

Heritage Lifecare Limited - St Joseph's Lifecare

Introduction

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

The audit has been conducted by 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: Heritage Lifecare Limited

Premises audited: St Joseph's Lifecare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 20 January 2026 End date: 20 January 2026

Proposed changes to current services (if any): This partial provisional was completed to verify an additional building on the same site as St Joseph's. The building (Marian Court) has 16-dual-purpose beds (all license-to-occupy suites). Two of the rooms are large enough for couples. The building was originally a home for retired catholic priests and nuns. The building has been completely refurbished by Heritage Lifecare. The additional building would increase dual-purpose beds to 87, with a total of 103 beds overall. The service is planning to open the end of April.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

Executive summary of the audit

Introduction

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

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

General overview of the audit

St Joseph's Lifecare is part of Heritage Lifecare Limited and provides hospital (geriatric and medical), rest home and dementia level of care for up to 87 residents.

This partial provisional was completed to verify an additional building on the same site as St Joseph's. The building (Marian Court) has 16-dual-purpose beds (all license-to-occupy suites). Two of the rooms are large enough for couples. The building was originally a home for retired catholic priests and nuns. The building has been completely refurbished by Heritage Lifecare. The additional building would increase dual-purpose beds to 87, with a total of 103 beds overall. The service is planning to open the end of April.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with the Health New Zealand. The audit process included a review of relevant policies and procedures, a review of documentation related to the ongoing build and the transition to operations, observations, and interviews with managers.

The audit identified that St Joseph's established systems and processes are appropriate for providing rest home, and hospital (medical and geriatric) level care in Marian Court. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new building.

The care home manager has been in the role since September 2025 and is supported by the clinical services manager and Heritage regional clinical and quality manager.

The service has addressed previous surveillance audit shortfalls that came under the scope of this audit around business planning; recruitment; orientation; training; care planning timeframes; interventions and monitoring; and medication documentation.

This partial provisional audit identified improvements around staffing; completion of refurbishments; external door hazards; building code of compliance; evacuation scheme; and evacuation drill.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

Heritage Lifecare Limited is an experienced aged care provider with a well-established organisational structure. St Joseph's Lifecare has its own business plan, which includes quality and operational goals. There is a current transition plan around the opening of Marian Court. Incident and accident data is collated monthly and analysed by both the clinical services manager and care home manager. Results are discussed in the facility meetings.

There is a documented roster in place for Marian Court that overall provides appropriate coverage for the effective delivery of care and support. A registered nurse in the St Joseph's facility will oversee Marian Court. Staff are in the process of being employed for Marian Court, with sufficient staff employed to date to cover the opening.

The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There is a documented training plan for 2026. The organisation has introduced a new electronic Learning Management System.

There are human resources policies in place, including recruitment, selection, orientation and staff training and development. All staff are required to complete competency assessments as part of their orientation and annually thereafter. A record of completion is maintained.

Ngā huarahi ki te oranga | Pathways to wellbeing

Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. The clinical manager interviewed described the work that has gone into reviewing and updating assessments and care plans since the previous audit.

All residents have admission assessment information collated and an initial care plan and long-term care plan are completed within required timeframes. A suite of risk assessments is available on the electronic system, and these were completed for the files reviewed and linked to care plan interventions.

The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. The service uses pre-packaged robotics, and these are checked by the RN on delivery to the facility. Staff administering medication have up to date competencies. The medication room in the Marion wings is not yet fitted and furnished.

The food service is to be provided by the main kitchen at St Joseph's. Hot boxes have been purchased for the transport of food from St Joseph's main building to Marian Court. Staff will service meals to residents from the kitchenette in the dining room of Marian Court. The dining room will cater for hospital and rest home residents. The dining room has been refurbished, and new furniture has been purchased.

A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences.

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

There is a current Building Warrant of Fitness at St Joseph's, but a code of compliance is not yet obtained for Marian Court. Marian Court is located adjacent to St Joseph's.

Marian Court is made up of three wings. Each wing has 5-6 suites with ensuites. There is a reception area at the main entrance and a dining room, sun lounge, TV lounge and family room. There are a number of communal and visitor toilets available.

There is an annual preventative maintenance schedule. A process to record reactive maintenance requests is in place. Fixtures, fittings, and flooring are appropriate.

There are handrails in hallways and ensuites. The resident rooms are spacious, and residents will be able to manoeuvre mobility aids around the bed and personal space. Each resident room has sliding doors out to small patios.

The building includes plenty of external light and each resident room has a wall heater and heat pumps in communal areas.

Emergency management policies, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. A fire evacuation plan is in place by the St Joseph's facility, but is not yet in place for Marian Court. A fire evacuation drill is scheduled on opening. In the event of a power outage, there is a generator available and adequate supplies available. There are first aid trained staff across 24/7.

There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Call bells are connected to the call bell system at St Joseph's home. The building is secure after hours and staff complete security checks at night.

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

The infection prevention coordinator's (shared role between two registered nurses) oversee infection control and the anti-microbial stewardship programme across St Joseph's Lifecare and are responsible for coordinating/providing education and training to staff.

Annual infection control training is included in the mandatory in-services that are held for all staff. Infection control is included in the orientation programme (including hand hygiene competencies) for new staff commencing at Marian Court.

The Infection Prevention & Control (IPC) programme includes documented reporting lines from senior management to the governance body. The infection surveillance programme is appropriate for the size and complexity of the service.

Monthly infection data is collected for all infections. There is benchmarking of infection rates with other Heritage facilities. Internal infection control audits are completed. IPC Systems and processes are established and will include Marian Court.

There are documented policies and procedures related to chemical safety, hazardous waste and waste disposal. There is a cleaners' cupboard in the new Marian wing. There are designated cleaners. Cleaning guidelines are provided. Safety data sheets and product sheets are available. There is a sluice and personal laundry in the new wing that is not yet fully completed and furnished. Gloves, aprons, and masks are available for staff.

All clothing and linen are laundered on site in the main facility. Dirty laundry is to be transported in covered trollies to the main laundry. The laundry is operational seven days a week. There is adequate space for the storage of clean linen at Marian Court. There are regular internal environmental cleanliness audits.

Here taratahi | Restraint and seclusion

The restraint approval process is described in the restraint policy and provides guidance on the safe use of restraints. The policy also includes the organisation's commitment to restraint elimination and implementation across the organisation. The reporting process to the governance body includes restraint data that is gathered and analysed monthly. Restraint elimination and managing behaviours is included as part of the mandatory training plan and orientation programme.

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	9	0	4	0	0	0
Criteria	0	41	0	6	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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>St Joseph’s Lifecare is owned and operated by Heritage Lifecare Limited and governed by a Board of Directors and an executive leadership team. The facility is certified to provide rest home, hospital-level (geriatric and medical), and dementia care for up to 87 beds, which include 16 secure dementia level care beds, and 71 dual purpose beds (rest home / hospital). All the beds are single occupancy. On the day of audit, there were 85 residents; 16 dementia level care, and 61 residents across the dual-purpose beds.</p> <p>This partial provisional was completed to verify an additional building on the same site as St Joseph’s. The building (Marian Court) has 16-dual-purpose beds (all license-to-occupy suites) with ensuites. Two of the rooms were verified as large enough for couples. The building was originally a home for retired catholic priests and nuns. The building has been completely refurbished by Heritage Lifecare. The additional building would increase dual-purpose beds to 87, with a total of 103 beds overall.</p> <p>Heritage Lifecare Limited is an experienced aged care provider with a well-established organisational structure. The Board provides leadership, strategic guidance, and oversight of management, acting in accordance with its Board Charter. Governance meetings are held monthly, with executive team meetings occurring fortnightly. The executive team is led</p>

		<p>by the Chief Executive Officer. Directors and executives have completed education in Te Tiriti o Waitangi, health equity, and cultural safety. The Kaupapa Māori Strategy, embedded within Heritage Lifecare Limited's strategic plan, reflects leadership's commitment to equity, and aligns with Ministry of Health strategies.</p> <p>St Joseph's Lifecare has its own business plan, which includes quality and operational goals. Site-specific goals focus on high-quality care, financial performance, improved food services, resident satisfaction, dementia-friendly initiatives, sustainability and social responsibility. These have been reviewed and signed off since last audit. They are due to develop the 2026 Business plan for St Joseph's, which include Marian Court. There is a current transition plan around the opening of Marian Court.</p> <p>At St Joseph's Lifecare, the care home manager has responsibility for embedding the quality programme. Outcomes and corrective actions are discussed through multiple forums, with high-risk areas escalated to senior national leaders. The programme includes site-specific risk and clinical reports, prepared by the care home manager and clinical services manager, and monitored nationally.</p> <p>The current care home manager has been in the role since September 2025. She has over 25 years of experience in aged care and management. The care home manager is supported by the clinical services manager, who commenced August 2025. The management team are supported by the Heritage regional clinical and quality manager.</p> <p>The management team have completed more than eight hours of training in aged care facility management.</p> <p>Heritage Lifecare Limited operates a Clinical Advisory Group (CAG) chaired by the General Manager of Operations. Membership includes Regional Clinical Quality Managers, the Head of Quality & Compliance, invited advisors, with the CEO and Head of Learning & Development as ex-officio members. The group meets bi-monthly to oversee the review of evidence-based clinical policies, monitor service delivery, and drive quality improvement.</p>
Subsection 2.2: Quality and risk	FA	There is a National Adverse Event Reporting Policy for internal and

<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>external reporting. Incident and accident data is collated monthly and analysed by both the clinical services manager and care home manager. Results are discussed in the facility meetings. Ten incident forms were reviewed and included follow up and corrective actions where required. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Discussions with the care home manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports completed, and Severity Assessment Code (SAC) notifications completed to Health Quality and Safety Commission (HQSC). The four SAC notifications reviewed include a root cause analysis. There have been no outbreaks reported.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented roster in place for Marian Court that overall provides appropriate coverage for the effective delivery of care and support. The roster identified that there is an enrolled nurse on each shift, supported by two caregivers on the morning and afternoon shift, and one caregiver at night. A registered nurse in the St Joseph's facility will oversee Marian Court. While both St Joseph's and Marian Court are on the same section, they are both stand-alone facilities, with a 14-meter pathway connecting them. The pathway is not internal or covered. The registered nurse would have to leave one facility to get into the other building. The service will need to review the requirements of the ARCC contract D17.4a (i) –(iii) and D17.4d.</p> <p>The previous audit identified that staff were not always covered/replaced for short notice absences on the roster. The care home manager stated that since last audit, there have been 19 new staff employed. There is a six-week roster (sighted) with no absences. There are also eight casual staff available, including one registered nurse. This is an improvement on the previous audit.</p> <p>The service is currently interviewing and employing six enrolled nurses and six caregivers. Other casual caregivers already employed will be rostered at Marian Court. There is currently one diversional therapist and four activity therapists to support the activity programme across St Joseph's, and will also provide activities at Marian Court.</p>

		<p>Thirteen registered nurses (including the clinical services manager) are employed, with eleven of them interRAI trained. All registered nurses are encouraged to also attend external training, webinars, and zoom training where available.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The previous audit identified that not all staff who are rostered in the dementia unit have completed the required unit standards as per ARRC agreement E4.5f. The care home manager advised that sixteen caregivers have been enrolled with Careerforce to complete their level 4 Dementia papers. They have scheduled dedicated Dementia Care session days to assist and support staff in completing the modules in a timely manner. Careerforce National Dementia facilitator is coordinating these sessions. Health NZ has closed out this previous audit shortfall.</p> <p>There is a documented training plan for 2026. The organisation has introduced ELMO, Heritage Lifecare's new Learning Management System (LMS), designed to make learning easier, smarter, and more accessible for everyone. This system was rolled out in December 2025, and the Regional clinical and quality manager stated that the programme ensures training education for all staff is more accessible, and the monitoring of completion and competencies.</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>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed (all new staff since previous audit) evidenced signed employment contracts, police checking, reference checks, and completed orientation booklets and competencies. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually thereafter. Competencies include (but not limited to) Health & Safety; moving and handling competency; standard precautions; pressure injury prevention competency; restraint; hand hygiene; cultural safety; eCase; checking CD; medication administration; wound competency; and skin tears. A record of completion is maintained.</p>

		<p>Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. Orientation for new staff will be staggered, and all will commence completing their orientations buddying staff at St Joseph's before Marian Court opens.</p> <p>A register of practising certificates is maintained for all health professionals.</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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. The clinical manager interviewed described the work that has gone into updating assessments and care plans since the previous audit.</p> <p>Five resident files were reviewed: one resident at dementia level of care, two at hospital level (including one respite), and two at rest home level care. All long-term residents had interRAI assessments and care plans completed within 21 days. This is an improvement on the previous audit. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans.</p> <p>All residents have admission assessment information collated and an initial care plan completed within required timeframes. A suite of risk assessments is available on the electronic system, and these were completed for the files reviewed and linked to care plan interventions. This is an improvement on the previous audit. The respite resident had initial assessments and an initial care plan on file. Wound care charts were reviewed for two residents with pressure injuries, and these link to pressure injury prevention and management strategies within the care plan.</p> <p>The care plans identify resident focussed goals, recognise Te Whare Tapa Whā and reflects a person-centred model of care. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans.</p> <p>The activities care plans reviewed included a 24-hour reflection of resident routines to assist caregivers in management of the resident behaviours. These are reviewed as part of the six-month evaluation. This is an</p>

		<p>improvement since the previous audit. Evaluations are scheduled six-monthly and completed at the time of the interRAI re-assessment. The CM demonstrated that all evaluations had been completed as scheduled. Evaluations documented the progression towards goals. This was an improvement on the previous audit. Short-term issues such as infections, weight loss, and wounds are addressed in a short-term care. Allied health interventions were documented and integrated into care plans.</p> <p>Caregivers complete task lists that reflect within the progress notes on every shift. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents. There was documented evidence the RN has added to the progress notes when there was an incident, changes in health status, and routine RN reviews.</p> <p>Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional grounding; blood sugar levels; and toileting regime. Monitoring charts are completed and monitored by the RN and CM.</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>PA Low</p>	<p>The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. Ten medication charts were reviewed and identified prescribing practices are in line with legislation, protocols, and guidelines. All charts were electronic, and included resident photos and allergies. This is an improvement on the previous audit. The required three-monthly reviews by the GP were recorded. The service uses pre-packaged robotics, and these are checked by the RN on delivery to the facility. Medications, including controlled medications, are stored securely. The staff observed administering medication demonstrated knowledge and 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. Current medication competencies were evident in staff files, including competencies for the RNs undertaking peritoneal dialysis.</p> <p>The medication room in the Marion wings is not yet fitted and furnished. The door to the medication room is not yet secure. The manager</p>

		confirmed a keypad will be installed to secure the room. A medication trolley has been purchased for the new medication room.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is to be provided by the main kitchen at St Joseph's. Hot boxes have been purchased for the transport of food from St Joseph's main building to Marian Court. Staff will serve meals to residents from the kitchenette in the dining room of Court. The dining room will cater for hospital and rest home residents. The dining room has been refurbished, and new furniture has been purchased.</p> <p>As the two buildings are separated by a 14m path, a kitchen hand will need to exit the building with the hot box. This will need to be reviewed to ensure the safety of staff (link 4.1.2).</p> <p>A nutritional assessment is undertaken by the RN 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 kitchen manager interviewed confirmed awareness of the dietary needs, likes, dislikes, and cultural needs of residents. These are accommodated in daily meal planning.</p> <p>The temperature of food served is taken and recorded. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed and reviewed by a dietitian. The food control plan is current and expires 16 July 2026. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the annual residents' survey.</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</p>	PA Low	There is a current Building Warrant of Fitness at St Joseph's, but a code of compliance is not yet obtained for Marian Court. Marian Court is located adjacent to St Joseph's. The building is connected via a 14-metre path,

<p>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>half of the path is steep with a handrail. The exit door at the rear of Marian Court is locked on the outside and will require a key at night to access. The path leads to a door at St Joseph's that will also require a key at night when locked. There are door lips at both doors which would impact trolleys and walking frames. The project manager stated that these will be ramped off, and the organisation is planning to change the path, so it is not so steep and considering adding a cover to the walkway.</p> <p>Marian Court is made up of three wings. Each wing has 5-6 suites with ensuites. Two suites are larger with a lounge and bedroom, and both were verified as suitable for a couple. There is a reception area at the main entrance and a dining room, sun lounge, TV lounge and family room. There are a number of communal and visitor toilets available.</p> <p>The maintenance person works full time and is on call as required. There is an annual preventative maintenance schedule. A process to record reactive maintenance requests is in place. Fixtures, fittings, and flooring are appropriate. All flooring is appropriate for ease of cleaning.</p> <p>All hot water temperatures will be monitored, and call bells will be checked and recorded as part of the maintenance plan. Hot water temperatures have not yet been recorded for Marian Court. All clinical equipment, electric beds, and hoists are new and under warranty. Annual checking for performance monitoring will occur as part of the maintenance programme.</p> <p>There are handrails in hallways and ensuites. Handrails are yet to be installed in communal toilets.</p> <p>The resident rooms are of sufficient size to meet the residents' assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. The bedrooms are able to be personalised. The ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers.</p> <p>Each resident room has sliding doors out to small patios. There is a gap between the sliding door and the outside patio, which may cause a hazard for residents with mobility equipment. There are outdoor areas/paths shared with St Joseph's and seating/shade is available.</p> <p>The building includes plenty of external light, and each resident room has a wall heater and heat pumps in communal areas.</p>
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		<p>The previous audit identified a shortfall at St Joseph's around raised hot water temperatures. Records were reviewed at this audit, and they were identified as below 45 degrees Celsius. This is an improvement on the previous audit.</p> <p>The organisation has ensured there has been input from Māori in the refurbishment of the building, to ensure it reflects the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <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>PA Low</p>	<p>Emergency management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency planning includes business continuity plans in case of an emergency/disaster.</p> <p>A fire evacuation plan is in place by the St Joseph's facility, but is not in place for Marian Court. The fire service has been into Marian Court to ensure all fire exit signs are in place. A fire evacuation drill is scheduled on opening.</p> <p>In the event of a power outage, there is a generator available. There are adequate supplies in the event of a civil defence emergency, including water stores (bottled and tank water) to provide residents and staff with twenty litres per day, for a minimum of seven days. Emergency management is included in staff orientation and external contractor orientation, and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Call bells are connected to the call bell system at St Joseph's home. A registered nurse can be called in the event of an emergency (link 2.3.1). These are audible and are displayed in hallways to alert care staff to who requires assistance.</p> <p>The building is secure after hours and staff complete security checks at night. Each resident room has a key lock into the room. The door when locked can be opened from the inside by turning the handle. Residents will be able to have a key if they wish and assessed as competent to manage this. The senior staff member will have a master key. Each resident room has a sliding door to a patio. This is easily opened from the inside but</p>

		locked once outside, unless you have a key. This may become a potential risk for confused residents at night.
<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>	FA	<p>The infection prevention coordinator's (shared role between two registered nurses) oversee infection control and the antimicrobial stewardship programme across St Joseph's Lifecare and is responsible for coordinating/providing education and training to staff. The job description outlines the responsibility of this role. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff completed infection control training in November 2025. There is good external support from the general practitioner, and Health New Zealand infection control specialist. There is a defined and documented infection control programme, and the programme was developed and approved with input from a clinical advisory group. The IPC programme includes documented reporting lines from senior management to the governance body.</p> <p>The Head of Clinical Strategy and Delivery for Heritage has been involved in the design and refurbishment of Marian Court and communication with the St Joseph's management, including IPC coordinators. The IPC coordinators at St Joseph's have input into the placement of hand sanitisers throughout the Marian wings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. The infection prevention and control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service. Infection data is collected, monitored, and reviewed monthly.</p> <p>Monthly infection data is collected for all infections based on standard definitions, signs, symptoms and reporting criteria. There is benchmarking of infection rates with other Heritage facilities. Internal infection control audits are completed. Systems and processes are established and will include the Marian wings on opening.</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>There are documented policies and procedures related to chemical safety, hazardous waste and waste disposal. The service uses Ecolab, and all chemicals were clearly labelled with manufacturer's labels, and stored in locked areas within the facility. There is a cleaners' cupboard in the new Marian wing. There is a sluice and personal laundry in the new wing that is not yet fully completed and furnished (link 4.1.1). Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys, and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>There are designated cleaners. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. The facility was observed to be clean.</p> <p>All clothing and linen are laundered on site in the main facility. Laundry is to be transported in covered trollies to the main laundry. The laundry is operational seven days a week. There are defined dirty and clean areas. There is adequate space for the storage of clean linen in the Marian wings. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</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</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and provides guidance on the safe use of restraints. The policy also includes the organisation's commitment to restraint elimination and implementation across the organisation. The restraint coordinator (clinical manager) is</p>

<p>restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>conversant with restraint policies and procedures, and provides support and oversight for restraint management in the facility. The reporting process to the governance body includes restraint data that is gathered and analysed monthly.</p> <p>Restraint elimination and managing behaviours is included as part of the mandatory training plan and orientation programme.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The previous audit identified that staff were not always covered/replaced for short notice absences on the roster. The care manager stated that since last audit, there have been 19 new staff employed. There is a six-week roster (sighted) with no absences. There are also eight casual staff available, including one registered nurse.</p> <p>There is a documented roster in place for Marian Court that overall provides appropriate coverage for the effective delivery of care and support. The roster identified that there is an enrolled nurse on each shift, supported by two caregivers on the morning and afternoon shift, and one caregiver at night. A registered nurse in the St Joseph’s facility will oversee Marian Court. While both St Joseph’s and Marian Court are on the same section, they are both standalone facilities, with a 14-metre pathway</p>	<p>The new Marian Court is a stand-alone building adjacent to St Joseph’s. The roster does not have a registered nurse rostered in the Marian Court building 24/7.</p>	<p>Ensure the requirements of the ARCC contract D17.4a (i) –(iii) and D17.4d is met for Marian Court prior to the occupancy of hospital residents.</p> <p>Prior to occupancy</p>

		connecting them. The pathway is not covered. The registered nurse would have to leave one facility to get into the other building. The service will need to review the requirements of the ARCC contract D17.4a (i) –(iii) and D17.4d.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	The medication room in Marian Court is not yet fitted and furnished. The door to the medication room is not yet secure. The manager stated a keypad will be installed. A medication trolley has been purchased for the new medication room.	<p>(i). The medication room in Marian House is not yet fitted and furnished.</p> <p>(ii). The door to the medication room is not yet secure.</p>	<p>(i). Ensure the medication room is fully fitted and furnished. (ii). Ensure the door to the medication room is secure.</p> <p>Prior to occupancy</p>
<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	There is a current Building Warrant of Fitness at St Joseph's, but a code of compliance is not yet obtained for Marian Court. All hot water temperatures will be monitored, and call bells will be checked and recorded as part of the maintenance plan. Hot water temperatures have not yet been recorded for Marian Court. All clinical equipment, electric beds, and hoists are new and under warranty. Annual checking for performance monitoring will occur as part of the maintenance programme. The maintenance person works full time and is on call as required. There is an annual preventative maintenance schedule. A process to record reactive maintenance requests is in place. Fixtures, fittings, and flooring are appropriate.	<p>(i). There is not an updated code of compliance for the building.</p> <p>(ii). Hot water temperatures have not yet been checked for Marian Court.</p> <p>(iii). There is a sluice and personal laundry in the new wing that is not yet fully completed and furnished.</p>	<p>(i). Ensure a code of compliance is obtained for Marian Court. (ii). Ensure hot water temperatures are monitored at Marian Court. (iii). Ensure the sluice and personal laundry is fully furnished and operational.</p> <p>Prior to occupancy</p>
Criterion 4.1.2	PA Low	Marian Court is made up of three wings. Each	(i). There are door lips at	(i)-(ii). Ensure door lips are

<p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>		<p>wing has 5-6 suites with ensuites. Two suites are larger with a lounge and bedroom, and both were verified as suitable for a couple. There is a reception area at the main entrance and a dining room, sun lounge, TV lounge, and family room. There are a number of communal and visitor toilets. There are handrails in hallways and ensuites. Handrails are yet to be installed in communal toilets available. Each resident room has sliding doors out to small patios. There is a gap between the sliding door and the outside patio, which may cause a hazard for residents with mobility equipment. There are outdoor areas/paths shared with St Joseph's, and seating/shade is available. The exit door at the rear of Marian Court is locked on the outside and will require a key at night to access. The path leads to a door at St Joseph's that will also require a key at night when locked. There are door lips at both doors which would impact trolleys and walking frames. The project manager stated that these will be ramped off, and the organisation is planning to change the path, so it is not so steep, and considering adding a cover to the walkway.</p>	<p>the two external doors between the buildings which would impact trolleys and mobility equipment.</p> <p>(ii). There are small raises between the sliding doors and the patios off each resident room.</p> <p>(iii). Handrails are yet to be installed in communal toilets.</p>	<p>addressed so mobility equipment can easily move between inside and outside. (iii) Ensure handrails are installed in communal toilets.</p> <p>Prior to occupancy</p>
<p>Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>An approved fire evacuation plan is in place for the St Joseph's facility, but is not in place for Marian Court. The fire service has been into Marian Court to ensure all fire exit signs are in place.</p>	<p>Marian Court does not have a documented and approved fire evacuation plan.</p>	<p>Ensure a fire evacuation plan has been approved by the fire service.</p> <p>Prior to occupancy</p>
<p>Criterion 4.2.3 Health care and support workers</p>	<p>PA Low</p>	<p>Emergency management procedures are covered as part of orientation and the ongoing</p>	<p>A fire evacuation drill is scheduled on opening.</p>	<p>Ensure staff complete a fire evacuation drill.</p>

<p>shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>		<p>training programme. A minimum of one person trained in first aid is available 24/7. A fire evacuation drill is scheduled on opening.</p>		<p>Prior to occupancy</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.