

# Presbyterian Support Services Otago Incorporated - Ross Home and Hospital

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## 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:

<b>Legal entity:</b>	Presbyterian Support Otago Incorporated
<b>Premises audited:</b>	Ross Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 20 January 2026      End date: 21 January 2026
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	122

# Executive summary of the audit

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## Introduction

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

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

Ross Home and Hospital is part of the Presbyterian Support Otago (PSO) organisation. The service is certified to provide rest home, hospital (geriatric and medical), and residential disability (physical) level of care for up to 124 residents. At the time of the audit, there were 122 residents.

This surveillance audit was conducted against the required standards for surveillance audits of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand and the Ministry of Social Development. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, general practitioner, management and staff.

There has been a change in the management team since the last audit. The facility manager has considerable experience working in older person`s health and is supported by a management assistant, clinical manager, clinical coordinators, quality advisor and the wider senior management team at Presbyterian Support Otago (PSO).

The previous certification audit had no shortfalls identified to be addressed.

This surveillance audit identified a shortfall related to the implementation of the quality system.

## 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.



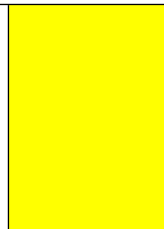
Subsections applicable to this service fully attained.

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

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

## Hunga mahi me te hanganga | Workforce and structure

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



Some subsections applicable to this service partially attained and of low risk.

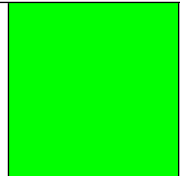
The strategic plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of data were documented as taking place as

scheduled, with a robust corrective action process implemented. Quality and risk performance is reported in management and staff meetings. The service complies with statutory and regulatory reporting obligations.

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Resident records reviewed provided evidence that the registered nurses and enrolled nurse utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed were reviewed at least three-monthly by the nurse practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals occur in a coordinated manner.

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

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

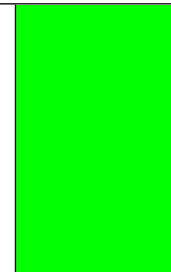


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

## 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 control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level. All staff have completed education in relation to infection control and Te Tiriti o Waitangi. Resources in te reo Māori are available. Antimicrobial stewardship is monitored. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Housekeeping and laundry services are provided seven days a week. There has been two outbreaks reported since the last audit. There were plentiful supplies of personal protective equipment around the facility including face masks and hand gel.

## 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 restraint coordinator is the clinical manager. The service is committed to a restraint free environment and would only use approved restraint as last resort. There is one resident using restraint. Restraint minimisation and safe practise training is included as part of the orientation process and included in the annual mandatory training plan. The service considers least restrictive practices, implement diversion, de-escalation techniques and alternative interventions.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The interviews with the clinical manager confirmed the service is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and ensuring this is reflected in individual care plans. Presbyterian Support Otago (PSO) has affiliations with nine local iwi and seeks regular input from stakeholders to ensure culturally safe service provision.</p> <p>There were staff who identified as Māori at Ross Home and Hospital. Seventeen staff were interviewed including five registered nurses (RN), two clinical coordinators, six healthcare assistants (HCA), one kitchen service manager, one laundry person, one housekeeper and one maintenance person; and the management team including one facility manager, one clinical manager, one management assistant and one quality advisor. All were all confident describing how they provide culturally appropriate care for all residents in relation to their role.</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>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of PSO's Pacific health plan. The aim is to uphold the principles of Pacific people by</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>acknowledging respectful relationships, valuing families and providing high quality healthcare. The organisation evidence commitment to support and enhance the wellbeing of Pasifika peoples in their service.</p> <p>There were residents identifying as Pasifika at the time of the audit. Interviews with the staff members confirmed that family/whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions. Pasifika staff cited satisfaction with the service and recognition of cultural needs.</p> <p>Ross Home and Hospital partners with Pasifika advisors from Health New Zealand and Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery  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) is included in the information that is provided to new residents and their family/whānau. The facility manager and clinical manager discuss 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>Four rest home residents and two younger persons with disabilities (hospital level of care), and eight hospital family/whānau confirmed that individual choices, independence and cultural beliefs are respected. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The education plan includes abuse and neglect prevention sessions. Staff interviewed could describe signs and symptoms of abuse and neglect and that they would report any such concerns to the clinical manager or facility manager.</p> <p>Organisational policies provide guidance on the prevention of any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days celebrate diversity. The PSO code of conduct is discussed with staff during their</p>

		<p>induction to the service that addresses harassment, racism, and bullying. Staff are educated on how to value the older person showing them respect and dignity. The education plan includes abuse and neglect prevention training. The residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Residents' belongings are respected, listed at admission, labelled and documented. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation and through professional responsibility sessions held as part of the ongoing education plan.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Informed consent processes are discussed with residents and family/whānau on admission. Seven resident files sampled included written consents signed by the resident. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) and court appointed welfare guardians were on resident files where applicable.</p>
<p>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</p>	FA	<p>The PSO complaints procedure is provided to residents and family/whānau on entry to the service. Complaint forms are easily accessible in the facility, with advocacy services information provided at admission and as part of the complaint resolution process. The facility manager has overall</p>

<p>disability system, as active partners in improving the system and their care and support. 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>responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC). There have been 13 complaints (one in 2024 and 12 received in 2025 and none for 2026 year to date) since the last audit. Documentation including acknowledgement, follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the HDC. There were no complaints received from external agencies.</p> <p>Residents and family/whānau reported the facility manager and clinical manager are always available and responsive to any query before the issue escalates to a complaint. The residents and family/whānau all reported they felt comfortable raising any issues or concerns with either the facility manager or clinical manager. The facility manager easily described the complaint process during interviews.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose, which may include representation from Māori. The facility manager maintains an open-door policy. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication. The complaint policy demonstrates equitable processes for residents and whānau identifying as 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. 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. 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</p>	<p>FA</p>	<p>Presbyterian Support Otago Ross Home and Hospital is situated in Dunedin. They provide rest home, hospital (geriatric and medical) and residential disability services (physical) levels of care for up to 124 residents. There are 40 rest home beds: 60 hospital beds and 24 dual purpose beds.</p> <p>On the day of the audit there were 122 residents including 43 rest home (including two residents on a younger person with a disability (YPD) contract and three residents funded by ACC); there were 79 hospital level (including four residents on a YPD contract, three residents funded by ACC and two on a respite care contract). All remaining residents were funded through the age-related residential care (ARRC) contract. There</p>

<p>serve.</p>		<p>were no double or shared rooms at the time of the audit.</p> <p>Ross Home and Hospital is one of seven PSO aged residential care homes in Otago. The organisation provides Enliven aged care services across Otago and is governed by a Board of representatives who meet monthly.</p> <p>The day-to-day operations of the facility is managed by a facility manager who been in the role since March 2025. The have considerable experience in older persons health with a background as a health professional in psychology. They are supported by a clinical manager (in the role since August 2025) and three clinical coordinators that provides clinical oversight. The clinical manager is experienced and not new to a clinical manager`s role. The management team are supported by the quality advisor, clinical lead (new created role), management assistant and the senior management team based at head office in Dunedin. The facility manager and clinical manager completed the expected eight hours of education in relation to managing an age care facility.</p> <p>Reports from the facility managers are collated and reported through the clinical governance advisory group to the Board. All aspects of quality are discussed including (but not limited to) benchmarking, new initiatives, external complaints, certification, policy development and review, and staffing. Meeting minutes are documented and reported to the Board, managers meetings and the wider staff through facility meetings. All quality data includes ethnicity which is used to improve services and outcomes for residents.</p> <p>There is a documented (2025- 2030) plan strategic plan, which informs the quality plan and includes the organisation`s vision, mission, and values. The annual business plan links to the overall strategic plan and links to the quality plan. A business plan for each facility is created annually with quarterly reviews and annual reporting to the Board on outcomes. The quality plan (2025-2026) is comprehensive and encompasses all areas of Presbyterian Support services. The quality plan includes organisational leadership and management, health, safety and risk, quality improvement, restraint, infection control, staffing and development. Each facility has site specific annual quality and wellbeing goals for 2025-2026.</p> <p>The organisational foundation documents address barriers for Māori to ensure and improve equitable service delivery.</p>
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<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>PA Low</p>	<p>The quality programme is implemented by the clinical manager and clinical coordinators with additional support provided by the cl quality advisor. An annual planner/schedule is implemented till September 2025. An annual internal audit planner/schedule is implemented till September 2025. Internal audits were completed as scheduled up until September 2025 and signed off by the facility manager or clinical manager. However, the schedule was not completed from October 2025.</p> <p>There are a range of meetings held within the facility that include a monthly management meeting, registered nurse/enrolled nurse (RN/EN), and quality meetings which include health and safety and infection control. Staff meetings are also scheduled for each wing and are the responsibility of the clinical coordinators to organise and facilitate. Staff meetings have not been held consistently. The meeting minutes reviewed addressed any matters outstanding from previous meetings and closed off any action points. The Enliven Philosophy is woven through all aspects of service delivery which includes principles of Enable Good Lives for the younger residents.</p> <p>Quality data is collated for all key performance indicators (KPI). The quality advisor provides a report to each facility related to their own performance. Data includes ethnicity and is analysed and benchmarked between PSO, Presbyterian Support Services (PSS) and aged care providers nationally. Benchmarking data is reported at all meeting and reported to the board through the clinical governance advisory group (CGAG) meetings. The results of the quality data is used to improve health outcomes for residents.</p> <p>Resident and family/whānau satisfaction surveys are completed annually and the latest surveys were completed in September 2025. The surveys reflected high levels of satisfaction around privacy, environment accessibility, personalisation of resident room, safe/secure environment. The results also showed that respondents would recommend the facility to others. Results were analysed and a summary report was shared with staff, residents and family/whānau. Corrective actions were implemented and completed around the call bell response times and the variety of activities provided.</p>

		<p>All resident incidents, accidents and near misses are entered onto the electronic resident management system. The electronic incident reports reviewed were fully completed, with opportunities to minimise risks identified and implemented. Reports are generated and included in KPI data. Health and safety policies are implemented, and a current hazard and risk register was reviewed. Staff incident, hazards and risk information is collated at facility level, reported to the general manager and a consolidated report and analysis of all facilities is then provided at the CGAG meeting and reported to the Board. Two health and safety representatives (housekeeper and laundry person) interviewed confirmed that the health and safety committee meet bi-monthly to review any onsite incidents and hazards. External contractors complete an orientation and sign a health and safety agreement prior to undertaking work at the facility.</p> <p>Discussions with the facility manager, clinical manager and quality advisor evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four Section 31 notifications completed for events. Serious adverse event (SAC) reports were notified to the Health Quality and Safety Commission (HQSC) appropriately. Public Health authorities have been notified of one outbreak (influenza) since the last audit. The change in management has been notified to HealthCERT.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The organisational policy outlines on-call requirements, skill mix, staffing ratios, and rostering for facilities. Part time, casual staff and agency staff cover unplanned absences. The facility manager and clinical manager both work full time. The facility manager is available on call 24/7 for any operational related issues and clinical manager is on call 24/7 for any clinical issues. They are supported by a team of RNs and three clinical coordinators.</p> <p>The roster reviewed evidenced sufficient numbers of staff to meet the resident's needs. Staff and residents are informed when there are changes to staffing levels, and care requirements are attended to in a timely manner, as evidenced in staff interviews. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. The HCAs interviewed reported the RNs are supportive and approachable and</p>

		<p>assist with cares when required. Interviews with residents and family/whānau indicated that overall, there are sufficient staff to meet the resident needs.</p> <p>There is an annual education and training schedule. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-service education. The management assistant provides training attendance reports (sighted) to the facility manager and stated during interview that staff training attendance for Ross Home and Hospital is very high. Presbyterian Support Otago (PSO) have adopted an online training platform (Altura) which provides a wide range of training sessions for staff. The education plan includes all compulsory training sessions and specific competencies staff complete on an annual basis. Records of attendance and completion of online training are maintained. The Enliven Philosophy education sessions cover key cultural aspects of care along including the Enable Good Lives principles. Cultural training is included and staff explained how these impact working practices.</p> <p>All staff are encouraged and supported to achieve New Zealand Qualification Authority (NZQA) qualifications through Careerforce. There are 68 HCAs in total and 65 have achieved a level 3 NZQA certificate or above. A Careerforce assessor is available to staff. There are 23 RNs (including the clinical manager and three clinical coordinators), one enrolled nurse (EN), with 12 RNs being interRAI trained. Registered nurses are supported to attend external education and complete annual competencies including interRAI and syringe drivers.</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</p>	<p>FA</p>	<p>Staff files are held electronically and are password protected. Seven staff files reviewed (including one clinical manager, one RN, one clinical coordinator, two HCAs, one kitchen service manager, and one laundry person), evidenced implementation of the recruitment process. All letters of offer contain the employment agreement, job description and code of conduct, which were evidenced as being signed by the facility manager and the employee. All staff who have been employed for more than 12 months have annual appraisals completed as scheduled.</p> <p>Staff ethnicity data is collected and reported as required. A register of</p>

<p>support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>practising certificates is maintained for all health professionals. 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. Competencies are completed at orientation and are repeated annually.</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>Seven resident files were reviewed: four residents receiving hospital-level care (including residents under YPD, ACC, respite, and physical disability contract) and three residents receiving rest home-level care. Registered nurses (RNs) complete an initial assessment and admission care plan for all residents on entry to the service using the “Getting to Know Me” assessment tool. Review of documentation confirmed evidence of resident and family/whānau involvement in interRAI assessments and the development of long-term care plans where applicable. All residents receiving care under YPD, ACC, and respite contracts had a service authorisation and a signed agreement, and a suite of contract-specific assessments is completed in lieu of interRAI assessments. Initial assessments, care plans, and long-term care plans reviewed were completed within the required contractual and organisational timeframes.</p> <p>Care plans documented within the electronic resident management system were resident-focused and individualised, and included consideration of residents lived experiences, cultural needs, values, and beliefs. Long-term care plans identified assessed support needs, resident goals, and planned interventions to manage identified health conditions and risks. Care planning is undertaken using a supported decision-making approach, enabling younger residents with disability to self-determine their care preferences and goals, with support from whānau or EPOA where required.</p> <p>Relevant clinical information, including discharge summaries, medical and allied health documentation, and records of consultation with residents and family/whānau or significant others, was available within residents’ electronic files, supporting an integrated approach to care planning.</p> <p>Care plans and risk assessments were evaluated within the required six-monthly review timeframe, or earlier where there were changes in residents’ health status. Documentation confirmed that care plans were</p>

	<p>updated in response to changes in condition and identified needs. A contracted general practitioner (GP) from a local practice provides medical services to residents, completing medical admissions, three-monthly reviews, and additional reviews as required. The GP interviewed during the audit reported that the nursing team demonstrates competence in assessment and clinical referral processes and spoke positively about the standard of care provided to residents.</p> <p>Residents' electronic records demonstrate the integration of GP and allied health input into care delivery, evidencing a multidisciplinary team approach. The service employs an in-house physiotherapist and has access to a PSO-contracted dietitian via referral. A podiatrist attends the service on a six-weekly basis, with additional clinical input provided by clinical nurse specialists and medical specialists from Health New Zealand as required.</p> <p>Healthcare assistants (HCAs) interviewed described structured verbal and written handovers conducted at the commencement of each shift, supporting continuity of service delivery. Healthcare assistants complete progress notes each shift. RNs complete weekly clinical summary notes for residents receiving rest home-level care and document progress notes more frequently as required to reflect residents' current health status. For residents receiving hospital-level care, RN progress notes are completed at least daily.</p> <p>Residents interviewed reported that their needs and expectations were being met. Documentation confirmed that when a resident's condition changes, an RN initiates a clinical review and liaises with the GP as appropriate. Family/whānau or enduring power of attorney (EPOA) representatives are informed of changes in residents' health status, including infections, accidents or incidents, GP reviews, medication changes, and other significant clinical events.</p> <p>A sample of wound care records reviewed included surgical wounds, pressure injuries (one stage one and two), skin tears, grazes, and skin lesions. Electronic wound care plans documented assessment findings, management plans, evaluations, and photographic records to support monitoring of wound healing. Dressing changes were completed in accordance with documented plans, and referrals were made to wound care nurse specialists for residents with complex wounds.</p>
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		<p>Care plans reflected required health monitoring interventions tailored to individual residents, including repositioning, intentional rounding, food and fluid monitoring, bowel management, blood pressure monitoring, weight monitoring, pain assessment, behaviour monitoring, neurological observations, and blood sugar monitoring. Monitoring charts reviewed were largely completed as required; however, neurological observations were not consistently completed in accordance with documented timeframes. Short-term and acute health issues were documented within care plans and progress notes, with escalation to medical review where indicated.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management policies and procedures are in place and provide guidance for safe medication management appropriate to the scope of services delivered. Review of documentation and observation confirmed that the medication management system is implemented consistently across the service.</p> <p>All staff involved in medication management, including registered nurses, an enrolled nurse, and medication-competent healthcare assistants, have completed annual medication competency assessments. Education related to safe medication administration is provided, and staff were observed during the audit to administer medications safely and in accordance with policy. Healthcare assistants interviewed were able to clearly describe their role and responsibilities in relation to medication administration.</p> <p>Medications are checked on delivery against the medication charts, with any discrepancies promptly communicated to the supplying pharmacy. Regular physical checks and reconciliation of medications are completed. Medications were appropriately stored in designated treatment rooms. Daily temperature monitoring of treatment rooms and medication refrigerators was completed, with recorded temperatures within acceptable ranges. Weekly medication checks are undertaken, and medications with limited shelf life are dated on opening with documented expiry dates.</p> <p>Fourteen medication charts were reviewed. All charts demonstrated evidence of three-monthly general practitioner review. Each medication chart included photographic resident identification and clearly documented allergy status, supporting safe medication administration practices.</p>

		<p>The service follows its resident self-administration and management of medication policy. One resident self-administers inhalers and topical medications. These medications are stored securely in the resident's room. Documentation confirmed that the resident's competency to self-administer medications is reviewed by the general practitioner three-monthly, or earlier if there are changes in the resident's ability to safely self-administer.</p> <p>Standing orders are not in use at the facility. Pro re nata (PRN) medications are appropriately charted and administered as required, with documentation confirming monitoring of effectiveness following administration.</p> <p>Continuity of treatment and support is promoted by ensuring the views of the residents and family/whānau (where appropriate), are considered prior to any proposed change to medication or any other treatment.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The meals at Ross Home and Hospital are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped, and a current approved food control plan.</p> <p>The kitchen service manager receives resident dietary information (including food allergies) from the RNs on admission and is notified of any changes to dietary requirements. Dislikes and special dietary requirements (vegetarian, dairy free, pureed foods) are accommodated. The kitchen service manager reported they were familiar with Māori and Pasifika cultural preferences and could accommodate all requests, with food including boil ups and fry bread.</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>	FA	<p>Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care and to manage associated risks. Resident change, transfer, or termination policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner.</p> <p>The registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer</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>documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a current building warrant of fitness. The environment is inclusive of peoples' cultures and supports cultural practices. A maintenance person (interviewed) oversees maintenance of the site. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required.</p> <p>There is an annual maintenance plan that includes a schedule for electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of resident's electrical equipment is completed annually. Checking and calibration of medical equipment, hoists and scales is completed annually. Records and asset register is kept and managed by the property and procurement manager and was discussed by the maintenance /project team leader, and health and safety representative on the day of audit.</p> <p>The physical layout and accessibility of the building promote independence and mobility of younger people with disability with motorized chairs.</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,</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 CGAG. The infection control policies were developed with input from infection control specialists and these comply with relevant legislation and accepted best practice. The clinical manager (a registered nurse) is the infection control coordinator. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date. Staff have received</p>

<p>and scope of our services.</p>		<p>education in infection control at orientation and through ongoing annual online education sessions. Staff interviewed demonstrated a good understanding of infection control and prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance program 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. Advice around infection control matters is also sought from the CGAG and local infection control specialist at Health NZ and Regional Public Health, and by liaising with the GP and quality advisor.</p> <p>The infection control coordinator monitors 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. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at management/quality meetings, clinical forum meetings and the CGAG meetings. 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. However, the staff meetings had not occurred consistently (link 2.2.2).</p> <p>Subsequently, action plans are formulated and implemented, which is also analysed monthly and annually for trend identification. The infection control data captures ethnicity information.</p> <p>To support infection prevention, audits are regularly conducted, covering areas such as cleaning, laundry, use of personal protective equipment (PPE), and the procedures for donning and doffing personal protective equipment (PPE), as well as hand hygiene practices. Where necessary, corrective measures are taken.</p> <p>There has been one outbreak (influenza in October 2025) documented. An outbreak log was maintained, and staff, residents and families were updated regularly. Appropriate isolation precautions were in place. All staff and visitors were required to wear masks. Outbreak kits and PPE were</p>

		<p>plentiful and easily accessible. Staff interviewed stated they received sufficient information during handovers and morning huddles and confirmed the management of the outbreak was efficient and had proved to be successful.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint coordinator confirmed that any consideration of restraint involves the resident (where able), family/whānau, and the multidisciplinary team. Decisions for Māori are made in partnership with whānau in a mana-enhancing manner. The restraint minimisation policy requires that only the least restrictive option is approved when restraint is used. Restraint data, where applicable, is monitored and reported through quality and staff meetings and escalated to the organisation's CGAG, demonstrating governance oversight of restraint minimisation. The quality advisor confirmed organisational oversight and commitment to eliminating restraint. At the time of the surveillance audit, one resident was using bedrails. Restraint minimisation education is included in staff orientation and annual training, with relevant competencies maintained to support least restrictive and safe practice.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>The quality frameworks encompass quality improvement and resident safety. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation, a programme of internal audits and a process for identifying and addressing corrective actions. There have been a restructuring in the unit manager roles and responsibilities (now clinical coordinators). These roles were responsible for participating and completing internal audits and chair staff meetings within their units. The internal audit programme was fully implemented up until September 2025 and not completed thereafter. The bimonthly staff meetings held in each unit were inconsistent implemented; with Macara and Kilgour wings only having one documented staff meeting in 2025 and Dalkeith and Craig wings having had three meetings for 2025 with the last meeting held in August 2025.</p> <p>Staff interviewed stated they received information from the management/quality meetings and are supplied with graphs</p>	<p>(i). The internal audit schedule has not been fully implemented since October 2025.</p> <p>(ii). Staff meetings have not been held consistently across four of the five wings.</p>	<p>(i). Ensure that the internal audit programme is implemented as per schedule.</p> <p>(ii). Ensure that staff meetings are held as scheduled.</p> <p>90 days</p>

		related to KPI performance. Interviews with the HCAs confirmed communication via staff meetings can improve.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.