

Elms Court Resthome Limited - Elms Court Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Elms Court Resthome Limited

Premises audited: Elms Court Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 13 January 2026 End date: 14 January 2026

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 18

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Elms Court Rest Home is located in Christchurch and is certified to provide rest home level of care for up to 18 residents. There were 18 residents at the time of the audit.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Health New Zealand. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, the general practitioner, and clinical director.

There has been a change in manager since the last audit. The service is managed by an experienced facility manager who is supported by experienced caregivers. Residents and family/whānau interviewed spoke positively about the service provided.

There were no shortfalls identified at the previous audit that needed to be addressed.

This surveillance audit did not identify any shortfalls.

Ō tātou motika | Our rights

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



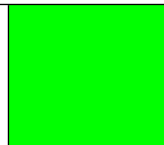
Subsections applicable to this service fully attained.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Care plans accommodate the choices of residents and/or their family/whānau. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of data were documented as taking place as scheduled, with a robust corrective action process implemented. Quality and risk performance is reported in management and staff meetings. The service complies with statutory and regulatory reporting obligations.

Health and safety processes are implemented with this itemised as a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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All residents have interRAI assessments and long-term care plans completed within timeframes. Care plan interventions were reflective of resident's needs, and monitoring charts were completed. Care plan evaluations were completed at least six monthly following interRAI reassessments and were reflective of resident's progression towards meeting goals.

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. The service has a current food control plan.

Medication policies reflect legislative requirements and guidelines. The facility manager 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.

Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

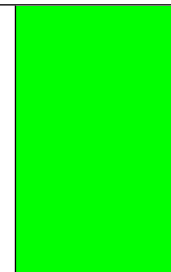


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. A maintenance plan is adhered to, and all equipment is tagged, tested, and calibrated as scheduled. Bedrooms are personalised.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

The infection prevention and control programme is implemented and has been approved by the director.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Staff are informed about infection control practices through meetings, and education sessions. There have no outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Policies related to restraint elimination is being implemented. Restraint elimination is overseen by a registered nurse. At the time of the audit there were no residents using restraints. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori; however, policy documentation and interviews with the clinical director of the group stated the service is committed to respecting the self-determination, cultural values, and beliefs of future Māori residents and whānau and ensuring this is reflected in individual care plans. Elms Court Rest Home has a relationship with a Māori liaison advisor.</p> <p>Interviews with three care partners [hereafter caregivers] and the clinical director demonstrated a knowledge of implementing the principles of Te Tiriti O Waitangi to all aspects of the service.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of Elms Court Rest Home's Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>There were no residents identifying as Pasifika at the time of the audit. Interviews with the staff members confirmed that family/whānau are encouraged to be involved in all aspects of care particularly in nursing and</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>medical decisions. They cited satisfaction with the service and recognition of cultural needs.</p> <p>Elms Court Rest Home partners with Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Three residents, and two family/whānau confirmed that individual choices, independence, and cultural beliefs are respected. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Elms Court Rest Home policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment and bullying and staff sign to confirm understanding. Staff complete education at orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents of all ages, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to safely manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with management and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>

		<p>Professional boundaries are covered as part of orientation.</p> <p>All resident property is labelled at the time of admission and subsequent supply to ensure items are identified clearly as belonging to an individual.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Informed consent processes are discussed with residents and families/whānau on admission. Five resident files sampled included written consents signed by the resident. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) and court appointed welfare guardians were on resident files where applicable.</p> <p>There are shared rooms in the service. Once residents are assessed as being compatible with each other to share a room, they complete a shared room consent form. These were sighted in the appropriate resident files reviewed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>A complaints register is being maintained. One complaint was received in 2025 year to date since the previous audit in June 2024. The complaint reviewed had been resolved and closed off. Documentation includes follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No complaints have been received from external agencies.</p> <p>The complaints procedure is provided to residents and families during the resident's entry to the service. Residents and family/whānau have access</p>

		<p>to information around the Nationwide Advocacy Service. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>The facility manager is responsible for the management of complaints, and the clinical director acknowledged an understanding that for Māori, there is a preference for face-to-face communication. The complaints process links to advocacy services.</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>Elms Court Rest Home is located in Christchurch and provides care for up to 18 residents at rest home level of care, noting that there are 15 bedrooms (with three of these able to have two residents sharing a room). On the day of the audit, there were 18 residents. Four residents were on a younger person with intellectual disability (YPD) contract, and two residents were on long term support-chronic health care (LTS-CHC) contract. The remaining residents were on the aged residential care services (ARRC) agreement. There were no residents on respite care at the time of the audit. There were three shared rooms at the time of the audit; and all were occupied and shared on the day of the audit. The facility manager (also the clinical manager) was not present at this audit. The clinical director (of the group) stated the facility will not apply for residential disability certification level.</p> <p>The facility is owned by a director who also has three other aged care facilities (Elms Court Lifecare, Elms Court Village and Elms Court on Middlepark). All are in the Christchurch area. The director meets with the facility manager on a regular basis (monthly) to review operations and progress towards meeting the business objectives and attends all quality/management meetings.</p> <p>A business plan for 2025 is in place and was reviewed in June 2025 by the facility manager and director. The business plan for 2026 is in development stage following the planned sign off of the previous year`s business plan. A mission statement, values, scope, direction, goals, and objectives are documented for the service. The three-monthly quality/management meetings provide an opportunity to review operations and to review progress towards meeting the business objectives. The</p>

		<p>facility manager analyse the quality data. Clinical governance is the responsibility of the facility manager, with support from the facility/clinical manager at another Elms Court facility (also the clinical director).</p> <p>The facility manager and director analyse internal processes, business planning, and service development to improve outcomes and achieve equity for Māori and to identify and address barriers for Māori for equitable service delivery.</p> <p>The facility manager (a registered nurse) has been in the role since March 2025 and has been the clinical manager at a sister's facility for two years. They are supported by an experienced care team. The facility manager meets regularly with the director to facilitate the link between management and governance.</p> <p>The facility manager has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility, including attending external training and aged care seminars.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Quality and risk management systems are implemented with quality initiatives that reflect evidence of evaluation and positive outcomes for residents and/or staff. Monitoring of the quality and risk plan is through the quarterly quality/management meetings. Meetings include quarterly staff meetings, combined quarterly quality, management, and health and safety meetings. The facility manager is responsible for collecting adverse event data. Quality data is collected around falls, skin tears, bruises, infections, and other adverse events. The quality data is available to staff. Analysis and trends of quality data is collected and documented to identify opportunities for improvement. Quality initiatives are documented with documented progress to improve the overall service.</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when required and are signed off by the facility manager when completed. Residents and family/whānau are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff, and families/whānau. The resident satisfaction survey for 2025 reported a high overall satisfaction for all areas of service delivery. Residents and family/whānau interviewed</p>

		<p>advised that they were overall satisfied with the care and service they receive. Corrective actions were documented for the feedback provided related to food service-related comments.</p> <p>There is an implemented health and safety and risk management system in place. The facility manager is the designated health and safety officer. Hazard identification forms and a hazard register are in place, last reviewed in February 2025. Health and safety is included in the orientation and annual staff training programme. Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The service collects data relating to adverse, unplanned, and untoward events. This includes incident and accident information reported by staff on a paper-based system. Incident reports are completed for each incident/accident. Results are discussed in the combined quality and staff meetings and at handover.</p> <p>Discussions with clinical director confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There were events reported that required a Section 31 notification. The Health Quality and Safety Commission were notified of severity assessment code one and two events as required. The change in facility/clinical manager were notified to HealthCERT. There were no outbreaks reported since the last audit in June 2024.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements, and the service provides adequate registered nurse cover for rest home level care residents. The facility manager and all caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. All caregivers are medication competent. The full-time facility manager is a registered nurse and provides clinical oversight during the week. The facility manager is available to provide 24/7 after hours on call service.</p> <p>There are sufficient number of caregivers allocated to the roster all times to provide culturally and clinically safe care. Interviews with the caregivers confirmed that their workload is manageable. Laundry, certain kitchen, and cleaning duties are shared between the caregivers. There is an activities person rostered for 25 hours a week. Staff and residents are informed</p>

		<p>when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training as well as a range of topics related to caring for the older person and young persons with intellectual disabilities. External training opportunities for care staff include training through Health New Zealand, New Zealand Aged Care Association. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Five of the ten caregivers have achieved level 3 or higher NZQA qualifications.</p> <p>The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The annual competency schedule is implemented and all competencies required are current. The facility manager holds a current syringe driver and interRAI assessment competency.</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>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed included a signed employment contract, job description, police check, orientation documentation relevant to the role the staff member is in, application form and reference checks. All staff who have been employed for over one year have an annual appraisal completed. The practising certificates for the registered nurse, dietitian, podiatrist, and contracted GP are retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required.</p>

		<p>Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The facility manager (registered nurse) is responsible for all residents' assessments, care planning, and evaluation of care. Five resident files (including one funded under a YPD and one under a LTS-CHC contract) reviewed evidenced initial care plans are developed in partnership with the resident/EPOA within the required timeframe.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment (completed for all residents). The long-term care plans and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. Short term care plans are developed for short term needs such as infections, wounds, bruises and have been evaluated and signed off once completed or transferred to the long-term care plan. All care plans reviewed had been regularly reviewed to ensure that needs and risks are an ongoing process, and that any changes were documented in the care plan.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. The GP visits fortnightly and as required and is available for phone consultations after hours. Documentation and records reviewed were current. The GP was interviewed and expressed satisfaction with all aspects of care and stated the communication from the registered nurse was excellent. A physiotherapist is available as required.</p> <p>Contact details for family/whānau and EPOA are recorded in the clinical file. Resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of a sample of historic wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were no current wounds being treated at the time of the audit. The clinical director advised that if wounds</p>

		<p>required additional specialist input, this will be initiated and a wound nurse specialist consulted.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers and weekly by the registered nurse. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the GP. There was evidence the registered nurse had added to the progress notes when there was an incident and or change in health status.</p> <p>A range of paper-based monitoring charts are available for staff to utilise. Monitoring charts reviewed were all completed as required. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations include the degree of achievement towards meeting desired goals and outcomes, are documented by the registered nurses.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A safe electronic medication management system was observed on the day of audit, and ten medication records were reviewed. The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. Prescribing practices are in line with legislation, protocols, and guidelines. Three-monthly reviews by the GP and allergies were recorded in all medication charts sampled.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the registered nurse on delivery to the facility. All medications sighted were within current use by dates, and no eyedrops were in use at the time of the audit. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily. Medications are stored securely in accordance with requirements.</p> <p>The staff observed administering medication demonstrated knowledge and</p>

		<p>at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. All staff who administer medications have current competencies in place. The effectiveness of pro re nata (PRN) medicines were consistently documented.</p> <p>There were no residents self-administering medication on the day of the audit; however, the medication policy and procedures include an assessment, review and the provision of safe storage when required. Standing orders are not used, and vaccines are not kept on site.</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>A nutritional assessment is undertaken by the facility manager for each resident on admission to identify the residents’ dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident’s dietary needs change. Diets are modified as needed and the caregivers interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents’ meetings and in the annual residents’ survey. Residents and family/whānau interviewed stated that they were satisfied with the meals provided.</p> <p>The food control plan is current and expires 18 February 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our</p>	FA	<p>There is a documented policy that relates to resident transfer and discharge. Transition, discharge, or transfer is managed in a planned and coordinated in a timely and safe manner. Interview with staff confirmed residents and their family/whānau were involved for all discharges to and from the service. Discharge notes are kept on file and discharge instructions are incorporated into the care plan.</p>

<p>services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a building warrant of fitness certificate that expires on 1 July 2026. The environment is inclusive of peoples' cultures and supports cultural practices. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment and the scale was completed annually. Caregivers interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>Residents are encouraged to personalise their bedrooms, including those with cultural or spiritual significance as viewed on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme, reviewed annually, and approved by the director. The infection control policies were developed with input from infection control specialists and these comply with relevant legislation and accepted best practice. A registered nurse is the infection control coordinator. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Staff interviewed demonstrated a good understanding of infection control and prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated</p>	<p>FA</p>	<p>The infection surveillance program is tailored to the facility's size and service complexity, with thorough monitoring and management of</p>

<p>infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>infections. An infection control manual is used as reference for best practice around infection control. Advice around infection control matters is also sought from the local infection control specialist at Health NZ and Regional Public Health, and by liaising with the GP.</p> <p>The infection control coordinator monitor monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is collected, based on signs, symptoms, and infection definitions. This information is logged into an infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and implemented, which is also analysed monthly and annually for trend identification. The infection control data captures ethnicity information.</p> <p>To support infection prevention, audits are regularly conducted, covering areas such as cleaning, laundry, use of personal protective equipment (PPE), and the procedures for donning and doffing personal protective equipment (PPE), as well as hand hygiene practices. Where necessary, corrective measures are taken. Staff are kept up to date on infection rates and outcomes of regular audits during staff meetings, with evidence documented in the minutes of these meetings.</p> <p>There have been no outbreaks since the previous audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements to aim for a restraint free environment but also provide guidance on the safe use of restraints. The registered nurse (facility manager) is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator was not available to be interviewed.</p> <p>The clinical director described the organisation's commitment to restraint elimination and implementation across the organisation. The reporting process to the director includes restraint data that is gathered and analysed quarterly. On the day of the audit there were no residents utilising restraints. Training for all staff in relation to restraint and behaviour deescalation strategies occurs at orientation and annually. This includes a competency assessment.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.