

# Patrick Ferry House Limited - Patrick Ferry House

---

## 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:** Patrick Ferry House Limited

**Premises audited:** Patrick Ferry House

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

**Dates of audit:** Start date: 10 December 2025 End date: 11 December 2025

**Proposed changes to current services (if any):** Eight beds are currently closed and are being refurbished. They will re-open during 2026 as four care suites.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 61



# 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

Patrick Ferry House provides care for up to 74 residents at rest home, and hospital (medical and geriatric) levels of care. On the day of the audit there were 61 residents. There were eight beds closed at the time of audit for refurbishment. These beds are planned to be re- opened 2026 as four care suites.

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 - Te Whatu Ora. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, general practitioner, staff, and management.

The hospital manager is appropriately qualified and experienced and is supported by a general manager, and clinical manager (registered nurse). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided.

The shortfalls around long-term care plans and assessment timeframes from the previous audit have been rectified. This surveillance audit identified no 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.



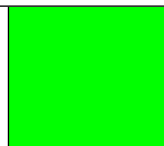
Subsections applicable to this service fully attained.

Patrick Ferry House 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. Patrick Ferry House provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaint 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.

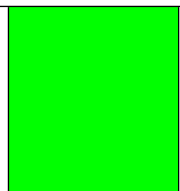
The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Service objectives are defined and regularly reviewed. Internal 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.
---	---	--

Registered nurses are responsible for assessing, developing, and evaluating care plans. Care plans are individualised and based on the residents' assessed needs. Interventions are appropriate and evaluated in the required timeframes.

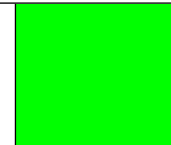
There is a medicine management system in place. The organisation uses an electronic system to prescribe and administer medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has passed their kitchen audit and is awaiting a current food control plan.

Residents are referred or transferred to other health services as required.

## 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.

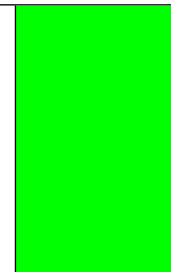


Subsections applicable to this service fully attained.

A current building warrant of fitness is in place. Electrical appliances and clinical equipment have been tested as required. The facility vehicle has a current registration and warrant of fitness.

## 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 management team.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Staff are informed about infection control practices through meetings, and education sessions. There has been one outbreak 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.

The governing body, management and staff are committed to attaining a restraint-free environment. Policies and procedures for restraint minimisation and safe practice are implemented. At the time of the audit there were three residents using bedrails.

Staff have training during orientation and annually on the least restrictive practice, de-escalation and alternatives to restraint.

### 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 documented for the service. This acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service does not have residents who identify as Māori. The service is committed to respecting the self-determination, cultural values, and beliefs of residents and whānau and evidence is documented in the resident care plan and evidenced in practice.</p> <p>The service has links with local iwi through current staff members, with kaumātua and kuia being available to support the organisations cultural journey. Cultural assessments are available for residents who identify as Māori.</p> <p>Interviews with seven staff (four health care assistants, a registered nurse, a maintenance person and one cook) and management team (the hospital manager, the clinical manager and the general manager) 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</p>	FA	<p>Patrick Ferry House recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of health and disability services for Pacific</p>

<p>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 equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>people. There is a comprehensive Pacific Health plan documented. This was developed in consultation with Pasifika by a well-known external consultant within the aged care sector and implemented by the service. At the time of the audit, there were staff who identified as Pasifika.</p> <p>There were no residents identifying as Pasifika at the time of the audit. Interviews with the facility and staff members confirmed that family/whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions. They cited satisfaction with the service and recognition of cultural needs.</p> <p>The service consults with Pacific Island staff, and industry advisors who identify as Pasifika to access community links and continue to provide equitable employment opportunities for the Pasifika community</p>
<p>Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others.  Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).  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 hospital 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>Five residents (two rest home and three hospital), and two family/whānau (both hospital level) 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  The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>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. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised.</p> <p>Staff complete education during orientation and annually as per the</p>

		<p>training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, feel safe, and their property is respected. All residents and whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police vetting checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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>Five resident files reviewed included signed general informed consent forms. 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) were on resident files where applicable.</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>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The hospital manager maintains a record of all complaints, both verbal and written by using a complaint register. There have been no internal complaints year to date, since the previous audit. There are two external complaints received via the Health and Disability Commissioner (HDC). Both complaints are in progress, and</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>		<p>all information has been provided as requested. This audit identified no issues related to the complaint topics, with evidence of pain management, and over all care and support documented in care plans and included as part of staff training.</p> <p>The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate complaints are managed in accordance with guidelines set by the HDC.</p> <p>The complaints procedure is provided to residents and families during the resident's entry to the service. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>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. The hospital manager is responsible for the management of complaints and acknowledged the understanding that, for Māori, there is a preference for face-to-face communication and confirmed that this would be encouraged for any complainant, but particularly for Māori.</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>Patrick Ferry House is situated in Albany, Waitematā. Patrick Ferry House provides care for up to 74 residents at rest home, and hospital (medical and geriatric) levels of care. There were eight beds closed at the time of audit for refurbishment. These beds are planned to be re- opened 2026 as four care suites. On the day of the audit there were 61 residents: eight rest home, and 53 hospital residents (including four interim care, four funded by ACC and one respite). All other residents were under the aged related residential care (ARRC) agreement. All beds are certified for dual purpose use and are designed for single occupancy.</p> <p>Patrick Ferry House has a current business plan in place with clear goals to support their documented vision, mission, and values. The values support quality care, innovation, dignity, and respect. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha.</p> <p>The current business plan includes a mission statement and operational</p>

		<p>objectives with site specific goals. The management team includes the general manager (director) who is on site most days and acts as a conduit to the other three owner/directors. Business and quality reports are provided to the directors.</p> <p>The hospital manager and general manager interviewed confirmed the strategic plan aligns with the Ministry of Health strategies, addresses barriers to equitable service delivery and reflects collaboration with Māori. There are community links that provide advice to the directors to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>The governance of the service is via the owner/directors who have regular input into all activities at the service. The directors work with management to meet the requirements of relevant standards and legislation. Clinical governance is overseen by the hospital manager, the general manager and the clinical manager with input from the GP and wider multidisciplinary team.</p> <p>The hospital manager has extensive experience in aged care. They are supported by a clinical manager, the owners/directors, and an experienced care team. The hospital manager has maintained at least eight hours of professional development activities related to managing an aged care facility and other training.</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>Patrick Ferry House continues to implement its established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>Regular management meetings including monthly clinical, and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education.</p> <p>Internal audits, meetings, and collation of data were documented as taking</p>

	<p>place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are accessible to staff in their staff room and nurses' stations. Corrective actions are discussed at staff meetings to ensure any outstanding matters are addressed with sign-off when completed. There are also six-monthly restraint meetings, six monthly infection control meetings and the service has recently commenced monthly quality and clinical review meetings in collaboration with the sister facility.</p> <p>The resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a standing agenda item of all staff and senior management meetings, with the hospital manager acting as the health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register is kept (sighted). Health and safety policies are implemented and monitored by the health and safety officer.</p> <p>Staff incident, hazards and risk information is collated and analysis undertaken by the hospital manager monthly and reported to the owners/directors. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, an abrasion, and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Next of kin are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event.</p> <p>Discussions with the hospital manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including new severity assessment code (SAC) reporting procedures. There have been three occasions requiring Section 31</p>
--	---

		including a notification for a change of clinical manager, one for a fall with fracture, and one pressure injury. There has been one SAC notification for a pressure injury since the previous audit.
<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 residents assessed as rest home or hospital level of care. There is always a first aid trained staff member on duty. The hospital manager and clinical manager are available Monday to Friday and cover the on-call roster.</p> <p>Interviews with health care assistants (HCA), and a registered nurse confirmed that their workload is manageable. Staff and residents are informed 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. External training opportunities for care staff include training through Health New Zealand and hospice. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification.</p> <p>The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed.</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</p>	FA	<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 vetting, induction 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 nurses and other health practitioners are retained to provide evidence of their registration.</p>

<p>services.</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. HCAs interviewed reported that the orientation process prepared new staff for their role and could be extended if required.</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>Five resident files were reviewed: two rest home level; and three hospital level including one on an interim care contract. Registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>The interim care plan is completed within 24 hours of admission. Ongoing interRAI assessments have been completed in the timeframes required. This is an improvement from the last audit and criterion 3.2.5 is now fully attained. Outcome scores from interRAI assessment are addressed in the long-term care plans. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan. Residents on ACC and interim care funding do not have interRAI assessments but the registered nurse completes a comprehensive assessment using validated assessment tools and develops a care plan based on the assessed needs and preferences of the resident.</p> <p>Long-term care plans have been completed within 21 days. This is an improvement since the last audit and criterion 3.2.4 is now fully attained. Care plan interventions are resident centred and provide guidance to staff around all medical and non-medical requirements. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or transferred to the long-term care plan. InterRAI re-assessments have been completed six monthly and when changes occurred earlier as indicated for long term residents. Care plans are reviewed on a six-monthly basis or when there are changes in the status of</p>

	<p>residents.</p> <p>The general practitioner visits twice a week to complete monthly and three-monthly medical reviews and to see residents newly admitted or with acute needs. The general practice provides after-hours support 24/7. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner was interviewed and stated staff are competent and communicate with them in a timely manner when there are changes in the health status of residents.</p> <p>Resident files identify the integration of allied health professional input into care, and a team approach is evident. A physiotherapist visits once a week for a minimum of four hours. A podiatrist visits regularly.</p> <p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. Progress notes are written every shift by the HCAs and the registered nurses document at least daily for hospital level residents and when there is an incident or changes in health status.</p> <p>The residents and family/whānau interviewed reported their needs and expectations are being met. When a resident's condition changes, the staff alert the registered nurse who then assesses the resident and initiates a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of 28 wounds including four pressure injuries (two stage one, one stage two and one stage three), skin tears and chronic lesions. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources.</p> <p>Monitoring charts including but not limited to vital signs, bowel charts,</p>
--	---

		<p>turning charts, food and fluid, and weight charts are completed as per the care plans. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</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>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. There are two medication rooms. Medicines were seen to be stored in locked trolleys, locked medication rooms and controlled medication safes. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported on incident forms and appropriate investigation and follow up is done.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>At the time of the audit there were no residents self-administering their medications. There is a process for assessing the competency for residents who wish to self-administer their medications and a policy for the safe storage of medications. There are no standing orders.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>The service was awaiting their current food control plan certificate. The audit report from the kitchen audit dated 25 November 2025 showed the service had passed the audit and a current food control plan certificate would be issued.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transition to a different level of care, transfer to another facility, hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. Where possible, family or whānau are encouraged to attend resident appointments. Staff may accompany residents when required and where no family or support person is available.</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</p>	<p>FA</p>	<p>The building warrant of fitness is current to 8 January 2026. The facility was undergoing their inspections for the next building warrant of fitness during the audit.</p> <p>The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for</p>

<p>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>residents and their family/whānau to utilise are available inside in small lounge areas. Outside, there are covered decks for residents in the upper level and in the internal courtyard on the ground floor. There is a large outdoor mediterranean courtyard and walkway for residents to use. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings as viewed on the day of audit.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, last completed in August 2025 and calibration and testing of clinical equipment, last completed in October 2025. The vehicle has a current warrant of fitness and registration. Hot water temperatures have been tested and recorded in resident rooms, laundry, and kitchen monthly. Review of the monitoring records show the hot water temperature in resident rooms is maintained below 45 degrees Celsius.</p> <p>Eight beds are currently closed and are being refurbished. They will re-open during 2026 as four care suites. The area being refurbished is secured and safe.</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 directors. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team, and all policies are available to staff.</p> <p>The clinical manager (RN) 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 is up to date with a high number of staff attending. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of infectious outbreaks is ongoing. This includes reminders about handwashing and advice to residents about remaining in their room if they are unwell. Staff who were</p>

		interviewed demonstrated a good understanding of infection control and prevention measures.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <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>	FA	<p>The infection surveillance programme is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. An infection control manual is used as reference for best practice around infection control. There is good external support from the GP, laboratory, external consultant, and Health New Zealand – Waitematā infection control nurse specialist.</p> <p>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 executed, which is also analysed monthly and annually for trend identification. Additionally, the infection control data captures information on ethnicity.</p> <p>To support infection prevention, audits are regularly conducted, covering areas such as cleaning, laundry, use of 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 has been one reported outbreak since the previous audit (Covid - 19). Documentations evidenced that this was well managed, and staff were updated and informed of any changes by noticeboards, handovers, and electronic messages.</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</p>	FA	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by management and staff. At the time of the audit there were three residents using bedrails as restraint. Review of resident files show the restraint coordinator (clinical manager) works in close liaison with residents and family/whānau to ensure the least</p>

<p>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>restrictive practice and all alternatives are exhausted before restraint is used. Restraint related training which includes relevant policies and procedures, alternatives to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</p>
--	--	---

## Specific results for criterion where corrective actions are required

---

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

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

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

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.