Greenvalley Care Limited - Greenvalley

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: Greenvalley Care Limited

Premises audited: Greenvalley

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

Dates of audit: Start date: 2 December 2025 End date: 3 December 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 52

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 haumaru │ 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
(blue)	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
(green)	No short falls	Subsections applicable to this service fully attained
(yellow)	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

Greenvalley Care Limited (Greenvalley) provides hospital (geriatric and medical), rest home, and dementia level of care for up to 52 residents. There were 52 residents at the time of the audit.

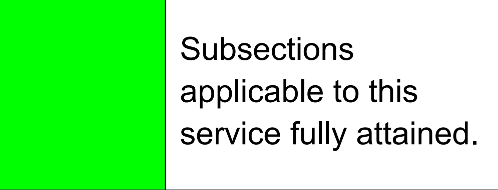
This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021, and contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The clinical manager is supported by a quality manager and a stable care team. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed the previous two audit shortfalls relating to staff training and recruitment and to environmental changes for hospital care.

There were two shortfalls identified at this surveillance audit relating to care plan interventions.

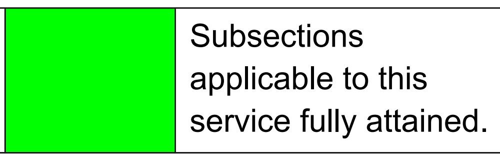
Ō tātou motika | Our rights

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.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Greenvalley demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code), and complainants are kept fully informed.

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.

Greenvalley has a documented governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy, and management have an understanding and comply with statutory and regulatory obligations in relation to reporting of essential notifications. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

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

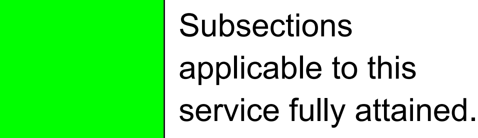
The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritional snacks are available 24/7.

All residents’ transfers and referrals are coordinated with residents and families/whānau.

Te aro ki te tangata me te taiao haumaru | 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.

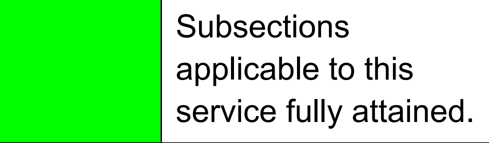
The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved senior management / ownership level. Surveillance data is undertaken, including the use of standardised surveillance definitions and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been no outbreaks reported on since the last 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 restraint coordinator is the clinical manager who is a registered nurse. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	2	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
Subsection 1.1: Pae ora healthy futures 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.	FA	A Māori health plan, cultural assessment guidelines, and cultural guidelines (Māori) are documented for the service. All policies and guidelines acknowledge Te Tiriti o Waitangi as the founding document for New Zealand. The service currently has Māori residents who identify as Māori. Greenvalley is committed to respecting the self-determination, cultural values, and beliefs of Māori residents. There are clear processes to include tikanga in everyday practice and training for staff.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Cultural guidelines for Pacific people including Cook Island, Samoan and Tongan form the basis of the Greenvalley Pacific Peoples' Health plan. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare. On admission all residents state their ethnicity. There are staff who identify as Pasifika but no residents that identify as Pasifika. Interviews with seven staff (three caregivers, one registered nurse, one maintenance person, one cook, one kitchen assistant); the clinical manager, general manager; four residents (two hospital level and two rest home), two family/whānau (dementia unit); and documentation reviewed identified that

		the service provides person centred care.
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.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The registered nurse and clinical manager interviewed, demonstrated how it is also given in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with family/whānau members and residents confirmed they are informed of their rights and their choices are respected.
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.	FA	Greenvalley policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, and an established process to manage and protect resident finances. Staff complete education on orientation and annually as per the training plan on the code of conduct and professional boundaries. Staff and management interviewed demonstrated an understanding of professional boundaries.
Subsection 1.7: I am informed and able to make choices 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. 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. 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	FA	Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve family/whānau for collective decision making). Resident files reviewed and interviews with resident's family/whānau confirmed their choices regarding decisions and their wellbeing is respected. Appropriately signed consent forms were evident in the residents' files reviewed. Consents forms for residents in the dementia unit had been signed by the enacted enduring power of attorney.

and their ability to exercise independence, choice, and control.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been three complaints received year to date since the previous audit. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). One complaint was received from Health New Zealand and an email from Health New Zealand dated 13 November 2025 asked the auditors at this audit to comment specifically on the following: admission agreements, falls training, RN follow up on progress notes, assessments in place around pain and mobility with follow up in a timely manner, and communication with family/whānau. This audit evidenced timely completed admission agreements in all five resident files reviewed. Admission agreements clearly document funded care and additional payments that might be expected. Falls training for staff was provided February 2025 by the clinical nurse specialist from Health New Zealand. Five resident files documented appropriate assessments are documented including pain and mobility and are reflected into care plans, (link to 3.2.3), progress notes document that issues raised by care givers are followed up and acted upon by the registered nurse. Communication with family was documented well and family/ whanau interviewed stated the communication is very good. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whanau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters

		contact details are available. The clinical manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.
Subsection 2.1: Governance 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 serve.	FA	Greenvalley Care Limited- (Greenvalley) provides hospital (medical services and geriatric), rest home, and dementia level services in a 52-bed facility. The service was purchased from another provider in August 2023. At the time of the audit there were a total of 52 residents. There were 22 residents at rest home level of care (including one younger person disabled), ten at hospital level and 20 residents in the secure dementia unit. All other residents were under the aged related residential care contract (ARRC). Day to day management is provided by the experienced clinical manager, who is supported by a team of registered nurses (RNs) and a quality assurance manager. Both the clinical manager and the quality assurance manager are registered nurses. They are both supported by a stable team of staff. The governance body for Greenvalley comprises of two directors. The governance team meet monthly and review and discuss a wide range of information including health and safety, individual facility reports (occupancy, infection control, restraint, incidents, complaints, and falls), quality reports, financial, human resources, compliance to standards and legislation, and policy reviews. The directors and governance team are hands on and are available to the team at Greenvalley at any time. The quality manager and clinical manager act as the clinical governance group and they report to the directors. The directors have links to Māori who provide advice and have meaningful input into the governance function. There is an overarching strategic business plan in place for the company, with service specific goals for Greenvalley. The strategic/business plan includes goals which relate to clinical effectiveness, risk management, and financial compliance. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies address barriers to equitable service delivery, and there is a focus on improving equitable outcomes for Māori. Residents and family/whānau provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. Māori consultation ensures policies

		and procedure represents Te Tiriti partnership with a focus on equality, improvement of outcomes for Māori. Management reports identify any barriers for Māori with the governance team focused on how these can be addressed. The clinical coordinator and RNs work in consultation with resident and family/whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs. The clinical manager has attended training (including orientation modules) more than eight hours over the past year appropriate to their role. They have a background in healthcare, nursing, aged care, and quality and risk management.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	Greenvalley is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Staff/ registered nurse (RN) meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints; staffing; and education. Internal audits, meetings, and collation of data were recorded as taking place, with corrective actions documented where indicated to address service improvements. There was evidence of progress and sign off when corrective actions had been addressed. Quality, health and safety goals, and progress towards attainment are discussed at meetings. Staff incident, hazards, and risk information is collated, and a report is then provided to the governance body. A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers and meetings. Electronic entries are completed for each incident/accident and immediate action is documented with any follow-up action(s) required, as evidenced in ten accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Results are discussed in the staff/RN meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by an RN. In the event of a staff accident or incident,

		a debrief process is documented on the accident/incident form. Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be submitted to HealthCERT. A Severity Assessment Code (SAC) adverse event report was reported to the Health Safety and Quality Commissioner. There have been no outbreaks documented since the previous audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	The roster provides sufficient and appropriate coverage for the effective delivery of care and support, including 24-hour RN coverage. This is an improvement from the previous certification audit, and the shortfall has been addressed. Staff and residents are informed when there are changes to staffing levels, as confirmed in staff interviews. The clinical manager is available Monday to Friday and provides on call. They are supported by an experienced RN and caregiver team. There is an annual education and training schedule completed for 2025 and a new schedule is being implemented for 2026. The education and training schedule lists compulsory training including training for hospital level care and dementia level care. Training also includes management of behaviours of concern and dementia care. Clinical competencies for care staff training include hand hygiene, manual handling, the Code, wounds, skin care, infection control, pain management, clinical assessment, and falls prevention. The training has been delivered and competencies completed as evidence in staff files reviewed and in training records. The shortfall around training identified at the previous audit has been addressed. Registered nurses’ also complete specific competencies (e.g., restraint, medication administration, and wound care). The clinical coordinator and five RNs are interRAI trained. External training opportunities for care staff include training through Health New Zealand. Caregivers are encouraged to attain Careerforce training NZQA levels, and 15 of 20 caregivers have attained a level three or above. All caregivers who work in the dementia unit; have attained the relevant dementia unit standards.

Subsection 2.4: Health care and support workers 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. 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. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Five staff files (three RNs, one cook and a diversional therapist) reviewed included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of 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. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. All staff who have been employed for a year or more have a current performance appraisal on file.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Five resident files were reviewed: two dementia, two hospital and two rest home resident files (including one resident on a YPD contract). The RNs are responsible for all residents' assessments, care planning, and evaluation of care. Electronic care plans are based on data collected during the initial nursing assessments, which includes dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. Initial assessments were completed for all residents. These detailed preferences and known clinical needs. All interRAI assessments, reassessments, long-term care plans, and evaluations have been completed within expected timeframes. The long-term care plans (LTCPs) are developed by RNs and are holistic and include psychosocial, cultural needs, and aspirations. Interventions to address medical conditions were not always documented in sufficient detail to guide staff. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Residents in the dementia unit have behaviour assessments and behaviour

		plans, with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The long-term care plan includes close to normal routine that reflects a 24-hour reflection of resident's usual pattern and behaviour management strategies to assist caregivers in management of the resident behaviours. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. LTCPs are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a RN and these include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments and care planning is completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services. The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. There are two GPs who each visit once a week and as required. Medical documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service, they were informed of concerns in a timely manner, and they were very confident in the abilities of the nursing team. The facility has access to an after-hours service provided by the GP service. A physiotherapist is available as required. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand. An adequate supply of wound care products was available at the facility. A

		review of wound care plans evidenced that wounds are assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Evaluations were completed at each dressing change and discussed with the clinical manager and GP when necessary. A wound nurse specialist was consulted when required. At the time of the audit, there were six active minor wounds. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; and fluid balance monitoring. Neurological observations are not always recorded following any un-witnessed falls or a fall with a head injury or completed as per policy. Staff receive handover at the beginning of their shift.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The RNs and medication competent caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the medication rooms. The medication fridge and medication room temperatures are monitored daily and were within range as per policy. All stored medications are checked weekly. Eyedrops have been dated on opening. Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all residents' medication charts three-monthly, and each drug chart has photographic identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications on the medication charts, including over-the-counter medications and supplements.

		The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. Policies and procedures for residents self-administering are in place, and this includes ensuring residents are competent, and safe storage of the medications. There was one resident self-administering medications on the day of the audit. This resident had a competency signed by the GP following a three-monthly review and six-monthly nursing review of competency. The resident had a lock box in their room. No standing orders are used. There is documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate residents' requests. Nutritious snacks were available 24/7 in all units. There is a verified food control plan expiring on 22 September 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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	FA	There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers are coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.

support.		
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the Health and Disability Services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building warrant of fitness is current. There is a maintenance request book for repair and maintenance requests located at the front desk. Equipment failures or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges. Since the previous audit, the service has upgraded and enlarged a toilet / bathroom to ensure it can accommodate residents, staff and assisted equipment. The shortfall at the previous audit has been addressed.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention and control (IPC) coordinator is the registered nurse, who is supported by the quality manager (also an RN). Between them they lead, oversees and coordinates the implementation of the infection control programme. There is a defined and documented infection control programme implemented that was developed with input from external infection control services and the programme has been approved by the directors. The programme is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), was sighted on the days of the audit. Resources were readily accessible to support the pandemic response plan if

		required. The IPC coordinator (the RN) has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE). Education is provided during orientation and at least annually. The infection prevention and control (IPC) coordinator is the registered nurse, who is supported by the quality manager (also an RN). Between them they lead, oversees and coordinates the implementation of the infection control programme. There is a defined and documented infection control programme implemented that was developed with input from external infection control services and the programme has been approved by the directors. The programme is linked to the quality improvement programme and is current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), was sighted on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The IPC coordinator (the RN) has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE). Education is provided during orientation and at least annually.

Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually so improvements can be made to reduce healthcare acquired infections (HAI). The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at staff/RN meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand. There have been no outbreaks since the last audit.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. A registered nurse is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. An interview with the restraint coordinator described the facility's commitment to remain restraint free. The reporting process to the governance body includes restraint data that is gathered and analysed monthly, discussed at the staff/RN meetings. Interviews with the restraint coordinator confirmed that they are aware of working in partnership with Māori, to promote and ensure services are mana enhancing. Restraint is included as part of the mandatory training plan and orientation programme. Training records evidence all staff have completed restraint training during their orientation and annually. A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent,

		monitoring, and evaluation. The restraint approval process (should it be required), includes the resident (if competent), GP, restraint coordinator, registered nurse and family/whānau approval. Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free.

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)
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people’s lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are	PA Low	The LTCPs are developed by RNs and are holistic. They include psychosocial, cultural needs and aspirations of the individual resident. Interventions to address medical conditions are not always documented in sufficient detail to guide staff. The risk has been identified as low as care staff were always able to discuss care needs and much of the care plan information was documented in progress notes.	Falls prevention was not well documented in the long-term care plan in two resident files (one dementia and one rest home level care). The risks associated with oxygen use as well as the resident and oxygen equipment care were not documented for one hospital level resident. One resident did not have their care needs updated after a hospital stay.	Ensure that all care needs are documented in the long-term care plans. 90 days

completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.				
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;	PA Low	A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; and fluid balance monitoring. Two of seven neurological observations had been completed according to policy.	Five of seven post fall neurological observations reviewed did not document that observations have been taken according to time frames with these five recording 'asleep' during the night, with no other evidence that the resident was neurologically stable.	Ensure the neurological observations are taken and documented according to policy. 90 days

(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.				

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, these 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.