clinical assessment protocol (CAP) triggers, outcome scores, and interRAI scales to</p>	<p>One rest home level care resident had two interRAI reassessments completed; however, the associated CAPs and assessment scores were not linked to the six monthly care plan reviews to evidence outcome scores from previous assessments were considered when considering interventions’ effectiveness.</p>	<p>Ensure that interRAI CAPs and assessment scores are linked to care plans.</p> <p>90 days</p>

<p>collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>strengthen clinical reasoning, ensure consistency, and enhance the linkage between assessment findings, identified needs, and long-term care planning. However, the CAPs triggered and outcome scales from completed interRAI assessments were not consistently linked to six-monthly care plan evaluations.</p>		
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>A medication management system is in place and supported by comprehensive policies and procedures that guide safe practice. General practitioners review all resident medications three-monthly, including the use of PRN (as required) medicines. According to the Medicines Care Guides for Residential Aged Care (Ministry of Health), staff are required to record the outcome and effectiveness following PRN administration.</p> <p>While PRN medications are prescribed in accordance with legislation and best practice, evaluation of PRN effectiveness was not consistently documented. Review of eighteen medication charts identified that fourteen residents had PRN medications administered; however, documentation of effectiveness or resident response was not documented. The medication management system automatically</p>	<p>Effectiveness and resident outcomes following PRN medication administration were not consistently documented in either the electronic medication management system or resident progress notes for fourteen out of eighteen medication charts reviewed.</p>	<p>Ensure that the effectiveness and resident outcomes following administration of all PRN medications are consistently documented in accordance with organisational policy and best practice guidelines.</p> <p>60 days</p>

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The service demonstrates a commitment to continuous quality improvement, supported by structured data analysis, resident/whānau feedback, and ongoing monitoring of outcomes. Trend analysis across 2024 identified an increase in agitation, restlessness during late afternoon (sundowning periods), and escalating adverse events. The highest recorded month (December) in 2024 showed 35 falls and 15 behaviours of concern, establishing a clear baseline for improvement.</p> <p>Feedback from staff and whānau confirmed that the activity programme at the time did not sufficiently address resident cognitive, behavioural, cultural, and social needs. In response, the service initiated a staged, multi-component quality improvement project in January 2025. Each intervention was introduced following</p>	<p>Improved service provision and measurable enhancements to resident wellbeing have been achieved through a structured, multi-layered, dementia-responsive activities programme. The initiative responded directly to rising fall rates and behaviours of concern in 2024 and was implemented through a step by step, evidence-based approach.</p> <p>Realignment of activity hours: Activity coordinator hours were adjusted to ensure coverage during 1.00pm–4.30pm, historically the peak period for agitation, wandering, and distress. This allowed proactive, structured engagement during high-risk times. Morning volunteers were also added to increase resident participation and support transitions to activities outside the dementia wing.</p> <p>Enhancement of Programme Content: The activities programme was comprehensively reviewed and redesigned to reflect resident preferences, cultural</p>

		<p>demonstrated success from prior steps, resulting in a cohesive, progressively strengthened programme.</p> <p>Improved service provision and positive changes made to resident's wellbeing has been achieved through the implementation of a multi-layered, dementia-responsive purposeful activities programme in the dementia wing. The initiative was triggered by the increasing trend of falls and behaviours of concern in 2024, which highlighted a clear need for enhanced engagement and behavioural support.</p>	<p>identity, interRAI findings, and information from "This Is My Life" and "Getting to Know Me" assessments and care plans of all fourteen residents in the wing. A more cognitively responsive framework was implemented, incorporating small-group and one-to-one sessions, sensory/calming therapy, baking and homemaking tasks, music and movement groups, outdoor walking and mobility support and familiar routines and individualised engagement. This ensured activities were meaningful, identity-affirming, and behaviour-supportive.</p> <p>Breakfast Club Initiative: In response to increased morning agitation when staff were busy with personal cares, the service introduced a Breakfast Club. The programme provides early structure, stimulation, choice, and routine. Residents prepare aspects of their own breakfast (e.g., buttering toast, selecting cereals, making hot drinks) and assist with dishes and dining-room tidying. Participation grew from four residents to a consistently larger group (up to ten residents). An activity co-ordinator supports the programme, strengthening cultural responsiveness and fostering whakawhanaungatanga.</p> <p>Strengthening Community, Volunteer, and Student Engagement: Subsequent phases introduced up to ten volunteers per day and established regular involvement from: St Kevin's College, Waitaki Boys' and Waitaki Girls High School. These connections enhanced intergenerational engagement, companionship, and meaningful occupation, and broadened opportunities for mobility support, games, chapel attendance, and social interaction.</p> <p>Measured Outcomes: Falls and behaviours of concern were monitored monthly throughout 2025, demonstrating a sustained downward trend when compared with the 2024 baseline. The average of falls from January to October 2025 (10 months) is 15.6 per month (highest in March, 25 falls and lowest in August, 8 falls). Fall</p>
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			<p>reductions aligned with implementation of the Breakfast Club, expanded sensory/activity sessions, improved engagement during high-risk afternoon periods.</p> <p>The average of behaviours of concern from January to October 2025 (10 months) is 6 per month (highest occurrence is in September, 9 events and lowest in June, 3 events). Behaviours of concern decrease corresponded with improved individualisation of the activity programme, increased volunteer/student support, enhanced behaviour support planning, greater resident participation in group and one-to-one sessions.</p> <p>Staff noted reduced agitation, improved redirection, and a calmer environment. Whānau feedback during multidisciplinary reviews confirmed improved mood, participation, and overall wellbeing. Meeting minutes and incident data analysis further validated these findings.</p> <p>The programme is now fully embedded, with activity hours aligned to cognitive/behavioural patterns, strong volunteer and student partnerships, sustained family/whānau involvement in the Breakfast Club, and ongoing monitoring through monthly quality reporting.</p> <p>Key interventions included targeted realignment of activity hours to coincide with high-risk afternoon periods, development of a cohesive, culturally responsive activities programme, introduction of the Breakfast Club to reduce morning agitation and promote routine, significant strengthening of volunteer, student, and whānau involvement and enhanced behaviour support planning and personalised activity profiles.</p> <p>When compared to the highest 2024 baseline month, the service achieved a marked and sustained reduction in both falls and behaviours of concern across 2025. The data collectively shows a sustained improvement pattern, with both falls and behaviours of concern decreasing significantly from earlier peaks. This trend reflects the positive impact of a more cohesive and dementia-</p>
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			responsive activity programme, the introduction of structured morning and afternoon routines, and increased availability of social, cultural, and meaningful activities for residents.
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End of the report.