

Remuera Rest Home and Hospital Limited - Remuera Rest Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Remuera Rest Home and Hospital Limited
Premises audited:	Remuera Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 27 November 2025 End date: 28 November 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	35



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Remuera Rest Home and Hospital is certified to provide rest home, hospital (geriatric and medical), and residential disability (physical) levels of care for up to 35 residents. There were 35 residents on the audit days.

The service is managed by a facility manager supported by a team coordinator, registered nurses, care staff and the governing body.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand and the Ministry of Social Development for the provision of Disability Support Services. The audit process included reviewing quality systems; residents' and staff files; observations; and interviews with residents, family/whānau, staff, management, governing body and a general practitioner. A consumer auditor took part in the interview process remotely.

The service continues to implement a quality and risk management system. Residents and family/whānau interviewed were complimentary of the service and care provided.

This certification audit identified shortfalls in relation to training for the governing body in Māori, Te Tiriti o Waitangi, equity, or cultural safety, ensuring policies and procedures meet current policy and legislative requirements, interRAI assessments and initial nursing care plan.

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.

Remuera Rest Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to residents in an inclusive way and respect their identity and experiences. The service listens to and respects the residents' voices 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/whānau are kept informed.

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

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</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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Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. The facility manager has knowledge and expertise in Te Tiriti o Waitangi, health equity and cultural safety. The business plan (2025-2026) includes a mission statement and outlines current objectives.

There is a documented quality and risk system. Incidents are well managed, quality data is collated and analysed, and internal audits are completed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented with evidence of regular reviews.

The management and staff have the required skills and experience to provide appropriate services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff performance is reviewed. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using integrated hard copy and electronic records.

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 are responsible for each stage of service provision. The registered 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.

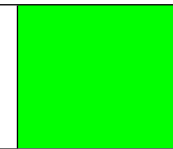
The activity programme is designed to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links. The activities programme offers opportunities for residents to participate in te ao Māori.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. The menu is culturally diverse, and cultural needs are accommodated.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent health care assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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.



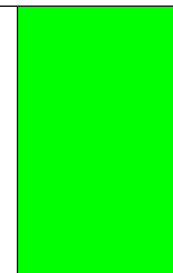
Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. All equipment is well-maintained and tagged, tested, and calibrated as scheduled. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are personalised to their individual taste. Resident areas are personalised and reflect cultural preferences. External areas are safe and well-maintained with shade and seating available.

There are documented systems in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. Fire drills are held six-monthly. There is a call bell system that is responded to in a timely manner. Appropriate security measures are implemented.

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.

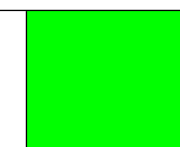
The infection control programme links to the business and documents the quality and risk plan. The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A registered nurse oversees the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There was a Covid-19 infection outbreak since the last audit, and this was managed according to Ministry of Health guidelines.

The environment supports the prevention and mitigation of transmission of infections. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

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 a registered nurse. There are six residents listed as using a restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	2	0	0
Criteria	0	177	0	1	2	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>Remuera Rest Home and Hospital has a Māori Health Care Plan, which guides the delivery of care to Māori using te whare tapa whā and ensuring their mana motuhake is respected. The documentation reviewed includes templates for cultural assessments, Māori health care plans, and New Zealand strategy documents to inform culturally safe practices. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori.</p> <p>Links have been established with local Māori organisations and cultural advisors from Health New Zealand. Māori cultural assessments are completed for residents who identify as Māori. The organisation has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The facility manager (FM) and team coordinator (TC) reported that there are residents and staff who identify as Māori.</p> <p>The facility manager reported that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. The facility manager and staff have completed training on Te Tiriti o Waitangi and health equity.</p> <p>Documentation and interviews with the facility manager, associate</p>

		<p>director, chief executive officer, team coordinator, two registered nurses [RNs], four health care assistants [HCAs], a diversional therapist [DT], cleaner, maintenance person, and a cook), confirmed that the service delivers a service that is focused on the health, well-being, and cultural needs of its residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</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 Pacific peoples' policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. The organisation is embracing Pacific models of care through various organisations that can provide support and guidance when Pacific people are being supported. The service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language.</p> <p>The Pacific Health Plan sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the service. There were residents and staff identifying as Pasifika at the time of the audit.</p> <p>The service continues strengthening relationships and seeking guidance on its Pacific plan, thereby increasing its involvement in a collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people. The resident's ethnicity is recorded on admission.</p> <p>The staff interviewed highlighted the importance of understanding and supporting each other's culture.</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-</p>	<p>FA</p>	<p>Details relating to The Code of Health and Disability Services Consumers' Rights (the Code) are included in the information provided to new residents and their family/whānau. On admission, the management and staff discuss aspects of the Code with</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>residents and their family/whānau. The Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Family/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. The interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care, and health equity. The service recognises Māori mana motuhake, which is reflected in the quality and business plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme including understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Interviews with 11 residents (three rest home residents, including one young person with a disability (YPD), and eight at hospital level of care, including four YPD, one Long Term Support Chronic Health Conditions (LTS-CHC), and one respite) and three family/whānau (one rest home, one hospital, and one YPD) confirmed that individual cultural beliefs and values were respected. A consumer auditor was available to partake in the interview process remotely.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Remuera Rest Home and Hospital provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy, and staff receive training in sexuality and intimacy as part of their scheduled in-service training. A shared room has all the amenities to provide for privacy.</p> <p>The YPD residents and one YPD family/whānau interviewed were</p>

		<p>positive about the service in relation to their personal, gender, sexual, cultural, religious and spiritual identity being considered and felt they were listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple tasks. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported to decide whether they would like family/whānau members to be involved with their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and family/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training. Staff interviewed stated that care is delivered and reflects Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. Māori songs are sung at times, as reported by staff. Through the activities programme, Tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau reported their property and finances are respected, and professional boundaries are maintained. The FM reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and feel safe. Police checks are completed as part</p>

		<p>of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified a strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. The management team reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</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>In interviews, residents and family/whānau reported that communication was open and effective and that they feel listened to. Enduring Power of Attorney (EPOA)/whānau/family stated they are kept well informed about any changes to their relative's health status and have been advised in a timely manner about incidents or accidents and outcomes of regular or urgent medical reviews. This was supported by the residents' records that were reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>No residents required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family/ whānau members as appropriate. Residents, including YPD, reported that they are provided access to the facility's phone to communicate with their whānau and Wi-Fi access for their electronic gadgets. The facility manager and team coordinator reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so.</p>

		<p>The staff reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/whānau to translate and regular use of hearing aids by residents when required are encouraged.</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. Six resident files were reviewed, and written general consents were sighted for outings, photographs, release of medical information, medication management, and medical care, which were included and signed as part of the admission process. Specific consent had been obtained from the resident and their family/whānau for procedures such as vaccinations and shared rooms.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision-making when the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' records and activated as applicable for residents who are assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>Advance directives for healthcare, including resuscitation status, had been completed by residents deemed competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) has made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relatives' lives. Discussions with the care staff and FM confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff on the Code of Rights, informed consent, and the understanding of responsibilities of EPOAs.</p> <p>The service adheres to relevant best practice tikanga guidelines regarding consent. The Māori plan is available to guide cultural</p>

		responsiveness from the Māori perspective on health.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Remuera Rest Home and Hospital has a current complaints policy in place, which is understood by staff. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy aligns with and reflects the principles of the Code and is in accordance with the Code of Health and Disability Services Consumers' Rights. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed fairly and equitably, ensuring that an individual's dignity, including values and beliefs, is protected.</p> <p>The service's complaints register was reviewed; there were 21 complaints in 2024, and six reported in 2025 (year to date). Documentation showed that the sampled complaints/concerns have been acknowledged, investigated, and followed up on. Complaint information is used to improve services as appropriate. Quality improvements or trends identified are reported to staff. There were no external complaints received since the last audit. The FM reported that any issues are discussed promptly with the residents before they escalate into complaints.</p> <p>An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau were aware of their rights to complain, and Consumer Code of Rights posters were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process.</p> <p>Residents and their family/whānau can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or supporting the resident or family in accessing independent advocacy services.</p> <p>The FM reported that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a</p>

		<p>translator and/or an advocate who identified as Māori, would be available to support people if needed.</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>PA Low</p>	<p>Remuera Rest Home and Hospital is located in Remuera, Auckland. Remuera Rest Home and Hospital provides care for up to 35 residents at the rest home, hospital (medical and geriatric) and residential disability - physical levels of care.</p> <p>On the day of the audit, there were 35 residents: 13 rest home, including one under the young people with disabilities (YPD) contract and 22 hospital residents, including four on long-term support-chronic health care (LTS-CHC) contract, six YPD, and one respite. There were no residents under the mental health contract. All other residents were under the Age Residential Related Care contract (ARRC). At the time of the audit, one double room was occupied by two residents.</p> <p>The service has been privately owned by MacMurray Group since January 2025 Ther is one director, one associate director and one shareholder. The governance body has experience in the construction industry and business management. The governance body is knowledgeable about legislative and contractual requirements and is experienced in the aged care sector. The service is managed by an experienced facility manager who is a registered nurse, supported by a team coordinator, an overseas-trained registered nurse with management qualifications.</p> <p>The service has a business plan (2025-2026), which is current and includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term objectives and the associated operational plans. The sighted objectives were time-framed with action steps that the FM regularly reports on to the governance body weekly. The meeting minutes show a discussion of the objectives and progress. There is a quality and risk management plan updated as required and at least annually. The FM reviews all aspects of the quality programme annually.</p> <p>The plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to</p>

		<p>equitable service delivery with improved wellbeing outcomes for Māori. The working practice at the service is holistic, inclusive of cultural identity, and spirituality. A philosophy reflects a person/family-centred approach and respect for the connection to family, whānau and the broader community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The governance team and FM reported that the service offers cultural assessment specific to Māori to identify any specific requirements and encourage whanaungatanga through exploration of pepeha, iwi, and hapu. The service ensures that families/whānau and residents are involved in planning, implementing, monitoring, and evaluating service delivery through satisfaction surveys, information packs and resident meetings.</p> <p>Cultural training has not been undertaken by the governance body. The management team, which included the FM and TC, have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori. The organisation have links with Māori cultural advisors who provide input into key operational policies. The Māori cultural advisors are also responsible for creating relationships with other Māori organisations.</p> <p>The clinical governance group is appropriate to the size and complexity of the organisation. An external specialist reviews policies and procedures, and the FM and registered nurses offer clinical advice on all clinical matters.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p>	<p>PA Moderate</p>	<p>The service has a range of documents that contribute to quality and risk management, reflecting the principles of quality improvement processes. All internal audits were completed according to the schedule. Benchmarking is performed using the data from the previous month.</p> <p>Quality data includes incidents and accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff</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>surveys, all of which are analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation revealed that, when monitoring activities, staff identify a need for improvement and implement corrective actions until the improvement is achieved. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the September 2025 resident and relative satisfaction survey were favourable. Corrective actions were identified in areas such as laundry services, communication, and staff attitude, which have been implemented. The staff satisfaction survey conducted in October 2025 was satisfactory. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at monthly staff and management meetings. Residents and their whānau were informed of the survey results. Residents, their families and whānau, and staff contribute to quality improvement through staff meetings, resident meetings, newsletters, and compliments.</p> <p>Critical analysis of organisational practices to improve health equity occurs with appropriate follow-up and reporting. The FM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. The FM was aware of the Severity Assessment Codes (SAC) reporting requirements, specifically SAC1 and SAC 2.</p> <p>The service complies with statutory and regulatory reporting obligations. Since the last audit, two Section 31 notifications were required to be completed to the HealthCERT. Notifications included a resident who absconded in August 2025, and one shift where there was no registered nurse cover in October 2025.</p>
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		<p>The FM is aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of the importance of health and safety and infection prevention, and control. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard register is in place, and evidence of completed environmental audits was sighted.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The FM reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>An improvement is required to ensure that some policies and procedures are aligned to meet the requirements of NZS 8134:2021, Nga paerewa Health and Disability Services Standard.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. The care staff reported that there are adequate staff members to complete the work allocated to them. The residents and family/whānau interviewed supported this. Rosters from the past four weeks evidenced all shifts have been covered by experienced registered nurses and healthcare assistants, with support from the management team. There was one incident in which registered nurses rang in sick for the afternoon and night shifts, and the shifts were covered by experienced HCAs who were medication-competent. A section 31 notification was documented as required. Residents and family/whānau interviewed stated they are informed of any staff changes.</p> <p>The management is available on-call 24/7 a week, supported by the registered nurses. Staff members maintain current first-aid certificates. All shifts are covered by a registered nurse and a staff member with a first aid certificate.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments</p>

		<p>completed by all staff include (but are not limited to): hand hygiene, donning and doffing of personal protective clothing, medication administration, fire safety, and first aid competencies. Mandatory training for care staff, FM, TC and registered nurses includes: Te Tiriti o Waitangi; elder abuse and neglect; food safety; hand hygiene; care planning; chemical safety training; challenging behaviour; health and safety; medication management; personal care; Privacy Act; restraint elimination; death and dying; wound care; skin management; end of lifecare; sexuality and intimacy; informed consent; safe food handling; diabetes management; communication; infection prevention and control.</p> <p>Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There is a total of 16 HCAs, eight have achieved Level four, one is level three, one is level two, and six are on level one.</p> <p>The FM and registered nurses are accredited and maintain competencies to conduct interRAI assessments. Staff records reviewed confirm completion of the required training and competency assessments. Staff members interviewed reported feeling well-supported and safe in the workplace. The FM reported that the model of care ensured equitable treatment for all residents. Staff and management completed cultural training.</p> <p>The provider's environment encourages collecting and sharing quality Māori health information. The service collaborates with local Māori organisations, which provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>An employee assistance programme (EAP) is in place to promote staff well-being. Staff participated in an annual employee satisfaction survey, and staff interviewed reported a positive workplace.</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</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted prior to an offer of employment being made. A sample of staff records reviewed</p>

<p>people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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>confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Five staff files were reviewed: facility manager, one team coordinator, one registered nurse, one diversional therapist, and one health care assistant.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their respective regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the pharmacy, as well as other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the board at board meetings. Following incidents, the management team are available for any required debriefing and discussion.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses a combination of an electronic information and a paper-based management system. Staff have individual passwords to the electronic medication management system and the interRAI assessment tool. The visiting general practitioner (GP) and allied health providers also document the necessary information in the residents' records. Policies and procedures guide staff in managing</p>

		<p>information effectively. The FM reported that the staff have their logins. An external provider holds backup database systems.</p> <p>A consent process is in place for data collection. The records sampled were integrated. The FM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned.</p> <p>The service is not responsible for the National Health Index registration of people receiving services.</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>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families/whānau and residents prior to admission or on entry to the service. Six admission agreements reviewed align with all contractual requirements.</p> <p>Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and service coordination (NASC), confirmations and authorisations of which are kept on file. The facility manager is available to answer any questions regarding the admission process and availability of beds. The facility manager advised that the service openly communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The facility has established links with a Māori advisor, who is a kaumātua from Health New Zealand and is able to consult on matters in order to benefit Māori individuals, and whānau, when there are Māori residents. The service collects entry and decline rates (including ethnicity); and declined and entry information including ethnicity is reported and discussed with the owners.</p>
Subsection 3.2: My pathway to wellbeing	PA	Six resident files were reviewed: two rest home and four hospital level care; including one on a young person with disability (YPD)

<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>Moderate</p>	<p>contract, one respite, and one on a long-term support chronic health contract (LTS-CHC)). The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau/NOK communication forms. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>Remuera Home has a range of assessment tools alongside the interRAI care plan process.</p> <p>The service uses an initial nursing assessment and an initial care plan completed within 24 hours of admission; however, one respite resident did not have this completed within 24 hours of entry.</p> <p>The assessments include: a nursing assessment; falls risk (John Hopkins); pressure area (Braden); dietary; continence; pain; activities; and spiritual/cultural assessment. Dietary requirements are completed on admission with a copy shared with the kitchen staff. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. First interRAI assessments and re assessments had not been completed for one rest home and one hospital resident within 21 days from admission. These residents did have a comprehensive suite of other assessments done on admission as described above.</p> <p>The long-term care plan includes sections on mobility and transfers; activities of daily living; continence; nutrition; communication; medication; skin care; cognitive function and behaviours; cultural; spiritual; sexuality; and social needs. The care plan aligns with the service's model of person-centred care, and described all care needs required to manage residents care e.g. specific instructions to manage hyperglycaemia, hypoglycaemia, and challenging behaviours, and de-escalation. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment is a part of social profile which is completed by</p>
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	<p>diversional therapist. Care plans reflect the required health monitoring interventions for individual residents. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and the GP visits every two weeks. The medical centre also provides out of hours cover. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The service has a physiotherapist available as required and a podiatrist visit regularly. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Health New Zealand.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and as necessary by HCAs and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Wound assessments, wound management plans with body map, and wound measurements were reviewed for the one resident with a wound (skin tear), and three with pressure injuries (one stage three, one unstageable and one stage two). Wound dressings were being changed appropriately and a wound register is maintained. The registered nurse confirmed access to a wound nurse specialist was available as and when required, evidenced in one stage 4, and one unstageable pressure injury. Registered nurses and healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime.</p>
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<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>	FA	<p>The full-time diversional therapist is experienced, and is assisted by another part-time diversional therapist who takes residents on van outings every Monday. Both have a first aid certificate. Activities are held over five days a week, with staff overseeing activities such as church services and movie afternoons at weekends.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whanau and EPOAs. Activities plans are developed as part of the long-term care plans. The activities were varied and appropriate for people</p>

		<p>assessed as requiring rest-home, hospital, and YPD residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during the audit).</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. A monthly calendar is delivered to each individual resident, and displayed in large print on the facility's noticeboard. The service facilitates opportunities to participate in te reo Māori with Māori language and staff. These include Waitangi Day celebrations, Māori language week, Karakia, songs, and films. YPD residents' activities included, events in the community, such as one-on-one outings, St Mark's Church community meeting, Life Church bible study, computer literacy sessions, and individualised activities in the home, such as organising an extensive Sci Fi memorabilia collection.</p> <p>There is cultural diversity amongst staff who hold cultural themed days, including celebrating Diwali and entertainment. There is signage in te reo Māori placed around the facility. Entertainment and outings are scheduled regularly to the beach, picnics, and local events.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and activities cultural plan is developed and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include group games, exercises, hand pampering, crafts, reading, and general chats. Resident-led activities are encouraged, and the schedule can be flexed to accommodate spontaneous activities which are decided on the day.</p> <p>Resident meetings are held three monthly. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated they were happy with the range of activities on offer.</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>FA</p>	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with current legislation. The service uses an individually packed sachet system (robotics). All medication is checked on delivery against the electronic medication chart, and any pharmacy errors are recorded and fed back to the supplying pharmacy. All eye drops, and ointments sighted were dated on opening. Temperatures of the medication fridge, and the room where medications are stored are maintained within the acceptable ranges. Monthly medication audits are documented, and any issues are followed up.</p> <p>Registered nurses and HCAs administer medications with current medication competencies. Medication competencies have been completed annually, and medication education is provided. Competencies include insulin, warfarin, and syringe drivers. Appropriate practice was demonstrated on the witnessed medication round.</p> <p>The medication policy clearly outlines that resident, including YPD and Māori residents and their whānau, are supported to understand their medications. There were no cases in which there are difficulties accessing medication; however, the service can support people to access it if issues arose. Service providers support Māori and whānau to access medication</p> <p>Twelve electronic medication charts reviewed met legislative requirements. All residents had individual medication orders with photo identification and allergy status documented. Medications had been signed as administered in line with prescription charts. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. The medication policy clearly outlines that resident, including YPD and Māori residents and their whānau, are supported to understand their medications. There were no residents self-administering medications; however, procedures and policy are in place to ensure appropriate assessment, regular GP review, and safe storage should this be required by a resident in the future. Standing orders were not in use. Over the counter medications are prescribed on the electronic medication system. The RNs interviewed</p>
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		described ways they explain any changes in medication, including potential side effects with all residents and family/whānau, as documented in resident files.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well well-equipped. There is a current food plan in place (expires 22 May 2026) and the service has an ‘A’ grade rating from the local council, which expires 17 July 2026. There is a seasonal four-week rotating menu, which has been reviewed by a dietitian. A resident’s dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the cook works closely with the registered nurses on duty. The service is able to provide soft and pureed foods to those residents requiring this modification (observed on the day of audit). Lip plates and other modified utensils are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen serves directly into the dining room for all residents. Residents may also choose to have meals in their rooms. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. Cleaning schedules are maintained. End-cooked, chiller and freezer temperatures are recorded and documented appropriately. All foods were date labelled in the pantry, chiller, and freezer. The service can deliver menu options specifically to cultural needs e.g. te ao Māori or Indian. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>residents may also choose to have meals in their rooms. Staff were observed to assist residents with meals where required, and the dining room was conducive to a positive resident dining experience.</p> <p>The residents interviewed were complimentary regarding the standard of food provided.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were involved for all exits or 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 service utilises the 'yellow envelope' Health New Zealand transfer documentation system, which ensures all corresponding documentation and medications accompany the resident. The RNs interviewed described providing a verbal handover to the receiving service to ensure a smooth transition.</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>Remuera Rest Home and Hospital has a current building warrant of fitness displayed, which expires 25 June 2026. All buildings and plants have been built to comply with relevant legislation. There is a planned maintenance schedule. The environment is inclusive of people's cultures and supports cultural practices. The maintenance person is employed full-time as an HCA and performs maintenance and gardening tasks after cares, and as required. Essential contractors are available as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures, which were within acceptable ranges. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of residents' electrical equipment is completed annually. Checking and calibration of medical equipment is completed annually (last 3 June 2025). HCAs interviewed stated they have adequate equipment and space to safely deliver care for the residents.</p> <p>The care centre has a reception, lounge, and dining area. The kitchen is adjacent to the dining room.</p>

		<p>There are thirty-four rooms, one of which is shared, making a total of thirty-five beds. The resident rooms consisted of twenty-one, having showers, toilets and handbasins. The remainder had communal toilets, handbasins and showers. Rooms have space to provide care and are suitable for disability access and the manoeuvring of mobility aids. There are centralised hand basins in the facility with flowing hand soap, hand sanitiser and paper towels installed near hand basins. There are sufficient shared toilets and shower rooms. There are handrails in corridors and in communal bathrooms. All communal areas allow for the safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are secure and maintained, with seating and shade available. Quiet spaces for all residents (including young people with disabilities) and their whānau to utilise are available inside and externally. The facility has a mix of vinyl and carpeted floor surfaces. There is adequate space for the storage of mobility equipment. Residents are able to bring their own possessions into the home and personalise their room as desired.</p> <p>The building is appropriately heated and ventilated. There are wall heaters throughout the facility. There is sufficient natural light in the rooms. The facility is non-smoking. The building is secure at night, and a security camera monitors corridors and exits, and entrances to ensure the safety of residents and staff.</p> <p>The service is not currently engaged in construction. The owners described utilising their links with their Māori advisor, to ensure the designs and environments reflect the aspirations and identity of Māori.</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>FA</p>	<p>There are comprehensive policies and procedures documented and available to staff around the management of an emergency and civil defence disaster, including consideration regarding the special needs of young people with disabilities in an emergency. A current fire evacuation plan is in place for the existing facility, dated and</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>approved 22 October 2024. Fire drills are routinely held six-monthly (last 9 July 2025). All staff complete fire and emergency training during orientation to the service, and this is included in the education planner as ongoing education. There is a dedicated cupboard with all emergency equipment, including personal protective equipment and civil defence packs. Stock is checked regularly for expiry.</p> <p>All staff have current first aid certificates. There are adequate supplies of water and food to meet current requirements, including 390 litres of bottled water. A BBQ and gas cooking facility is available. The facility has a small generator to power essential lighting and the call bells in case of a power outage. In case of a prolonged power outage, the service is able to source a larger generator from nearby suppliers.</p> <p>There are call bells in the residents' rooms and en-suite, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secure in the evening and staff perform security checks throughout the night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control, as well as antimicrobial stewardship (AMS), are integral to the Remuera Rest Home and Hospital business and quality plan, ensuring an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through, Public Health, and Health New Zealand – Te Whatu Ora. Infection control and AMS resources are accessible.</p> <p>Infection rates are presented and discussed at resident and staff meetings. The data is also benchmarked internally. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach, involving the infection control coordinator, the management team, the general practitioner (GP) and the public health team. There is a documented process for</p>

		<p>reporting infection control and AMS issues to the governance body.</p> <p>The infection control 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.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The management team have approved the Infection Prevention and Control (IPC) and AMS programme, which are linked to the quality improvement system and reflect the organisation's strategic direction. Expertise and advice are sought following a defined process, reviewed and reported annually. The RN is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place. The IPCC has input when infection control policies and procedures are reviewed. There is a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed.</p> <p>The service has a pandemic and outbreak plan and guidelines to manage and prevent infection exposure. Infection prevention and control education is provided to staff, residents, and visitors. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. Information and resources to support staff in managing Covid-19 and other outbreaks were regularly updated and tested.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available to the staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as the appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p>

		<p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The IPCC has completed various infection prevention and control training courses online.</p> <p>The IPCC reported that they work in consultation with Health New Zealand control specialists in procurement processes for equipment, devices, and consumables. The FM and registered nurse reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building or when significant changes are proposed to an existing facility. In an interview, the RN, and the nursing team reported that single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between uses. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The RN and FM collates and analyses the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed,</p>

		effectiveness, isolated pathogens, and adverse effects.
<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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated in the electronic record management system, and action plans are implemented. The HAIs being monitored included infections of the skin, eyes, and respiratory tract. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed, related to cleaning, laundry, use of personal protective equipment (PPE), and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at team meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, compared with the previous month, the reason for the increase or decrease, and action advised. Any new infections are discussed during shift handovers for the implementation of early interventions. The FM completes benchmarking. All infection data is reported monthly to the management and governance body.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There were incidents of Covid-19 infection outbreaks reported in September and October 2025 since the previous audit. These were managed in accordance with the pandemic plan, with appropriate notifications completed.</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</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-</p>

<p>the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by staff seven days a week. Care staff complete laundry services. There is a designated cleaning staff six days a week. There are designated areas for clean and dirty laundry, and a clear flow from dirty to clean was evident. Kitchen linen and mop heads are also done on-site. There are sufficient washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was transported on covered trolleys.</p> <p>Cleaners' trolleys were attended to at all times and locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are regularly checked and serviced.</p> <p>The staff members interviewed demonstrated a good understanding of cleaning processes, infection prevention, and control requirements. Kitchen and laundry audits were completed, which evidenced compliance.</p> <p>The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraints. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>Māori and younger residents with disabilities, to promote oversight, and ensure services are mana-enhancing. A family member (of a current resident utilising restraint) with lived experience is on the facility's restraint committee.</p> <p>The designated restraint coordinator is the registered nurse. There are six residents currently listed on the restraint register as using bedrails, with two of the residents also using a lap belt when up in a wheelchair. The use of restraint is reported in the facility quality/staff meetings and to the facility manager via the registered nurse. The restraint approval process, as described in the restraint policy and procedures, provide guidance on the safe use of restraints. Seclusion is not used.</p> <p>Restraint minimisation training for staff, which includes a competency assessment, begins during their orientation, and is repeated annually.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Procedures around monitoring and observation of restraint use are documented in the policy, approved restraints are documented. The restraint coordinator is the RN and is responsible for ensuring all restraint documentation is completed. The use of restraint is linked to the resident's care plans. The type of restraint used, when required has a time on and time off recorded as well as the restraint checks as per the documented frequency. Monitoring of restraint was completed as planned by the HCA and overseen by the RN. A restraint register is in place providing a record of restraint use. Interview with the RN confirmed that no emergency restraint has been required at Remuera Home; however, there is a debrief process in place for staff should this be required.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by</p>	<p>FA</p>	<p>The restraint coordinator undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the manager and owners. Any changes to policies, guidelines, education, and processes are implemented if indicated. Benchmarking is completed internally. The</p>

<p>Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>benchmarking is used to identify trends, identify ways to minimise and eliminate the use of restraint, and capture staff participation in restraint and challenging behaviour education.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.10</p> <p>Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.</p>	PA Low	The service can access Māori cultural advice and support when necessary, however there is no evidence that the governance body had demonstrated commitment to Te Tiriti o Waitangi, equity, or cultural safety as core competencies.	Governance body had not undertaken any training related to Māori, Te Tiriti o Waitangi, equity, or cultural safety.	<p>Ensure the governance body has completed the required cultural training as per standard and policy requirements.</p> <p>180 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Moderate	Policies reviewed cover necessary aspects of the service and contractual requirements, including reference to the assessment tools. Some policies and procedures reviewed have not been updated to meet the requirements of NZS 8134:2021, Nga paerewa Health and Disability Services Standard including; abuse and neglect, open disclosure, complaints policy,	Policies and procedures have not been reviewed as scheduled and do not cover all aspects of the Ngā Paerewa standard.	<p>Ensure policies and procedures are reviewed to meet current policy and legislative requirements.</p> <p>90 days</p>

		incident and accident, admission policy, and activities policy.		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA</p> <p>Moderate</p>	<p>Remuera Home has a range of assessment tools alongside the interRAI care plan process. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment is a part of social profile which is completed by recreation officer. Care plans reflect the required health monitoring interventions for individual residents. Time frames for assessments and initial care plans were not always timely.</p>	<p>1. First interRAI assessments had not been completed for one rest home and one hospital resident within 21 days from admission. These residents did have a comprehensive suite of other assessments done on admission as described, and an interRAI assessment had been completed after the 21-day period.</p> <p>2. One respite resident (hospital) did not have an initial nursing care plan completed 48-hours of admission.</p>	<p>1.All rest home and hospital residents to have initial interRAI assessments within 21 days of admission.</p> <p>2. Ensure that initial care plans are developed within the required 48 hours of admission, and these are completed and documented in consultation with the resident and /or their family/whanau.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.