

Sound Care Limited - Eltham Care Rest Home

Introduction

This report records the results of a Partial Provisional 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: | Sound Care Limited |
| Premises audited: | Eltham Care Rest Home |
| Services audited: | Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| Dates of audit: | Start date: 12 January 2026 End date: 12 January 2026 |
| Proposed changes to current services (if any): | A partial provisional audit was undertaken to assess the provider's preparedness to reconfigure nine rest home level of care beds to hospital level of care. |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 32 |

| |
|--|
| |
|--|

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.

General overview of the audit

Eltham Care Rest Home is certified to provide rest home and secure dementia care for up to 41 residents. One resident was receiving hospital-level care with appropriate authorisation in place. At the time of the audit, 32 residents were receiving care.

Since the previous audit, there have been significant changes to the management structure, including the appointment of a nurse manager in March 2025.

A partial provisional audit was undertaken to assess the provider's preparedness to reconfigure nine rest home level of care beds to hospital level of care. This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021). The audit process included the review of documents, observations, and interviews with the general manager, nurse manager, staff and residents.

The previous corrective actions relating to external reporting, the competency and education programme, medication management, civil defence capability, and

restraint education for the restraint coordinator and other staff has been addressed.

This partial provisional audit identified improvements are required in relation to staffing, the calibration of medical equipment, and the environment.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

The governing body is committed to delivering high-quality services in the care delivery process. An experienced nurse manager was in this role and was well supported by the general manager and governance team. The business quality and risk management plan, developed from the strategic plan for 2025–2030, includes a mission statement, purpose, values, direction, scope, and goals. Actual and potential risks have been identified, with strategies in place to mitigate them.

An established quality and risk management system focuses on improving service delivery and care outcomes. Current staffing levels were sufficient to meet the cultural and clinical needs of existing residents.

Staff were appointed, orientated, and managed using current good practice. An education/training programme was in place. Staff can access New Zealand Qualifications Authority (NZQA)–approved health and well-being courses.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are documented policies and procedures for medicine management, including administering pro re nata (PRN) and short-course medications. All staff who administer medication had completed relevant training and were currently competent in

medication administration. All medicines were stored safely and securely. There was a medication self-administration policy with clear guidelines for use when required.

The existing food control plan, and food safety policy, will continue to be used. Processes were in place to identify individual residents' dietary needs and preferences.

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

The service was clean and well maintained. Electrical equipment had been checked and assessed as required. Internal areas were accessible and safe. External areas have shade and seating provided and meet the needs of the residents. Staff were trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff understood emergency and security arrangements and maintained security.

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

The governing body ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes appropriate to the service's size and complexity. An experienced and trained infection control coordinator (nurse manager) leads the programme.

Staff demonstrated good principles and practices around infection control. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed, and safe and effective laundry services were available.

There was an infection outbreak of Covid-19 reported in July 2025, and it was managed in accordance with Ministry of Health guidelines.

Here taratahi | Restraint and seclusion

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 | 10 | 0 | 1 | 1 | 0 | 0 |
| Criteria | 0 | 39 | 0 | 1 | 1 | 0 | 0 |

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

| Subsection with desired outcome | Attainment Rating | Audit Evidence |
|--|-------------------|--|
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | FA | <p>Eltham Care Rest Home is one of six facilities operated by the Sound Care Group and has been in operation since 2017. This partial provisional audit was undertaken to assess the provider’s preparedness to reconfigure nine rest home level of care beds to hospital-level care.</p> <p>The Business Quality Risk and Management Plan 2026 outline the purpose, scope, objectives, performance measures, and governance and delegated management responsibilities. Cultural safety is integrated within business and quality planning processes and is reflected in staff education and training programmes. The governance team provides oversight of compliance with legislative, contractual, and regulatory requirements, with external advice obtained as required. A quality and risk management plan is in place and is reviewed and updated at least annually.</p> <p>Since the previous audit, there have been significant changes to the management structure, including the appointment of a nurse manager in March 2025. The nurse manager is a registered nurse with relevant clinical and management experience and is supported by a team of registered nurses, the general manager, and the governance team.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora (Te Whatu Ora) for age-related residential care (ARRC) rest home and</p> |

| | | |
|--|--------|---|
| | | <p>secure dementia care services. At the time of the audit, one resident was receiving hospital-level care under an approved dispensation from Te Whatu Ora. The service also holds contracts with Te Whatu Ora for long-term support – chronic health conditions (LTS-CHC) and short-term (respite) dementia care.</p> <p>Contracts with the Ministry of Social Development (MSD) relate to residential disability services for younger people with disabilities (YPD). The service additionally holds a contract to provide services through the Accident Compensation Corporation (ACC).</p> <p>At the time of the audit, 32 residents were receiving services: 20 were receiving rest home care (including one under an LTS-CHC contract), two YPD under MSD contracts, one hospital-level care, and 11 secure dementia care services (including one funded under an ACC contract). No residents were receiving services under the respite contract.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation, and there is an experienced and suitably qualified person managing the service.</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> | FA | <p>Staff documented adverse and near-miss events in accordance with the National Adverse Events Reporting Policy. A review of a sample of incident forms revealed that events were fully completed, investigated, and supported by documented action plans, with evidence of timely follow-up. The nurse manager demonstrated awareness of Severity Assessment Code (SAC) reporting requirements, including SAC1 and SAC2.</p> <p>The previous corrective action regarding essential notifications has been addressed. The service complies with statutory and regulatory reporting requirements. The management team interviewed demonstrated familiarity with essential notification obligations. A Section 31 notification was completed for the appointment of a new nurse manager in June 2025.</p> |
| Subsection 2.3: Service management | PA Low | The previous corrective action relating to training has been addressed. |

| | | |
|--|-----------|---|
| <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>Continuing education is planned on an annual basis, including mandatory training requirements. Training records reviewed demonstrated that a sufficient number of staff have attended education sessions. Related competencies are assessed and support safe service delivery. Records reviewed demonstrated completion of the required training and competency assessments to meet the Ngā Paerewa Standard and Health New Zealand– Te Whatu Ora contract obligations. All staff held the required qualifications, skills, and training to provide hospital-level care to residents. The GM reported that more training will be provided as required.</p> <p>Care staff working in the secure dementia care unit have either completed, commenced, or are in the process of enrolling in the New Zealand Qualifications Authority (NZQA) education programme, in line with the provider's agreement with Te Whatu Ora. Nine staff work regularly in the secure dementia care unit. Of these, five have completed the required qualification, two have commenced the programme, and two are yet to be enrolled. Review of the rosters confirmed that there is at least one staff member on duty at all times who has either completed or is enrolled in the NZQA education programme.</p> <p>Registered nurses are supported to maintain professional competencies. Competency requirements were implemented for registered nurses and care staff in relation to specialised procedures and treatments, including hand hygiene, manual handling, warfarin management, wound management, blood sugar monitoring, and medication administration.</p> <p>An improvement is required to ensure that staffing levels for hospital-level care meet funder requirements prior to occupancy.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> | <p>FA</p> | <p>Human resource management policies and processes are aligned with good employment practice and relevant legislation. Review of a sample of staff files confirmed that organisational policies were being implemented consistently. Job descriptions were documented for all roles. Professional qualifications and registration, where applicable, were verified prior to employment. Current practising certificates were held for all regulated health professionals, including registered nurses, the general practitioner, physiotherapists, pharmacists, the podiatrist,</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>and the dietitian.</p> <p>Staff reported that the induction and orientation programme adequately prepared them for their roles. Evidence of completed induction and orientation was verified in six staff files reviewed.</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>Medication management practices were reviewed and found to be safe and aligned with legislative requirements. Medications were administered by registered nurses and medication-competent caregivers. Evidence was sighted that staff complete annual medication competency assessments.</p> <p>Allergies were clearly documented, and resident photographs uploaded to the electronic medication management system were current. Eye drops were dated on opening. Indications for use were noted for pro re nata (PRN) medications. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>The medication management system outlined processes for prescribing, dispensing, administration, review, reconciliation, and error reporting. Review of medication policies and procedures, along with the process observed, evidenced that approved protocols were being followed. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. All medications, including those for hospital-level care, will be stored together in the existing medication room. Medications were stored securely in medication trolleys, locked treatment rooms, and cupboards. Medication administration records were maintained.</p> <p>The previously identified areas for improvement relating to administering medications from the correct blister pack for the prescribed day and time, completion of follow-up medication competencies, and staff clarity regarding their responsibilities when administering medications have been addressed. All staff who administer medicines were competent to perform the function they managed. All medications were administered from the correct blister packs. Staff roles were explained in relation to their responsibilities when administering medication. This was confirmed</p> |

| | | |
|--|------------------------|--|
| | | <p>in interviews with the nurse manager, registered nurses, and care staff.</p> <p>Medications were supplied by a contracted pharmacy. The general practitioner reviews of medications occurred three-monthly, in collaboration with the registered nurses and the residents and, where appropriate, family/whānau.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>Food services were appropriately managed. Meals were prepared and cooked on site in a well-equipped kitchen. The kitchen was overseen by two cooks, along with kitchen assistants. Review of staff records evidenced that all kitchen staff held recognised food safety qualifications, and training records aligned to the food control plan were sighted.</p> <p>Food was prepared in accordance with recognised nutritional guidelines for older people. The food control plan expires on 22 June 2026. On the days of the audit, the kitchen environment was observed to be clean, orderly, and well-equipped, with specialist equipment available as required. Kitchen staff were observed following appropriate infection prevention and control practices during food preparation and service. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>Residents' nutritional requirements were assessed on admission in consultation with the resident and, where appropriate, family/whānau. Review of nutritional assessments evidenced that individual food preferences, allergies, intolerances, special diet requirements, cultural preferences, and texture-modified needs were identified and documented. Dietary information was made available to kitchen staff through a kitchen folder and a summary displayed on the kitchen whiteboard.</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>PA Moderate</p> | <p>The current Building Warrant of Fitness was sighted and is valid until 11 March 2026. The physical environment supports resident independence and provides access to private spaces for younger people with disabilities (YPD), when required. Corridors are fitted with handrails and promote safe mobility, including the use of mobility aids. Residents were</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>observed mobilising independently within their respective wings using mobility aids. Communal lounges suitable for group activities and social interaction are available. Quiet spaces for residents and their whānau are provided within lounges and dining areas, as well as in outdoor open deck areas. The garden associated with the secure dementia care area was safe and secure for residents in the service.</p> <p>Reactive maintenance is undertaken by the maintenance officer and contracted, certified tradespeople, as required. Gardening services are provided one day per week for six hours. Environmental temperatures are monitored, and processes are implemented to manage significant variations in temperature.</p> <p>Separate toilet facilities are available for staff and visitors. All communal toilets and shower facilities were fitted with engaged/vacant indicators. Hand hygiene resources, including free-flowing soap and paper towels, were available in all toilets and washing areas. All areas were easily accessible to current residents, including those receiving hospital-level care. Furnishings and seating were appropriate and suitable for both current rest home and hospital-level care residents.</p> <p>Residents' rooms were personalised in accordance with individual preferences. All rooms are fitted with external windows, providing natural light, ventilation, and heating. The grounds and external areas were observed to be well maintained. Outdoor areas are independently accessible to residents and were equipped with seating and shade. Safe access is provided to all communal areas, including the secure dementia care area.</p> <p>Care staff interviewed stated that they have access to sufficient equipment to safely deliver care to residents.</p> <p>Improvements are required to ensure that medical equipment is calibrated as scheduled and that all rooms being converted to hospital-level care are fitted with hand-washing basins to support infection prevention and control practices.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p> | <p>FA</p> | <p>Disaster and civil defence plans and policies guide the facility's preparedness for emergencies and outline the procedures to be</p> |

| | | |
|---|-----------|--|
| <p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | | <p>followed. These plans have been updated to include consideration of the specific needs of younger people with disabilities (YPD) in emergency situations. Staff have received relevant training and information and have access to appropriate equipment to respond to emergency and security events. Staff interviewed demonstrated knowledge of emergency procedures. The Fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Trial evacuation drills are conducted every six months as scheduled, and these are incorporated into the facility's annual training programme.</p> <p>The previous corrective actions regarding alternative essential energy and utility sources have been addressed. The service has an arrangement with the local Fire and Emergency New Zealand (FENZ) service to supply a generator when required, and relevant documentation was sighted. Adequate supplies for use during a civil defence emergency were available and meet the recommendations of the National Emergency Management Agency for the region. Staff are able to provide first aid appropriate to the risks associated with the service. First aid training records were reviewed, with most staff having completed the required training. At all times, staff with current first aid training were on duty.</p> <p>Call-bell systems alert staff when residents require assistance. Residents and whānau reported that staff respond promptly to call-bell alerts.</p> <p>Appropriate security arrangements are in place, including facility locking procedures. A closed-circuit television (CCTV) system monitors the facility entrance, gardens, and communal areas, with signage displayed throughout the facility.</p> <p>A visitors' policy and guidelines support resident safety and wellbeing. All visitors and contractors are required to sign in and out using the visitors' register.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p> | <p>FA</p> | <p>The infection prevention and antimicrobial stewardship programme, including its content and level of detail, is appropriate for the size, complexity, and risk profile of the service. The infection prevention and control (IPC) programme is integrated with the electronic quality, risk,</p> |

| | | |
|---|----|--|
| <p>policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | | <p>and incident reporting system. The programme is reviewed annually by the governance team and the facility nurse manager.</p> <p>The nurse manager reported that processes are in place for early consultation with infection prevention personnel whenever a new building is planned or significant changes are proposed to an existing facility. No changes are needed for hospital level of care beds.</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> | FA | <p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. Data is collated within the electronic record management system, and corresponding action plans are implemented. Health care-associated infections (HAIs) being monitored include infections of the skin, eyes, and respiratory tract.</p> <p>There was one COVID-19 infection outbreak in July 2025, reported since the previous audit. This was managed in accordance with the pandemic plan, with appropriate notifications completed.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p> | FA | <p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of personal protective equipment (PPE) was available which included masks, gloves, goggles, and aprons. Staff demonstrated knowledge on the donning and doffing of PPE.</p> <p>There are designated cleaning staff. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. There are regular</p> |

| | | |
|--|-----------|--|
| | | <p>internal environmental cleanliness audits.</p> <p>Laundry staff are responsible for the laundry at the service. Personal clothing, bed linen, and towels are washed on site. The secure dementia unit staff, with the assistance of capable residents, also wash personal clothing in the unit as part of diversional therapy. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. The laundry staff have received training, and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The staff demonstrated awareness of the infection prevention and control protocols. Residents and family members in interviews confirmed satisfaction with the cleaning and laundry processes.</p> <p>No changes are required to current systems and processes for hospital-level care beds.</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 elimination and safe practice policies and procedures outlined the service's commitment to providing a restraint-free environment wherever possible. This commitment was supported by the governing body, management, nursing team, and staff. At the time of the audit, there was no use of restraint within the service, and this has been the case since the previous audit.</p> <p>Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is planned annually.</p> <p>The previous corrective action relating to the provision of education on least restrictive practice, safe practice, the use of restraint, culturally specific alternatives, and de-escalation techniques has been addressed. The restraint coordinator has completed training relevant to the legal requirements and processes associated with restraint use. All staff, including the restraint coordinator, have completed the required training, with evidence sighted in the training records reviewed.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p> | PA Low | <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 facility adjusts staffing levels to meet the changing needs of the current residents. Care staff reported that there have been adequate staff at the service. Rosters from the past four weeks showed that all shifts were covered by experienced care staff, with support from the clinical and management team.</p> <p>The general manager reported that staff have not yet been recruited to support the reconfigured rest home beds to hospital level beds. A review of the roster provided evidenced inadequate staff coverage to meet service delivery requirements. The proposed roster for the reconfigured rest home beds to hospital-level</p> | <p>The service has not yet recruited all required registered nurses and care staff to meet the funder’s staffing requirements for hospital level of care.</p> | <p>Ensure staffing levels are adequate to meet safe delivery of care and the funder’s requirements.</p> <p>Prior to occupancy days</p> |

| | | | | |
|--|---------------------------|--|--|---|
| | | care includes the addition of three registered nurses and two caregivers. The general manager reported that additional staffing would be implemented as required to meet residents' needs and the funder's staffing requirements. | | |
| <p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall 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>PA</p> <p>Moderate</p> | <p>A partial provisional audit was undertaken to assess the provider's preparedness to reconfigure nine rest home-level care beds to hospital-level care. All nine resident rooms, including their shower rooms and toilets, were of sufficient size to accommodate mobility equipment and had functioning call-bell systems in place. Of the nine rooms, four included hand-washing basins (one of which also had a shower). The rooms had hospital beds and lockers in place. The remaining five rooms did not have hand-washing basins, which presents a gap for infection prevention and control requirements.</p> <p>The planned maintenance programme includes testing and tagging of electrical equipment, routine resident equipment checks, and calibration of weighing scales and clinical equipment. However, calibration of medical equipment was overdue and had not been completed as scheduled in October 2025.</p> | <p>(i) Five of nine rooms being converted to hospital-level care were not equipped with hand-washing basins for resident, visitor and staff use.</p> <p>(ii) Calibration of medical equipment was overdue and had not been completed as scheduled in October 2025.</p> | <p>(i) Ensure rooms are installed with hand-washing basins for residents, staff and visitors to use.</p> <p>(ii) Ensure calibration of medical equipment is completed according to policy and standard requirements.</p> <p>Prior to occupancy days</p> |

Specific results for criterion where a continuous improvement has been recorded

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

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

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

| |
|--------------------|
| No data to display |
|--------------------|

End of the report.