

# Masonic Care Limited - Eldon Rest Home

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## Introduction

This report records the results of a 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Masonic Care Limited
<b>Premises audited:</b>	Eldon Rest Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 16 December 2025    End date: 17 December 2025
<b>Proposed changes to current services (if any):</b>	This provisional audit is prior to the potential sale of Eldon Rest Home. The prospective provider wishes to complete the transaction (change of ownership) by 20 March 2026 depending on the outcome of this audit.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	89

# Executive summary of the audit

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## Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaruru | 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

Eldon Rest Home is part of Oceania Healthcare Limited. Eldon Rest Home is certified to provide services for 103 residents requiring rest home or hospital level of care. There were 89 residents on the first day of audit.

This provisional audit was conducted against the Ngā paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, residents, management, staff, the national clinical manager, and the prospective provider.

The prospective provider wishes to complete the transaction (change of ownership) by 20 March 2026 depending on the outcome of this audit.

The general manager is a registered nurse. They are supported by a team of experienced care and support staff plus a regional clinical manager and the head office team. Feedback from family/whānau and residents was positive about the care and the services provided at Eldon Rest Home.

A shortfall has been identified related to the lift, restraint management and restraint documentation.

## **Ō tātou motika | Our rights**

Eldon Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. A Māori and Pasifika Health Plan is in place. Spirituality, beliefs, and values are respected. The provider ensures the service is safe for Pacific peoples.

Residents receive services in an equal manner that considers their dignity, privacy, and independence. Staff were observed effectively communicating with residents about their choices. Evidence was provided that confirmed residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. When complaints occur, they are managed appropriately.

## **Hunga mahi me te hanganga | Workforce and structure**

The service is governed by a chief executive officer, independent chair and six independent directors. Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the operational objectives, and a business plan is in place.

Eldon Rest Home has implemented the organisational quality and risk management system. A robust health and safety programme is implemented. Quality data is collated and benchmarked.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme documented that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. The organisational staffing policy aligns with contractual requirements and included skill mixes.

The service ensures that the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

There is an admission package available prior to, or on entry to the service. The general manager and clinical manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. There are nutritious snacks available. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single with ensuites. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

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

A suite of infection prevention policies are documented and in use. The infection prevention programme is appropriate to the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection prevention programme have been developed, approved, and reviewed at organisational level. Surveillance processes are documented to ensure infection incidents are collected, analysed for trends and the information used to identify opportunities for improvements.

Antimicrobial usage is monitored and reported on. Standardised definitions are used for the identification and classification of infection events.

The service has a robust pandemic and outbreak management plan in place. There has been an outbreak since the previous audit. The internal audit system monitors for a safe environment. There are organisational laundry and cleaning processes which are adhered to. Staff have completed chemical training. Chemicals are stored safely throughout the facility.

## Here taratahi | Restraint and seclusion

Restraint minimisation is overseen by the restraint coordinator. On the day of the on-site audit, there were two residents using a restraint. Restraint is only used as a last resort and following resident / family/whānau request. Staff received the appropriate training and complete competencies to maintain a restraint-free environment.

The facility is committed to maintain restraint free. Restraint free strategies are overseen by the restraint coordinator. Education is provided to staff around restraint free strategies and behaviour management.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	4	0	0	0
Criteria	0	172	0	4	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori and Pasifika Health Plan is documented for the service. This includes an organisational Māori engagement framework which outlines how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligation and responsibilities under Te Tiriti o Waitangi to underpin services. Cultural resources are available to staff, which includes residents’ rights in te reo Māori, cultural considerations for care, and guidelines to assist culturally appropriate communication. Other current policies include the cultural safety policy, and the code of conduct for staff, which includes the service’s values in both English and te reo Māori.</p> <p>There is specific Māori and Pasifika Health Plan for Eldon Rest Home and its community, which includes established links in place that provide guidance and support. Additional links are in place through staff and the family/whānau of residents. There were residents that identified as Māori at the time of the audit. The service employs staff who identify as Māori.</p> <p>The general manager confirmed that the service supports increasing Māori capacity by employing Māori staff members through a fair and equitable employment process. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and</p>

		provide high quality and effective services for residents.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>On admission all residents state their ethnicity. There were residents who identified as Pasifika. The general manager advised residents, individual cultural beliefs are documented in their care plan. Family/whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The Māori and Pasifika Health Plan is in place and has been developed in a partnership approach with Pasifika. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There were staff employed who identified as Pasifika at the time of the audit.</p> <p>These staff members have contributed to the formation of community links and the maintaining of these partnerships. The general manager outlined the process in place that ensures a Pacific health workforce is recruited, retained, and trained.</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. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau at entry. Management discusses aspects of the Code with residents and family/whānau on admission. Resident meetings provide a forum for residents to discuss any concerns. Family/whānau (two rest home and two hospital) interviewed reported residents rights are being upheld by the service. Further to this, they confirmed residents are treated with respect and their independence is supported and encouraged. Seven residents interviewed (three rest home and four hospital) confirmed that their rights were being met.</p> <p>Information about the Nationwide Health and Disability Advocacy Service, and the service links with the local Aged Concern and Grey Power contacts is available to residents and families/whānau. There</p>

		<p>are links to spiritual support. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interactions observed between staff and residents during the audit were respectful.</p> <p>Care plans reflected residents were encouraged to make choices and be as independent as possible. Māori mana motuhake is reflected in the Māori Health Plan. Interviews with managers (the general manager [GM], the clinical manager [CM], and the national quality manager), and staff (seven healthcare assistants, [which included the health and safety representative], three registered nurses [including a charge nurse], one activities co-ordinator, one diversional therapist, one cook, one maintenance person, one cleaner, one laundry assistant, one administrator), interviewed identified their understanding of the Code and its application to their specific roles and responsibilities.</p> <p>The prospective provider explained at interview their aged care experience (60 plus years), familiarity with the Code, and confirmed how the organisation has knowledge of and promotes Māori motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The healthcare assistants interviewed (across the rest home and hospital) described how they provide choice to residents during their daily cares and routines. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Family/whānau members stated staff are patient and encourage residents, allowing them as much choice as possible. It was observed that residents were treated with dignity and respect.</p> <p>All residents have their own room which is personalised with their photos and possessions. The May 2025 satisfaction survey results confirmed that residents and family/whānau are treated with respect. Residents interviewed confirmed they are being treated with dignity</p>

		<p>and respect, with staff adhering to their cultural values and beliefs. There is a sexuality and intimacy policy in place. Staff interviewed stated they respect each resident's right to have space to manage intimate relationships. Families/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau/enduring power of attorney, involvement and is integrated into the residents' care plans. Spiritual needs are identified.</p> <p>Policies and procedures support tikanga Māori and encourage the use of te reo Māori. Staff interviews verified that cultural training has been provided, and staff were able to describe how they implement this knowledge when engaging in discussions with or providing care to residents. Review of documentation and interviews with staff and family/whānau evidenced that tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are provided with ongoing training around their policies and procedures. Cultural days are held to celebrate diversity with one occurring on day one of the audit. An employee handbook and staff code of conduct are discussed during the new employee's orientation to the service, with evidence of staff signing an acknowledgement. The code of conduct addresses the elimination of discrimination, harassment, and bullying.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. As part of the organisations Māori and Pasifika plan, there is a national cultural advisory group which ensures wellbeing outcomes for Māori are prioritised. The organisation provides a strengths-based and holistic model of care. The service ensures wellbeing outcomes for all</p>

		<p>residents are prioritised, as evidenced in the resident centred care plans.</p> <p>Staff interviewed and review of documentation evidenced that training around abuse and neglect has been delivered within the last two years. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The families/whānau interviewed confirmed that the care provided to their family member is of a high standard. Police and reference checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with healthcare assistants confirmed their understanding of professional boundaries, institutional racism, and bias.</p> <p>There are policies in place regarding management of resident's property and finances, and these are implemented.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Interviews with family/whānau confirmed that the service provides a high level of communication and keeps them well informed. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Family/whānau and residents confirmed they feel informed about things that happen within the facility and the management and registered nurses are available, accessible and collaborate with residents about their wellbeing outcomes.</p> <p>There were no residents who could not speak English at the time of the audit. An interpreter policy and contact details of interpreters is available if required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The residents are provided a choice around additional charges and premium room fees.</p> <p>The service communicates with other agencies that are involved with the resident, such as Health New Zealand. All residents and</p>

		<p>family/whānau interviewed confirmed they have recently been advised of the upcoming sale of the facility and that the information provided was adequate and they had no concerns about the process.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent that align with the Code. Ten resident files reviewed included informed consent forms signed either by the resident or the powers of attorney or guardians. The service has advance care plans to assist in planning the resident's ceiling of care and wishes. Separate consent forms for Covid-19 and flu vaccinations were also on file, where appropriate.</p> <p>Residents interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy in place. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated and evident where appropriate. Admission agreements had been signed and sighted for all the files reviewed.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care. Informed consent training was included within the 2025 training programme delivered to staff.</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</p>	<p>FA</p>	<p>All residents and family/whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The Code is visible to residents, family/whānau and visitors.</p> <p>The general manager maintains records of complaints/concerns, actions taken, and resolution, and was knowledgeable around the complaint process. Residents and family/whānau making a complaint can involve an independent support person in the process if they</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>choose. A complaints register is in place and there have been two complaints made since the previous audit. One complaint received was minor in nature and had been swiftly investigated and closed to the satisfaction of the complainant. The second complaint required an integrated response which was comprehensively documented and was quickly resolved to the satisfaction of the complainant.</p> <p>A complaint was logged with the Health and Disability Commissioner (HDC) in 2022. This was confirmed as being closed recently with the provider having implemented all recommendations required.</p> <p>Staff are informed of any complaints received in quality/staff meetings. Discussions with family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings and through annual satisfaction surveys. Residents and family/whānau confirmed that staff are readily available and proactive in addressing any negative feedback received.</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>Eldon Rest Home is certified to provide and rest home and hospital level of care for up to 103 residents. The service holds contracts with Health New Zealand under the age-related residential care contract (ARRC) contracts for rest home and hospital services; as well as long term support-chronic health conditions (LTS-CHC); short term care (respite); and flexi funding for palliative care. The facility also has contracts to provide services through Ministry of Social Development – Disability Support Services (DSS) for the care of younger disabled people, and the Accident Compensation Corporation (ACC).</p> <p>The service has 23 dedicated rest home and 80 dual purpose (rest home or hospital beds). Fourteen (14) rooms in the facility operate as care suites under aged related residential care occupation rights agreements (ORAs). At the time of the audit there were 89 residents in total: 28 rest home residents (including two residents with LTS-CHC); and 61 hospital level residents (including three receiving ACC contributions, two LTS-CHC, three young persons with disability [YPD], residents). No residents were receiving services under respite</p>

	<p>or flexi funding palliative care contracts. There were no married couples at the time of the audit. There were no double/shared rooms.</p> <p>This provisional audit was undertaken as the current owners have reviewed their portfolio of aged care facilities and have decided that Eldon Rest Home would be better suited to continue operation under the ownership of another operator with more expertise in managing similar facilities in the region.</p> <p>The organisation is led by a chief executive officer. The Governance Board consists of an independent chair and six independent directors each bringing their own expertise. Confirmation that the Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety was provided. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The organisations business plan for Eldon Rest Home includes site specific objectives and goals related to business and quality outcomes.</p> <p>Working practices at Eldon Rest Home are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activity team supports residents to maintain links with the community. Information is reported through to the Board through the chief operating officer (COO), who receives detailed monthly reporting from national managers, including monitoring of goals and performance in key areas in the strategic plan, including quality care and service provision, and achievement of financial targets.</p> <p>The regional clinical manager confirmed that a clinical governance structure appropriate to the size and complexity of the organisation is in place. The Māori and Pasifika Health Plan provides a framework to identify and address issues to ensure a safe living and working environment is developed and maintained for all. Cultural compliance includes tracking of ethnicity data for residents via established electronic systems. The general manager is a registered nurse has</p>
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		<p>been in the role for 12 months having previously held the role as clinical manager for the service. They have broad experience within the aged care sector. The general manager is supported by a regional operations manager and an experienced team of care and support staff. The clinical manager has been in the role for three months but has worked at the service for two years. The general manager provided confirmation of having completed a variety of professional development activities related to managing an aged care facility, which exceeded eight hours.</p> <p>The prospective provider is an experienced aged care provider with current ownership of seven other facilities. There is an established organisational structure in place across all services. The prospective provider has a lengthy history of providing care to a variety of aged care residents including those assessed as requiring dementia, hospital, rest home, palliative, respite, long term chronic level of care. The prospective provider also currently provides care for young people with a disability. A documented transition plan with timeframes to implement the prospective providers' policies and procedures, quality systems, and electronic client management system will guide the process and maintain safety for all involved. The transition plan outlines a pre-determined lead in time for the takeover. The prospective provider has notified the relevant funder of the proposed purchase. The planned takeover date is 20 March 2026.</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</p>	FA	<p>Eldon Rest Home has an established quality and risk management framework and processes to ensure services are delivered to reflect the principle of quality improvement processes. The prospective provider will embed their annual quality plan if the sale is successful. The organisation's policies include a clinical risk management policy; documents control; clinical governance terms of reference; quality improvement policy; health and safety strategy; critical incident/accident/sentinel event policy; and quality cycle. The organisation has established systems in place to record track and analyse quality data. This includes the Quality Compliance Audit Management (QCAM) system, which is used to capture, track and report on quality information and issues. There are no known</p>

<p>and support workers.</p>		<p>legislative compliance issues at time of audit.</p> <p>The national quality manager benchmarks data against other Oceania facilities and industry standards are analysed internally to identify areas for improvement. Monthly quality/staff meeting minutes evidence a comprehensive review and discussion around all areas of the service, including clinical, staff, health and safety, and infection prevention. Monthly quality/staff and registered nurse/clinical meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. The 2025 (May) resident annual satisfaction survey indicated high satisfaction rates by the residents. Where residents had provided any negative feedback or concerns, the general manager provided evidence of how this had been addressed. Some minor negative feedback regarding the standard of the food service have been investigated and some changes made as a result.</p> <p>Interviews with the general manager, and healthcare assistants confirmed health and safety training begins during staff induction to the service. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards, and risk information is collated at facility level, and reported to the regional clinical manager. This information is included within the consolidated report and analysis of all facilities are then provided to the governance body monthly.</p> <p>A health and safety system is in place. The health and safety committee team meets monthly. A health and safety representative (healthcare assistant) interviewed has completed external health and safety training with evidence of this sighted during interview. Hazard identification forms and an up-to-date hazard register were reviewed (last updated December 2025). Health and safety policies are implemented and monitored by the health and safety committee. Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Electronic reports are completed for each incident/accident, and a severity risk rating and immediate action is documented with any</p>
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		<p>follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly and analysed.</p> <p>Staff complete cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity, through critical analysis of data and organisational practises.</p> <p>Discussions with the general manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 and Health Quality and Safety Commission (HQSC) notifications completed for changes within the management team, resident behaviour events, pressure injuries, and resident fall events with injury.</p> <p>The prospective provider has established and implemented quality and risk management programmes that they plan to implement at Eldon Rest Home. It is anticipated this will have minimal impact, as the prospective provider has an experienced general manager available to support implementation of the quality programme, benchmarking, and analysis. The prospective provider's policies and procedures have been updated to align with 2021 Ngā Paerewa Services Standard and will be transitioned across to Eldon Rest Home.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Acuity and clinical staffing ratios are described in a policy that outlines rostering and staffing ratios in an event of acuity change and outbreak management. The general manager interviewed confirmed staff needs and weekly hours which are included in the monthly report provided to the national operations manager. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the contractual requirements with Health New Zealand. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff.</p> <p>The prospective provider will utilise their established policy and procedure to ensure the appropriate staff skill mix, address any</p>

	<p>changes to acuity and ensure contractual obligations are met. The transition plan outlines that the prospective provider will maintain the current system in place for covering all staff absences.</p> <p>The general manager works full time from Monday to Friday and provides after hours support 24/7 for any non-clinical and clinical issues, respectively. The clinical manager, charge nurse, and registered nurses share in the provision of clinical support within a roster. A minimum of one registered nurse is rostered across morning shifts seven days per week. Vacant shifts are covered by available registered nurses, and healthcare assistants as per shifts required. The general manager role is covered by the clinical manager and head office staff when they are absent.</p> <p>Interviews with staff noted that when occupancy increases staffing is increased appropriately. The general manager stated that staff turnover has been stable. Staff and residents are informed when there are changes to staffing levels, as evidenced in interviews and meeting minutes. Interviews with all residents except for one, and family/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Health New Zealand. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of Te Tiriti o Waitangi and cultural practices relating to Māori. The service shares health information (including Māori) collated with the quality data at all facility meetings.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. The general manager outlined that all current and new care staff are encouraged to complete a level three or four New Zealand Qualifications Authority (NZQA) qualification. A review of documentation confirmed all but the newest care staff have</p>
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		<p>commenced or completed qualifications. A competency assessment policy and process is in place and staff are required to complete competency assessments as part of their orientation. Competency assessments include moving and handling, hand hygiene, and donning on and off of personal protective clothing. A selection of healthcare assistants have completed medication administration competencies with additional staff competent to perform the role of second checker. A record of completion is maintained on an electronic human resources system. Additional registered nurse specific competencies include interRAI assessment competency.</p> <p>There are 15 registered nurses who are interRAI trained including all the management team. All registered nurses are encouraged to attend in-service training on outbreak preparedness; wound management; pain management; medication and training related to specific conditions. Staff were complimentary regarding the wellbeing initiatives provided from the management and health and safety team. Staff advised these initiatives contributed to them feeling valued and part of the family/team. Staff reported that management are visible, supportive and the culture of the facility is one of being family friendly.</p> <p>The prospective provider stated they are not anticipating any staff changes, including management, and they plan to maintain the staffing levels. Training will be provided to all staff with education and training consistent with their established education and training plan.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resource policies including recruitment, selection, orientation and staff training and development are in place. Ten staff files were reviewed, including two registered nurses, two activities coordinators, one kitchen hand, one kitchen manager, one maintenance person, one cleaner, and two healthcare assistants. Job descriptions are in place for all positions and include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>Staff files reviewed included a signed employment contract, job description, and induction documentation relevant to the role the staff member is in. Further to this, there are job descriptions for roles which</p>

		<p>have extra responsibilities and additional functions, such as holding a health and safety portfolio or infection prevention portfolio. These are signed and on the personal file of the role holder. A register of registered nurses practising certificates are maintained within the service. Practising certificates for other health practitioners are also retained to provide evidence of their registration. An appraisal policy is implemented, and eight staff who have been employed for over one year had an annual performance appraisal completed; the other two staff members had recently been employed.</p> <p>An induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the induction programme supports registered nurses and healthcare assistants to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. There are currently a small number of volunteers.</p> <p>Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	<p>FA</p>	<p>Clinical records policy and processes are in place. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented Oceania business continuity plan in case of information systems failure. Electronic resident management and medication systems are in place. Both systems are protected from unauthorised access.</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents or staff archived files are securely stored. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time.</p> <p>The service is not responsible for National Health Index registration.</p> <p>The transition plan and the prospective provider confirmed that there will be no changes to the electronic management systems in place if the sale is successful.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. A review of residents' files confirmed that entry to service complied with entry criteria. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The general manager, clinical manager and charge nurse are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p> <p>Eldon Rest Home is committed to recognising and celebrating tāngata</p>

		whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumatua.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Ten (10) files were reviewed for this audit: Five rest home residents, and five hospital residents (including one on ACC funding and one funded through long term support-chronic health conditions (LTS-CHC)). The clinical manager, charge nurse and the registered nurses are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed confirmed they are involved in the assessment, care planning and review process as evidenced in the files reviewed.</p> <p>Cultural assessments are completed for all residents. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. One file for a resident who identifies as Māori had a specific cultural care plan developed with the resident and whanau. The clinical manager and general manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files had interRAI assessments completed (except the short-term ACC, who has a comprehensive range of clinical assessments as part of the electronic care planning process). All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner and within the required timeframes. The electronic long-term care plan includes interventions to manage all risks and guide care delivery. The care plans are holistic and align with the service's model of person-centred care.</p> <p>InterRAI assessments have consistently been re-evaluated within the six-monthly time frame. Care plan evaluations are completed at least six-monthly or when residents' needs changed. Evaluations document the progress towards the individual's goals and if it is met or unmet.</p>

	<p>Short-term care plans, or updates to the long-term care plans, for infections, weight loss, and wounds were in place as needed.</p> <p>A contracted general practitioner (GP) service provides four GP(s) who between them visit weekly and ensure residents are assessed within five working days of admission. The GP(s) reviews each resident at least three-monthly. The GP was not available for interview.</p> <p>The clinical manager and general manager are available 24/7 for clinical advice and decision making as required. Allied health interventions were documented and integrated into care plans. The service has an independent physiotherapist contracted to work fifteen hours a week. A dietitian is contacted as required. A continence advisor, hospice specialists, mental health team for older people and district nurse are available as required. A podiatrist visits six-weekly.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and healthcare assistants. The registered nurses further add to the progress notes if there are any incidents, GP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the registered nurses initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were 21 residents with wounds. This includes five bruises, one laceration four venous ulcers, one stage one pressure injury, seven skin tears and three surgical wounds. The service records all skin concerns (bruises as an example) on the wound log to ensure registered nurse evaluation and review. All wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented</p>
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		<p>evaluations, including photographs (if required) to show healing progression. There is a designated wound champion, and the clinical manager checks all wounds weekly.</p> <p>Healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels and repositioning. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A diversional therapist and two activities assistants provide activities six days a week. The programme is supported by the healthcare assistants and volunteers. The programme is planned monthly and weekly. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft and participation in Waitangi weekend, Māori language week and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage, and chit-chat. There are lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and books.</p> <p>A resident's social and cultural profile (about me) in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and</p>

		<p>outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; bingo; and happy hour. There are regular van drives for outings, regular entertainers visiting the residents and church services. Links with the community are maintained through regular van outings.</p> <p>There are regular resident meetings and residents and family/whānau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the three medication rooms (one in each wing). Medication trolleys are always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Twenty electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There is a policy in place to manage residents</p>

		<p>that wish to self-administer their medications. There was one resident self-administering medications on the days of the audit. A consent form and competency assessment had been signed and reviewed three monthly.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and clinical manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are prepared and cooked on site. There are cooks and kitchen hands. All kitchen staff have completed safe food handling.</p> <p>The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in place, expiring March 2026.</p> <p>The four-weekly seasonal menu has been reviewed by the service dietitian (October 2025). There is a food services manual available in the kitchen. The kitchen receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, diabetic, pureed foods) or residents with weight loss. The cook is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whānau can bring special meals for their relatives. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well</p>

		<p>presented.</p> <p>The cook completes a daily diary which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area. Encouragement is given to stay seated for those residents who wander/constantly walk to ensure the dining experience is pleasurable for all. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The clinical manager and registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. Transfer documents include reasons for transfer and the support they need.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>	PA Low	<p>The building holds a building warrant of fitness expiring April 2026. There is a maintenance officer (interviewed) who works full time and</p>

<p>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>provides on call. Maintenance requests are documented in a maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (due December 2026). Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range a plumber is notified. Essential contractors/tradespeople are available 24 hours a day as required. Calibration of medical equipment is due August 2026.</p> <p>There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and are able to personalise their room. All rooms are for single occupancy and have ensuites. Residents were observed moving freely around the areas with mobility aids where required. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and private and communal toilets. The hallways are wide. The lounges are large allowing ample room for residents to mobilise and use equipment safely. There are well-appointed dining rooms for each area. In all areas there are spaces for residents to have quieter times or entertain visitors. Activities take place in the large communal lounges. There are outdoor areas with outdoor seating, shaded areas and raised gardens.</p> <p>There is a short flight of stairs to the rest home wing. The lift was out of order on the days of audit.</p> <p>The building is appropriately heated and ventilated. There is ample natural light in the rooms. The general manager and the clinical manager described how they would utilise their links with the kaumātua to ensure designs and environments reflect the aspirations and identity of Māori for any major refurbishments or building projects.</p> <p>The prospective provider confirmed that there would be no changes to the environment in the near future as a result of a sale of the service.</p>
Subsection 4.2: Security of people and workforce	FA	Emergency/disaster management policies outline the specific

<p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on the 31 March 2009. Fire evacuation drills are held six-monthly.</p> <p>Civil defence supplies are stored in an identified cupboard and are checked six-monthly. The facility has a contract with a company to supply a generator in an emergency. There are gas barbeques to cook on. There is an adequate food supply available for each resident for minimum of three days. Emergency water tanks provide enough water for 20 litres per person per day for seven days.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person is trained in first aid and always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night. Staff are identifiable.</p> <p>The registered nurses, the personnel who drive the facility van used for resident outings and a selection of healthcare assistants hold current first aid certificates.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and</p>	<p>FA</p>	<p>The Infection Prevention and Antimicrobial Stewardship Programme is supported at the executive (governance) level. The programme has been reviewed on an annual basis. The 2024-2026 quality plan includes references to infection prevention. The infection prevention coordinator (registered nurse) described their linkages in place that support the programme. This includes representatives from other aged care organisations and access to Health New Zealand infection specialist teams who provide local/regional support and advice as and when needed.</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>The clinical manager supports the collection of infection data monthly on infection rates and presents these at the quality/staff meetings. Data was being collated monthly and feedback/graphs provided to staff as part of their quality programme. This information is included in the national business planning process and strategies. The clinical reports at the monthly quality/staff meeting and this information is reported through to the national infection prevention group bi-monthly and to the Board.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse is the infection prevention coordinator overseeing the implementation of the infection prevention programme. As they are new to the role, they are supported by the clinical manager who also attended the interview. There is a signed job description. As part of this role, the infection prevention coordinator has completed internal training around infection prevention and anti-microbial stewardship. They are due to complete external training in early 2026.</p> <p>A suite of infection prevention policies and procedures are available to staff, including outbreak management; staff vaccination policy; usage of personal protective equipment; communicable diseases; and hand hygiene. Policies and the infection plan have been approved at organisational level. The infection prevention policies have been updated and reflect the spirit of Te Tiriti o Waitangi. The infection prevention programme has been approved by the clinical governance group. A comprehensive organisational pandemic plan is in place.</p> <p>Support and learning resources are made available through Health New Zealand when required. Personal protective equipment is available, and a comprehensive stock balance is maintained to support any outbreak. Training is part of orientation and ongoing training is led by the clinical manager. Input into clinical procedures policy documents is sought from the organisations national infection prevention team which involves clinical managers and infection prevention representatives from all of the organisations aged care facilities. Staff provide feedback on new and updated policies/procedures. Policies include single use items. Cleaning procedures are in place around sharing medical devices such as sphygmomanometers. Internal audits are completed, and corrective</p>

		<p>actions are implemented and signed off when completed. The clinical manager oversees the provision of equipment and consumables required for the service.</p> <p>Educational resources in te reo Māori can be accessed online if needed and there is a comprehensive hard copy of resources available for staff and residents. The infection prevention coordinator can consult with the cultural committee to ensure culturally safe practice and to provide educational resources, acknowledging the spirit of Te Tiriti o Waitangi. All staff are required to complete infection prevention education and are trained in cultural safety. Staff interviewed provided examples of adhering to culturally safe practices around infection prevention in relation to their roles. The infection prevention coordinator and clinical manager interviewed described infection prevention input would be required in any environmental upgrades to the facility.</p> <p>The prospective provider plans to implement their established comprehensive infection prevention programme and antimicrobial programme which is linked to their electronic quality system.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme is documented in the antimicrobial policy. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and the information reported to the quality/staff meetings. The infection prevention coordinator monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, resident infection summary forms, and medical notes. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p>	FA	<p>Infection surveillance is an integral part of the infection prevention programme and is described in the infection prevention manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Surveillance of all infections (including organisms) is undertaken and is entered into a monthly</p>

<p>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>infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Ethnicity data is included in infection data. The regional clinical manager ensures the required infection prevention information is collated, benchmarked across the service, and reported to the Board and clinical committee. Infection prevention surveillance is discussed at clinical/staff meetings. A review of resident records includes communication and reporting of infections and treatment.</p> <p>There have been two outbreaks since the last audit. The COVID-19 outbreaks occurred in November 2024 and in February 2025. The November outbreak was managed appropriately with infection logs, regular staff and resident updates and appropriate reporting. Evidence was sighted of how staff were provided with a debrief following the event to discuss what went well and where they could have done things better. Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. The clinical manager discussed the appropriate management and reporting of outbreaks.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements the organisations waste and hazardous management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms. There are three sluice rooms with appropriate PPE, a sanitiser and adequate bench space. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, masks, and visors. Observation confirmed that PPE was used in high-risk areas. Staff receive training and education in waste management, chemical safety, and infection prevention as a component of the mandatory training.</p> <p>There are designated laundry staff who provide laundry services seven days per week. Personal clothing, sheets, and towels are all</p>

		<p>laundered on site. There is a dirty to clean workflow in the laundry. Cleaning is provided by dedicated cleaning staff who are rostered seven days per week across all wings. There are locked cleaners' cupboards. Chemical bottles are labelled with manufacturer labels and are refilled using a chemical dispensing unit. Residents and family/whānau interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes which is reviewed by the infection prevention coordinator and the clinical manager. An external chemical provider monitors the effectiveness of chemicals and laundry procedures.</p> <p>The prospective provider plans to review laundry, cleaning and waste management systems if the sale of the service is successful and introduce their policies in a manageable manner if changes are required.</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>PA Low</p>	<p>There is a documented restraint elimination policy with associated forms and processes. The policy and associated forms do not fully reflect Nga Paerewa 2021 standard and the HealthCERT bulletin information regarding definition of restraint: April 2022. A senior registered nurse is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator and the GM described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the national restraint committee includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit there were two residents using restraint (titled mobility aids by the service).</p> <p>The prospective provider is planning to introduce their policies if the</p>

		sale of the service is successful as per the transition plan. The prospective provider commits to the philosophy of a restraint free environment.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	PA Low	<p>A register is maintained by the restraint coordinator and documents all residents using any form of restraint. The reason for the use of the restraint or mobility aid is documented through the assessment process along with considerations of any alternative process that might be considered. The register is reviewed on a monthly basis with the reviewed including any incidents or accidents that may have occurred. The files of the two hospital residents listed as using restraint (mobility aids) were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g., falls prevention strategies, managing behaviours). The residents were using restraint at the insistence of them or their activated EPOA. Written consent was obtained from each resident and/or their EPOA. The use of restraint is approved by the GP and reviewed six monthly. The policy documents that all aspects of monitoring should consider cultural, physical, psychological, and psychosocial needs and this was sighted as occurring in resident records reviewed.</p> <p>The service policy does not allow for the use of emergency restraint. The restraint coordinator confirmed that to date, no emergency restraint had been required.</p> <p>Monitoring for restraint is through progress notes and not two hourly as stated by the policy. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place annually.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced</p>	PA Low	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme, however as the definition of restraint does not reflect the Nga Paerewa 2021 standard, they refer</p>

<p>by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>to themselves a restraint free. The outcome of the internal audit is discussed in meetings. The restraint coordinator reports all restraint (mobility aids) to all staff at monthly meetings. This report includes a review of restraint use and any incidents (should they occur), and education needs. Each resident and /or their EPOA has input into the review process.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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>	PA Low	<p>There is disability access to all areas. The rest home has a short flight of stairs to access the corridor and there are two alternative routes to access the rest home via ramps (which is a slightly longer route). The lift was out of order on the day of audit, and the service is actively in the process of replacement.</p>	<p>The lift to the rest home is out of order.</p>	<p>Ensure that there is an operational lift.</p> <p>90 days</p>
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include: (a) The process of holistic assessment of the person's</p>	PA Low	<p>There is a documented restraint elimination policy with associated forms and processes. The policy and associated forms do not fully reflect Nga Paerewa 2021 standard and the HealthCERT bulletin information regarding definition of restraint April</p>	<p>The restraint elimination policy has a section around the definition of restraint but does not include all restraint in use; EG ankle supports for wheelchair users.</p> <p>The policy include a section called mobility aids. This is for restraints that</p>	<p>Ensure the restraint policy includes all restraints that can be approved by the service.</p> <p>Ensure the restraint policy and associated forms reflect the Nga</p>

<p>care or support plan. The policy or procedure shall inform the delivery of services to avoid the use of restraint;</p> <p>(b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;</p> <p>(c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>		<p>2022.</p>	<p>are used voluntarily and to assist mobility. However, the policy allows for their use if the resident can ask for them to be taken off. This means that the two residents with bed rail restraint (who are both cognitively intact), have to ask for the removal of the bedrails and lap belts- they are not physically able to do this for themselves.</p> <p>The assessment form for 'mobility aid' is titled 'enabler assessment.'</p>	<p>Paerewa 2021 standard and the HealthCERT bulletin information regarding definition of restraint April 2022.</p> <p>Review the definition of 'enabler assessment' and 'mobility aid' in context of ii).</p> <p>90 days</p>
<p>Criterion 6.2.2</p> <p>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA Low</p>	<p>The restraint policy documents that monitoring of restraint should be two hourly; however, as the service has followed the policy and not nominated the two residents with restraint as restraint, the monitoring has not been completed two hourly. The progress notes document that residents with restraint in use have been checked at least every shift.</p>	<p>The restraint policy documents that monitoring of restraint should be two hourly; however, as the service has followed the policy and not nominated the two residents with restraint at restraint, the monitoring has not been completed two hourly.</p>	<p>Ensure restraint monitoring is formalised and follows monitoring times frames as per the policy</p> <p>90 days</p>
<p>Criterion 6.3.1</p> <p>Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including:</p>	<p>PA Low</p>	<p>The service is designated restraint free, and although reports to the national restraint group document the use of mobility aids, the use of restraint is not recognised.</p>	<p>The report to the national restraint group reflects the incorrectly termed mobility aids rather than restraint.</p> <p>Ensure that the use of restraint is reported upon.</p>	<p>Ensure that the use of restraint is reported upon.</p> <p>90 days</p>

<p>(a) That a human rights-based approach underpins the review process;</p> <p>(b) The extent of restraint, the types of restraint being used, and any trends;</p> <p>(c) Mitigating and managing the risk to people and health care and support workers;</p> <p>(d) Progress towards eliminating restraint and development of alternatives to using restraint;</p> <p>(e) Adverse outcomes;</p> <p>(f) Compliance with policies and procedures, and whether changes are required;</p> <p>(g) Whether the approved restraint is necessary; safe; of an appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice;</p> <p>(h) If the person's care or support plans identified alternative techniques to restraint;</p> <p>(i) The person and whānau, perspectives are documented as part of the comprehensive review;</p> <p>(j) Consideration of the role of whānau at the onset and evaluation of restraint;</p> <p>(k) Data collection and analysis (including identifying changes to care or support</p>				
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plans and documenting and analysing learnings from each event); (l) Service provider initiatives and approaches support a restraint-free environment; (m) The outcome of the review is reported to the governance body.				
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## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.