

Sunrise Healthcare Limited - Jervois Residential Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Sunrise Healthcare Limited
Premises audited:	Jervois Residential Care
Services audited:	Residential disability services - Intellectual; 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: 18 November 2025 End date: 19 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:	39

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

Jervois Residential Care is a privately owned facility certified to provide rest home level of care, hospital-level care (medical and geriatric), and residential disability services (physical and intellectual) for up to 46 residents. There were 39 residents on the day of the audit.

The clinical manager is appropriately qualified and experienced. They are supported by a human resources manager and quality assurance manager (who work across the organisation), and a team of experienced care staff. Quality systems are documented. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

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

There were no shortfalls to follow-up on from the previous certification audit.

This surveillance audit identified shortfalls related to staff recruitment, care planning, monitoring, food service, and maintenance.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

A Māori health plan is in place for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori.

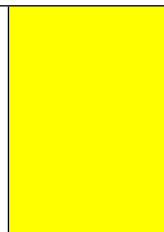
A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural and spiritual beliefs. Residents and staff stated that culturally appropriate care is provided.

Residents receive services in a manner that considers their dignity, privacy, and independence. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately.

There is an established system for the management of complaints that is responsive, fair, equitable and meets guidelines established by the Health and Disability Commissioner.

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.



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

Jervois Residential Care’s business plan (2025) includes mission, vision, and values statements, with goals documented. These are regularly reviewed. Quality goals and quarterly improvement reports are completed and documented. There are documented quality and risk management systems that are focused on quality service provision and care that are underpinned by a risk-based approach.

The service and management ensure the best outcomes for residents and that their health and safety are a priority. Actual and potential risks related to health and safety are identified and mitigated. The service complies with all statutory and regulatory reporting obligations.

Staff coverage is maintained for all shifts. Residents' acuity is considered when planning and ensuring adequate staff coverage. Staff employed are provided with orientation and job descriptions and receive ongoing education. All employed and contracted health professionals maintain a current practising certificate.

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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The registered nurses assess, plan, and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans are documented for each resident. Resident files include medical notes by the general practitioner and visiting allied health professionals.

The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner.

Interviews with residents confirmed that their individual cultural and dietary requirements were catered for. The service has a current food control plan.

All residents' transfers and referrals occur in a coordinated manner.

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.		Some subsections applicable to this service partially attained and of low risk.
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The building has a current warrant of fitness. There is a documented planned and reactive maintenance programme. All medical equipment has been calibrated.


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.
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There is a comprehensive infection control programme in place, which has been approved and reviewed by the directors and management team. Staff complete education in relation to infection control during orientation and annually as scheduled.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been no outbreaks recorded and reported since last audit.

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 were no residents using a restraint at the time of the audit. Encouraging a restraint-free environment is included as part of the education and training plan. 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	14	0	3	1	0	0
Criteria	0	45	0	4	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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>A Māori health plan is documented for the service, which Jerois Residential Care utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. Jerois Residential Care is committed to providing services in a culturally appropriate manner and ensuring that the integrity of each person’s culture is acknowledged, respected, and maintained.</p> <p>The service currently has residents who identify as Māori. There were no staff who identified as Māori. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan. The clinical manager reported that care plans include cultural assessments with cultural links (sighted) and provide an opportunity for the service to cater to any cultural needs. Documentation reflected their values and beliefs. Key relationships with Māori are in place through consultation with family/whānau, and links in the community.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>There is a Pacific people’s policy and procedure which aligns to Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The aim is on fostering Pacific community integration and collaboration to enable better planning, support interventions, and evaluations of the health and</p>

<p>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>wellbeing of Pacific peoples to improve outcomes.</p> <p>At the time of the audit there were residents and staff who identified as Pasifika and they supported the service in understanding worldviews, cultural and spiritual beliefs of Pacific peoples. Staff were familiar with local Pacific services and resources. Support is also offered through staff and various Christian churches in the local area on an 'as required' basis, and staff interviewed were able to identify links in the community.</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>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The clinical manager demonstrated how it is also provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with one rest home family/whānau, and five residents (two hospital level including one young person with a disability, and three rest home level) confirmed they were provided with opportunities to discuss and clarify their rights, and that their choices are respected. Interactions observed between staff and residents during the audit were of respectful nature. Residents, including young people with disabilities, are able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity.</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>	FA	<p>Jervois Residential Care policies provide guidelines that aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. A comprehensive house rules/ code of conduct is discussed and signed by staff during their induction to the service. The house rules/code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the house rules / code of conduct as part of the employment process.</p> <p>Residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and</p>

		<p>responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Interviews with seven staff (four caregivers, one registered nurse, one chef, and one maintenance staff), the clinical manager, the quality assurance manager, and family/whānau, and documentation reviewed, confirmed that the residents are protected from abuse, respected and dignity maintained. Staff were observed being supportive and respectful to the residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was, and knew they had the right to choose. Admission agreements and consent forms were appropriately signed by the resident or the activated enduring power of attorney (EPOA), where this had been activated. Residents with disabilities were able to provide consent for services provided; EPOAs were involved where appropriate. All documentation regarding EPOA and activation is on file. Staff have been trained around the Code, informed consent, and EPOA.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality</p>	FA	<p>The complaints management policy and procedures were documented to guide staff. The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Information on the Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained, which includes all complaints, dates and actions taken. There have not been any complaints made in 2024, and three received in 2025 year to date. The 2025 complaints include one made to multi-agencies that spanned a period of six months. A letter from HDC confirmed closure</p>

<p>improvement.</p>		<p>of the complaint with no further actions required. Health NZ also closed the complaint, noting that the concerns were not substantiated following their investigation.</p> <p>Documentation related to complaints, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There were no notable themes in the three complaints received since last audit. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services.</p> <p>Discussions with residents and family/whanau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (minutes sighted).</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Jervois Residential Care provides rest home level of care, hospital level care (geriatric and medical), and residential disability services – physical and intellectual, for up to 46 residents. All the beds are certified for dual purpose.</p> <p>On the audit days, there were 39 residents: 9 rest home, including one resident on the long-term support chronic health contract (LTS-CHC); 30 hospital including one on Accident Compensation Corporation (ACC) funding, three on the LTS-CHC; and two on a mental health contract. There are seven younger person with disability (YPD); one rest home, and six at hospital level of care (five physical and two intellectual), all funded through Taikura Trust. The remaining residents are under the age-related residential care contract (ARRC).</p> <p>Jervois Residential Care is the trading name of Sunrise Healthcare Limited, a privately owned company by two directors. The directors own six other aged care facilities in Auckland. One of the owners (general</p>

	<p>manager) is a qualified accountant responsible for financial issues, and the second (service manager) is responsible for maintenance and property activities. The clinical manager (registered nurse) has oversight of the day-to-day operations of the facility. They have been in the role since 2018. They are supported by a quality assurance manager (registered nurse), a human resources manager, a receptionist, and an experienced care team. The service manager provides oversight of all the facilities, but is based at Jervois Residential Care Monday to Friday. Responsibilities and accountabilities are clearly defined. The clinical manager confirmed knowledge of the sector, regulatory, Ministry of Health, and other mandatory reporting body requirements.</p> <p>The clinical manager meets quarterly with the directors to facilitate the link between management and governance, including review of the facility goals and evaluation of milestones. The business plan for 2025 and quality goals, and quarterly improvement report for 2025 were in place. A mission, philosophy and objectives are documented for the service. The document describes annual and long-term objectives and the associated operational plans. The service manager meets at least once weekly with the clinical manager to provide an opportunity to review the day-to-day operations, and to review progress towards meeting the business objectives. The clinical manager and the quality assurance manager meet regularly to analyse the quality data and provide clinical oversight of the facility.</p> <p>The governance body monitors organisational performance, including finances, reports, and the approval of policies and procedures. Monitoring and review of performance is completed at each management meeting and at regular intervals. The quality programme includes a quality programme policy and quality goals. The clinical manager, who is the health and safety officer, is familiar with the reporting process and responsibilities for risk management.</p> <p>The Māori health plan incorporates Te Tiriti o Waitangi principles, including partnership, recognising all cultures as partners, and valuing each culture for its contributions. The governance body consults with other external organisations to assist in removing barriers for Māori, and improving policy and processes to be equitable and inclusive. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.</p>
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		<p>The clinical manager has oversight of clinical governance, ensuring there is regular reporting to the directors, ensuring awareness of clinical issues and escalation of risk as required. The clinical manager has maintained the required hours of professional development activities related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Jervois Residential Care has a documented organisational quality and risk management programme. The programme includes performance evaluation through monitoring, measurement, analysis, and evaluation, a programme of internal audits, and a process for identifying and addressing corrective actions.</p> <p>Internal audits, meetings (including monthly staff meetings, residents' meetings, health and safety/quality and infection prevention control meetings), and data collation were documented as scheduled, with corrective actions completed as required. Corrective actions were documented to address service improvements, with evidence of progress and sign-off when achieved. The corrective actions were documented and discussed in staff meetings. Meetings provide an avenue for discussions about key performance indicators, including quality data; health and safety; infection control/pandemic strategies; restraints; health and safety; complaints received (if any); staffing; and education. Meeting minutes and quality data are accessible to staff.</p> <p>Resident satisfaction surveys completed in 2025 reflected an improvement in results compared to the 2024 outcome, specifically in areas related to staffing; care; Code of Rights; meals; cleaning; communication; and staff positive attitudes. Areas of improvement were identified with activities, support for residents from the hairdresser, and involvement in care planning, and actions to address were being implemented. Evidence of this was sighted in the meeting minutes, and corrective action reports were reviewed. Outcomes of the survey, including areas of improvement were discussed with staff, residents, and family/whānau (sighted in meeting minutes). Residents and family/whānau were positive and complimentary of all aspects of the service.</p> <p>Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant</p>

		<p>documentation, as and when required.</p> <p>Each incident/accident is documented electronically. Ten accident/incident forms reviewed indicated that the forms are completed in full and signed off by the clinical manager; opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the facility meetings. Health and safety meetings occur six-monthly to provide an overview of the health and safety management programme. The service manager (one of the directors) attends meetings. Hazards and other risks are documented and addressed. There is a plan to ensure that staff receive education related to hazard management and health and safety at orientation, and annually.</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been no Section 31s reported. There have not been any incidents that required Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC). There have been no outbreaks since the previous audit. An interview with the clinical manager demonstrated awareness regarding reporting requirements of outbreaks and SAC notifications.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The previous three-week roster reviewed showed that there is 24/7 registered nurse cover sufficient and appropriate for the effective delivery of care and support for the residents. The number of caregivers on each shift is sufficient for the acuity and layout of the facility, to provide safe and timely care on all shifts.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Staff absences are covered by the service's own staff and casuals, as sighted on the roster and on the days of the audit. The clinical manager and receptionist work Monday to Friday. The service manager (one of the directors) works on site Monday to Friday. The clinical manager is available on call 24/7 for any clinical concerns, and the service manager provides on-call support for non-clinical issues 24/7.</p> <p>Continuing education is planned on an annual basis, including mandatory</p>

		<p>training requirements. Education has been completed as scheduled for 2024, and is being implemented for 2025. Compulsory training includes cultural awareness training and topics related to caring for the older person. Education specific to the care of younger person with disability is part of the education schedule and has been completed. The clinical manager reported that training is completed online or face-to-face (specifically for competencies). Evidence of regular education provided to staff was sighted in attendance records. Training and competency topics included (but were not limited to) Covid-19; syringe driver competency; donning and doffing of personal protective equipment and standard infection control precautions; abuse and neglect; challenging behaviour; dementia management; chemical safety; Code of Rights; consent; open disclosure; complaints; continence; medicine management, sexuality and intimacy; recognising and reporting risk; pain management; personal care and practical care skills; pressure injury; food safety; restraint minimisation; first aid; and fire evacuation.</p> <p>External training opportunities for care staff include training through Health New Zealand and hospice. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fourteen caregivers are employed. Of the 14 caregivers at Jervois Residential Care, 11 have achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Records reviewed show that all staff have completed the required competencies. Registered nurses have current medication competencies. Four of five registered nurses (including clinical manager) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness, and identifying and assessing the unwell resident. A record of completion is maintained on a training record and staff personnel file.</p>
Subsection 2.4: Health care and support workers	PA Low	Five staff files reviewed included evidence of employment processes, completed orientation, training and competencies, and professional

<p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>qualifications on file where required. However, not all files had evidence of reference checks. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, pharmacists, podiatrist, physiotherapist, and dietitian.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and annually. The service demonstrates that the orientation programmes support registered nurses and caregivers to provide a culturally safe environment to Māori. Staff who have been employed for a year or more have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Five resident files were reviewed: two rest home, including one on long-term support chronic health contract (LTS-CHC); and three hospital, including one resident on Accident Compensation Corporation (ACC) funding, one on a mental health contract, and one younger person with disability (physical). Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) those related to nutrition, pain, transfer and mobility, skin, continence, pressure injury risk, cultural, behaviour, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Initial interRAI assessments have been completed within three weeks of admission, excluding for the residents on ACC, mental health contract, and the younger person with disability. Although interRAI assessments are not required for residents not on the ARRC contract; for these residents, specific assessment including those related to (but not</p>

	<p>limited to) behaviour, communication, continence, dietary, emotional, falls, functional, cognitive, nutrition, oral, relationship, skin, social and cultural informed the care plan. The initial care plans were detailed to provide guidance to care staff in the delivery of care.</p> <p>Long-term care plans overall are holistic and individualised to meet the needs and preferences of the resident; however, they did not always fully provide guidance to staff around identified medical and non-medical needs. Early warning signs and interventions were documented. There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds, with sign off when resolved or moved to the long-term care plan. Short-term care plans have been completed and evaluated for identified short-term needs, sighted in the resident records.</p> <p>Interviews with the clinical manager and registered nurse confirmed that a Māori health care plan is completed for any residents that identified as Māori, to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit. Enabling good life principles for younger people with disabilities are in place, and care plans are person-centred and individualised to include community engagement, family/whānau and social support. Family/whānau of YPD residents participate in all decisions relating to their loved one's care.</p> <p>The initial medical assessment is undertaken by the general practitioners (GP) within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits, when the resident's condition is considered stable. The service contracts a local medical practice, with the general practitioner visiting the facility at least three hours a week for clinics, and after hours on-call cover 24/7. The general practitioner has access to the resident records including the medication system. The general practitioner interviewed stated that there was effective communication with the service, and that the registered nurses continue to build on their skills related to aged care nursing. The general practitioner commented that they were informed of concerns in a timely manner. A physiotherapist visits the facility three hours per week, and reviews residents referred by the registered nurse. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, and continence specialists</p>
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	<p>available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner reviews, medication changes, and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. There were eleven active wounds from eight residents. The wounds reviewed included three pressure injuries (two stage II and one stage III), traumatic wounds, ulcer, skin tears, and lesions. Wounds were dressed as scheduled, with clear documentation that included assessments, photographs, management plans, and evaluations evidencing progress towards healing. Referrals were completed for wound nurse specialist input as clinically indicated, with recommended plans incorporated into the wound management plans.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers, and registered nurses. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. Registered nurses also undertake assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurse has added to the progress notes when there was an incident, and changes in health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose levels. However, monitoring charts have not been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Caregiver interviews confirmed they are</p>
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		<p>familiar with the needs of all residents in the facility, and that they have access to the supplies and products they require to meet those needs. Neurological observations have not routinely been completed for unwitnessed falls, or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. The registered nurse documents evaluations. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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>Jervois Residential Care has policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of mandatory training. Registered nurses are required to complete syringe driver training, and these have been completed, as sighted in the training records.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular and short course medications, and boxes for pro re nata (PRN) medicines. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All stored medications are checked weekly. There were no expired medicines in</p>

		<p>storage. Eyedrops and creams have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all residents' medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for PRN medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications. Processes are in place should a resident be assessed to self-administer their medicines, including an assessment of competency, general practitioner sign off and secure medication storage. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</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>	PA Low	<p>Food preferences, dislikes, intolerances, allergies, and required food textures are identified upon admission and communicated to the chef. There is a folder of dietary profiles. However, the whiteboard in the kitchen that should detail this information is not up to date.</p> <p>Food preferences and cultural preferences are encompassed into the four-weekly menu. The chef reported they accommodate residents' requests, which was confirmed by residents during interviews. Residents interviewed confirmed they are happy with the meals provided and can give feedback at any time.</p> <p>The food control plan is current. The main kitchen was observed to be clean on the day of the audit. However, there were no documented cleaning schedules and sign off when completed. The main kitchen fridge and the pantry had decanted food that was unlabelled and/or undated.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	There are documented policies and procedures to ensure discharging or

<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>transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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>PA Low</p>	<p>The building warrant of fitness is current. There is full-time maintenance staff employed who covers two facilities. There is a preventative maintenance plan (sighted) with weekly, monthly, three-monthly and annual tasks to be completed. However, not all tasks had been signed off as completed. There is a logbook for staff to log maintenance and repair requests. The maintenance person checks this daily and signs off when completed. However, not all maintenance has been logged.</p> <p>Essential contractors such as plumbers and electricians are available 24 hours as required. A review of maintenance records shows clinical equipment, including hoists, was serviced and calibrated as needed, and electrical appliances were tested and tagged as per schedule.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room.</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</p>	<p>FA</p>	<p>Jervois Residential Care has implemented a clearly defined and documented infection prevention and control (IPC) programme, developed with input from external IPC services. The directors and management team have approved the IPC programme in consultation with the clinical managers, and it is linked to the quality improvement programme. IPC is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control</p>

<p>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>programme is reviewed and reported on annually.</p> <p>The IPC programme states that Jervois Residential Care is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed the required training. Education with residents was on an individual basis and as a group in residents' meetings.</p> <p>The clinical manager is the infection control coordinator, and they have completed recent education online. They have additional support from the quality assurance manager and expertise from Health New Zealand.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. The infection prevention control policy describes surveillance as an integral part of the infection prevention and control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antibiotic use. This data is monitored and analysed for trends, monthly and annually. Jervois Residential Care incorporates ethnicity data into surveillance methods and data captured around infections. Three-monthly benchmarking occurs with other aged care providers via an external consultant. Review of the records shows low infection rates for Jervois Residential Care.</p> <p>Infection control surveillance results are discussed at staff meetings (sighted) and reported to the directors. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Infection control audits have been completed, with corrective actions for areas of improvement implemented.</p> <p>Jervois Residential Care receives regular notifications and alerts from Health New Zealand for any community concerns. There have been no outbreaks since the last audit. Interviews with staff and the clinical manager confirmed their awareness of outbreak management processes, documented standards, and monitoring and reporting requirements. There is enough personal protective equipment stored in case of an outbreak.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint minimisation and safe practice policy specifies the organisation's commitment to maintaining a restraint-free environment. There is no use of restraint. The policy and procedures describe the process for implementing restraint, including a holistic assessment, an approval process that includes family/whānau and the general practitioner, identifying alternative strategies, including de-escalation, and monitoring and reviewing restraint. The restraint coordinator is a registered nurse (not on duty at the time of the audit), who is supported by the clinical manager.</p> <p>Interviews with the clinical manager confirmed that staff receive ongoing training in maintaining a restraint-free environment, de-escalation, cultural safety, and alternative strategies to the use of restraint. Caregivers and registered nurses complete an annual competency test in restraint minimisation.</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 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>Five staff files (clinical manager, chef, two caregivers, household) were reviewed. Staff files included: police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions. One of the five staff files reviewed had documented evidence of completed reference checks as part of the employment process.</p>	<p>Four of five staff files reviewed do not have evidence of completed reference checks on file. The owner advised that these have been completed but not documented.</p>	<p>Ensure that there is evidence of completed reference checks on file.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p>	PA Low	<p>Registered nurses are responsible for assessment and care-planning. Long-term care plans are holistic and individualised to meet the needs and preferences of the resident. Review of</p>	<p>Pain assessment and care plan interventions have not been documented for one hospital resident with a fracture and receiving regular</p>	<p>Ensure assessments and detailed interventions are documented for the identified clinical risks.</p>

<p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>the records for one hospital resident admitted following a fracture did not evidence a pain assessment completed, and there were no care plan interventions related to pain management to guide staff. At the time of the audit, the resident was on regular narcotic analgesics and as 'as required' analgesics.</p>	<p>and 'as required' analgesia for pain.</p>	<p>90 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is</p>	<p>PA Moderate</p>	<p>Care plans reflect the required health monitoring interventions for individual residents. Staff complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; repositioning charts; blood glucose</p>	<p>(i). There is no documented cast and limb monitoring for a resident admitted with a fracture and cast in place. (ii). Three of four neurological observations for unwitnessed falls or where head injury was</p>	<p>(i)-(ii) Ensure monitoring is completed as per care plan and policy requirements.</p>

<p>consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>levels; and toileting regime. However, not all monitoring charts were completed as per care plan. There are policies that guide staff to ensure that neurological observations are routinely completed for unwitnessed falls, or where head injury was suspected as part of post falls management. Events reviewed indicate that not all neurological observations were completed as per policy and procedure.</p>	<p>suspected, were not completed as per policy.</p>	<p>90 days</p>
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	<p>PA Low</p>	<p>There is a four-week menu which has been developed and approved by a dietitian. The menu meets the nutritional requirements. The kitchen receives resident dietary forms and is notified of any changes for residents. There is a folder with dietary profiles. However, the whiteboard in the kitchen did not have up-to-date information.</p> <p>The main kitchen was observed to be clean on the day of the audit. However, there were no documented cleaning schedules and sign off when completed. The main kitchen fridge and the pantry had decanted food that was unlabelled and/or undated.</p>	<p>(i).The whiteboard in the kitchen did not have up-to-date information of resident dietary preferences, allergies, and sensitivities.</p> <p>(ii). The main kitchen was observed to be clean on the day of the audit. However, there were no documented cleaning schedules and sign off when completed.</p> <p>(iii). The main kitchen fridge and the pantry had decanted food that was unlabelled and/or undated.</p>	<p>(i). Ensure that the whiteboard in the kitchen has up-to-date information of resident dietary preferences, allergies, and sensitivities.</p> <p>(ii).Ensure cleaning processes are implemented</p> <p>(iii). Ensure all decanted food is labelled and dated</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall</p>	<p>PA Low</p>	<p>The full-time maintenance staff has oversight of the annual maintenance plan that includes electrical test and tag,</p>	<p>Maintenance issues are not always documented in the maintenance book for repair.</p>	<p>Ensure that all maintenance issues are documented in the</p>

<p>be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>equipment checks, call bell checks, and calibration of medical equipment. The preventative maintenance plan in place shows tasks to be completed at set intervals. However, service inspections and sub-contractors' works were not always signed off when completed in the 2024 and 2025 records reviewed.</p> <p>A tour of the facility during the audit identified issues that required maintenance, including (but not limited to) blocked toilet with overflow in one of the communal toilets in the hospital, and a leaking basin tap in one of the resident rooms. A review of the maintenance logbook showed that these were not documented for the attention of the maintenance staff to follow up. The logbook shows that when maintenance issues are documented, these are followed up and signed off when completed.</p>	<p>The owner advised that many are verbally passed on and fixed at the time.</p> <p>Review of the annual maintenance plan records shows that not all work has been signed off when completed for the 2024 and 2025 schedules.</p>	<p>maintenance book for timely repair by maintenance staff.</p> <p>Ensure that planned maintenance is signed off when completed.</p> <p>90 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.