

Everil Orr Village Limited Partnership - Everil Orr Living

Introduction

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

The audit has been conducted by The DAA Group Limited, 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:	Everil Orr Village Limited Partnership
Premises audited:	Everil Orr Living
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 November 2025 End date: 21 November 2025

Proposed changes to current services (if any): The interim board chairperson reported that the three governing boards were amalgamated into a single governing body in April 2025, and further formalisation processes are still ongoing. Required notifications would be completed once all documentation had been signed off. To verify the provider's suitability to deliver hospital medical services.

Total beds occupied across all premises included in the audit on the first day of the audit: 52



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Everil Orr Living is owned and operated by Everil Orr Village Limited Partnership. The facility can provide services for up to 68 residents requiring rest home and hospital levels of care. There were 52 residents in the facility on the day of the audit.

Significant changes to the service and facilities since the previous audit included the amalgamation of the three governing boards, and the appointments of the maintenance manager and the clinical coordinator. The service was audited to verify the provider's suitability to deliver hospital medical services.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, members of the governance group, managers, staff, and a nurse practitioner.

The corrective actions required from the previous audit have been addressed, with improvements made to reviewing the restraint minimisation and safe practice policy and signing off on corrective action plans upon completion.

As a result of this surveillance audit, improvements are required in relation to reviewing the infection prevention and control programme and including ethnicity data in the monthly surveillance of infections.

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.

Everil Orr Living works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints are resolved promptly, equitably and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.


The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional and cultural needs of the residents. Food is safely managed, supported by an approved food control plan.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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.

Some subsections applicable to this service partially attained and of low risk.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, and is linked with the quality improvement programme.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit and this has been the case since the previous audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, and alternative interventions, and demonstrated effective practice.

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	16	0	2	0	0	0
Criteria	0	47	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Everil Orr Living has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local Māori organisations through an appointed pou manukura and the board to support service integration, planning, equity approaches, and support for Māori. There were no Māori residents at the time of the audit. The interviewed staff members further confirmed that culturally safe support is given to residents and that mana is respected.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Everil Orr Living provides services that are underpinned by Pacific worldviews. Pacific residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced. There is a Pacific health plan that commits to providing appropriate and equitable care for residents who identify as Pacific people. There were residents and staff of Pacific origin.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code were posted at the reception area.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property was respected. Residents' clothes are labelled on admission to the service. A 'charge back' mechanism is used to avoid handling residents' cash. Residents are invoiced for any extra expenses that are not covered by their funding.</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</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Signed general consent forms were available in the records reviewed.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p>

<p>their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following the investigation. The general manager (GM) and clinical manager (CM) are responsible for complaints management, with the support of the trust board for significant complaints. In the event of a complaint from a Māori resident or whānau member, the GM advised they would ask how the resident/whānau wanted the complaint investigation and follow-up process to occur and would seek the assistance of a te reo Māori interpreter if this was required, or an external Māori health service if applicable. The complaints form was available in English and te reo Māori.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Everil Orr Village Limited Partnership owns Everil Orr Living. The organisation previously operated under three governing boards: Airdale Property Trust, Methodist Mission Northern, and Lifewise Trust. The interim board chairperson reported that these boards have been amalgamated following recommendations from the commissioner to the church. The new governing board comprises four church-appointed members and three independent members. The governance restructuring will result in the appointment of a single chief executive officer (CEO), with other executive roles to be disestablished. The interim board chairperson advised that formalisation processes were ongoing and that required notifications would be completed once all documentation had been signed off.</p> <p>Significant changes to the service and facilities since the previous audit also included the appointments of the maintenance manager and the</p>

	<p>clinical coordinator.</p> <p>The service is managed by a general manager (GM), who is a registered nurse, and is supported by the clinical manager (CM), clinical coordinator (CC), registered nurses, and care staff. Oversight is provided by the trust board. The governing body maintains accountability for ensuring a high-quality service for residents and their whānau. Compliance with legislative, contractual, and regulatory requirements is monitored by the leadership team and governance group, with external expertise accessed when required.</p> <p>The organisation’s purpose, values, direction, scope, and goals are defined, and performance is monitored through regular scheduled reporting. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in strategic plans, and monitoring documentation, and this was confirmed interviews with the interim board chairperson and GM. The GM stated that ethnicity data is reviewed monthly to identify any potential inequities for Māori residents and their whānau. A strong commitment to the quality and risk management system was demonstrated.</p> <p>The board meets monthly, or more often if required. Organisational performance, including financial results, management reports, and policy and procedure approvals, is monitored at each meeting. Performance monitoring and review occur as part of the regular board reporting processes.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting during staff meetings and monitoring of resident safety and clinical indicators.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for the provision of age-related residential care at hospital and rest home levels, and with the Accident Compensation Corporation (ACC). At the time of the audit, there were 52 residents, including 23 hospital-level residents (three under ACC contracts) and 29 residents receiving rest home-level care.</p> <p>The service has been providing hospital medical services to ACC clients. Verification confirmed that the provider meets the required criteria to deliver these services.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation operates a planned quality and risk management system that reflects the principles of continuous quality improvement. The system includes the management of incidents and complaints, audit activities, regular resident satisfaction surveys, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management.</p> <p>The previous audit finding regarding the signing of internal audit corrective actions has been addressed. All completed internal audits had been appropriately dated and signed off.</p> <p>A resident satisfaction survey was completed in August 2025, and a staff satisfaction survey in July 2025. Results indicated positive outcomes in nursing care, communication, and the provision of a safe and supportive environment. A food services survey conducted in January 2025 also showed satisfactory results. Findings were reported at monthly staff, registered nurse, and heads of department meetings. Corrective actions were developed and implemented for any identified shortfalls, and progress against quality outcomes is monitored and evaluated.</p> <p>Policies reviewed were current and covered all required aspects of the service and contractual obligations. The GM is responsible for overseeing the document control process. The policies comprehensively address the needs of residents requiring hospital medical services.</p> <p>The GM described established processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks. Mitigation strategies were developed and implemented as required.</p> <p>Staff document adverse and near-miss events in accordance with the National Adverse Events Policy. Learning from harm is discussed with staff during regular staff meetings. A sample of incident forms reviewed showed that documentation was complete, incidents were investigated, action plans were developed, and corrective actions were followed up in a timely manner.</p> <p>The GM demonstrated an understanding of, and compliance with, essential notification reporting requirements. Two Section 31 notifications</p>

		<p>have been submitted to HealthCERT since the previous audit, both relating to resident absconding events. The GM confirmed that there have been no adverse events requiring notification to the Health Quality & Safety Commission.</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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A documented and implemented process is in place to determine staffing levels and skill mix to ensure culturally, and clinically safe care is provided 24 hours a day, seven days a week (24/7). Staffing levels are adjusted to meet the changing needs of residents. A multidisciplinary team (MDT) approach supports comprehensive service delivery. Staff reported that there are sufficient personnel to complete allocated duties, and residents and whānau confirmed this. At least one staff member on each shift holds a current first aid certificate. Management demonstrated awareness and understanding of the requirements for the addition of hospital medical services. Training will be implemented in accordance with the training calendar. Staffing levels will remain unchanged.</p> <p>Clinical advice is available as required to support safe care provision. An out-of-hours on-call policy clearly outlines how and when to contact the nurse practitioner and management team outside of standard hours.</p> <p>The employment process includes job descriptions that define the skills, qualifications, and attributes required for each role, ensuring services are delivered to meet the needs of residents.</p> <p>Continuing education is planned annually and includes mandatory training requirements. Relevant competencies are assessed to support safe and equitable service delivery. Records reviewed demonstrated that required training and competency assessments have been completed in accordance with the Ngā Paerewa standards and Health New Zealand – Te Whatu Ora contract requirements. Staff reported feeling well supported in their professional development.</p> <p>Health care assistants (HCAs) have either completed or commenced a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider’s agreement with Health New Zealand – Te Whatu Ora. On the day of the audit, there were 28 HCAs: four had completed Level 4, and 12 had completed Level 3. Twelve HCAs are yet to be enrolled in the New Zealand Qualifications Authority (NZQA)</p>

		education programme.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resource management policies and processes are based on good employment practices and relevant legislation. The annual practising certificates of all health professionals are reviewed annually, and a record is maintained, including evidence of qualifications and registration (where applicable). A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. There was evidence of good recruitment processes, including letters of offer, signed employment agreements and position descriptions, validation of qualifications, police vetting, orientation, and performance appraisals. A total of seven staff files were reviewed.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role; evidence of this was seen in the reviewed files. As confirmed in the records reviewed, opportunities to discuss and review performance occur three months following appointment and yearly thereafter.</p> <p>The GM stated they were aware of the Age-Related Residential Care (ARRC) contract requirements for staff training. They confirmed that current staffing levels will be adjusted to meet the needs of residents requiring hospital medical services.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan is developed by the registered nurses following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Timeframes for the initial assessment, nurse practitioner (NP) assessment, initial care plan, long-term care plan, and review timeframes meet contractual and policy requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan when required. This was verified by sampling residents' records, and from</p>

		<p>interviews of clinical staff, residents, and whānau.</p> <p>A contracted medical practice provides on-site medical support twice weekly and after-hours on-call services. Management of specific medical conditions is well documented, with systematic monitoring and regular evaluation of responses to planned care using appropriate outcome measures. When progress varies from expected outcomes, care plans are updated in collaboration with the resident and/or whānau. Residents and whānau interviewed confirmed they are actively involved in the review and decision-making process. The service provides suitable care for residents receiving hospital medical services. Referrals to a wide variety of allied health providers are made in a timely manner based on assessed needs, and recommendations from allied health providers are incorporated into the resident's care plan.</p> <p>Residents' records, observations, and interviews verified that the care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. The service's responsibilities in relation to each stage of medicine management are clearly documented in the policies and procedures. A safe system for medicine management using an electronic system was observed on the day of audit. A registered nurse was observed administering lunchtime medicine. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in staff records reviewed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were</p>

		<p>recorded, and any adverse events responded to appropriately. The required three-monthly NP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. There were three residents who were administering medicine at the time of the audit.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys, and resident meeting minutes.</p> <p>The service operates with an approved food safety plan and registration that is valid until 1 August 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is</p>	FA	<p>Buildings, plant, and equipment are fit for purpose, consider the cultural needs of residents, and comply with relevant legislation. A current</p>

<p>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>building warrant of fitness is in place, expiring in January 2026. Electrical testing and tagging, as well as biomedical equipment testing by a preferred provider, were up to date. An inventory of all equipment and resources requiring verification or calibration was maintained.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	PA Low	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme. Annual review of the IP programme has not been completed.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	PA Low	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance did not include ethnicity data. Results of the surveillance programme are shared with staff at staff meetings and reported to the governing body through monthly board reports. There were COVID-19 outbreaks reported since the previous audit. A summary report for a recent COVID-19 infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governing body demonstrated commitment to this through documented policy and regular reporting requirements. The previous audit finding relating to reviewing the restraint policy has been addressed. A current restraint elimination and safe practice policy, which aligns with NZS 8134:2021 Ngā Paerewa standards, was sighted. The registered nurse is the restraint coordinator for this service and is fully informed about the restraint standard and requirements.</p> <p>At the time of the audit, no resident was using a restraint, and this has been the case since the previous audit. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	The IP programme has been developed by those with IP expertise and approved by Everil Orr governance body. The programme is linked to the quality improvement programme. However, it has not been reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation.	The IP programme has not been reviewed.	<p>Ensure the IP programme is reviewed annually to meet the criterion requirements.</p> <p>180 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and</p>	PA Low	The surveillance programme includes standardised surveillance definitions. Surveillance methods, tools, documentation, analysis, and assignment of responsibilities are	Ethnicity is not included in the surveillance data. This does not meet the requirement for	Ensure that ethnicity is incorporated into the surveillance data to meet the criterion

<p>assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>		<p>described and documented in the infection surveillance policy. Review of surveillance data and discussion with staff confirmed that ethnicity data is not included.</p>	<p>surveillance to include ethnicity data.</p>	<p>requirements. 180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.