

Graceful Home Elmswood Limited - Elmswood Care Home

Introduction

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

The audit has been conducted by The DAA Group Limited, 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: Graceful Home Elmswood Limited

Premises audited: Elmswood Care Home

Services audited: Dementia care

Dates of audit: Start date: 10 February 2026 End date: 11 February 2026

Proposed changes to current services (if any): Graceful Home Elmswood Limited is intending to purchase the care home from Oceania Healthcare effective from midnight on 30th of March 2026 pending regulatory approval and reassignment of the Age-Related Residential Care service contract.

Total beds occupied across all premises included in the audit on the first day of the audit: 35

Executive summary of the audit

Introduction

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

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

General overview of the audit

Elmswood Rest Home – Oceania (Elmswood) provides secure dementia care for up to 36 residents. There were 35 residents present during audit. Graceful Home Elmswood Limited (Elmswood Care Home (ECH)) is planning to purchase this care home (including the building) effective from midnight 30 March 2026 pending regulatory approval and reassignment of the ARRC contract from Oceania Healthcare to Graceful Home Elmswood Limited (GHHEL).

Oceania Healthcare has now completed the facility renovation/refurbishment programme, with a new call bell system installed throughout the care home in late 2025.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract held with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with residents, family members, the clinical manager, the general manager, staff, a visiting nurse specialist from Health New Zealand – Te Whatu Ora Hauora a Toi Bay of Plenty (Health New Zealand Hauora a Toi Bay of Plenty), the Oceania Healthcare dementia care nurse specialist and a nurse practitioner.

The general manager (GM) is appropriately qualified for the position and is experienced working in the sector. The GM is a registered nurse, is also responsible for another aged care–related service owned and operated by Oceania Healthcare and spends appropriate time at each facility. The GM is supported by the clinical manager (CM). The CM commenced in this role on 19 January 2026, has worked as a registered nurse in Elmswood for three years, and only works at Elmswood in a fulltime role.

The prospective owner operates three other age-related residential care services for residents requiring secure dementia-level care or rest home–level care. All are based in Auckland. The prospective owners are familiar with the Code of Health and Disability Services Consumers' Rights and the age-related residential care (ARRC) contractual requirements for the provision of dementia-level care. The prospective owners have a quality and risk plan and a documented transition plan.

Two improvements are required. These relate to:

- Ensuring all care staff have completed the required dementia-specific training/qualifications within 18 months of employment.
- Ensure care plans are resident goal-focused, individualised, and sufficiently detailed, and that the care plan or activities plan describes activities that meet the individual recreational needs of residents for diversional, motivational, and recreational therapy across the 24-hour period.

Ō tātou motika | Our rights

Elmswood Rest Home works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Processes are in place to ensure Pacific peoples will be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and their whānau receive information in an easy-to-understand format. Whānau felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. Staff are provided with ongoing education.

Residents' information is accurately recorded, securely stored, and not accessible to unauthorised people

Ngā huarahi ki te oranga | Pathways to wellbeing

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential residents and whānau/residents legal representative.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. InterRAI assessments were current and long term care plans were in place. Shift handover processes communicated changing resident care needs.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

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

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and clinical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities and those requiring secure dementia level of care. There were appropriate bathroom and recreational areas.

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff and whānau understood emergency and security arrangements. Residents and whānau reported a timely staff response to call bells. Appropriate security is maintained.

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

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. Cleaning is undertaken by employed staff. Laundry services are contracted out.

Here taratahi | Restraint and seclusion

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval, monitoring and regular review process is detailed in policy in the event restraint is used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	1	0	0
Criteria	0	165	0	1	1	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.</p> <p>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>	<p>FA</p>	<p>Oceania Healthcare (Oceania) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. The GM advised that a kaumātua from the local marae can be contacted to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed by Oceania Healthcare with input from a cultural adviser and is used for residents who identify as Māori. This was missing from one applicable resident's sampled file (refer to subsection 1.5 and criterion 3.2.3). A 'Cultural Advisory Group Charter' has been established to provide management-level leadership and oversight to the Clinical and Health and Safety Committee as part of processes to review and enhance services for Māori and Pacific peoples.</p> <p>Whānau interviewed reported that staff respected residents right to self-determination, and they felt culturally safe. The Code of Rights was displayed in te reo Māori.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff who identified as Māori. Staff ethnicity data is documented on recruitment and monitored.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>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>FA</p>	<p>Elmswood had no residents who identified as Pacific at the time of the audit. Due to this, they could not show equity or inclusion of Pacific worldviews in the development of Pacific residents' care plans. However, staff were able to discuss the process. There is a Pacific Plan in place. There were no staff members who identified as Pacific. The Pacific Health team at Health New Zealand Hauora a Toi Bay of Plenty would be contacted in the event cultural support is required for prospective residents.</p> <p>Processes are in place to consult with residents and whānau about their individual cultural and spiritual needs as part of care planning processes. Cultural and spiritual beliefs were embraced for all residents.</p> <p>There was no equity-related service delivery data available to record or analyse due to the absence of Pacific residents at the time of the audit. The GM advised there is a small number of Pacific people in the local community, and any enquiries from Pacific people were followed up.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported when vacancies and applications arise.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code in English, te reo Māori, and New Zealand Sign Language were posted around the facility. Whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify residents' rights.</p> <p>Residents were represented by their Enduring Powers of Attorney (EPOAs), with EPOA documentation present in all sampled resident files.</p> <p>Māori mana motuhake is observed during service delivery, as confirmed by whānau/EPOA in interviews.</p>

		<p>Interview with the prospective owner:</p> <p>The prospective owners were interviewed by telephone. Both were aware of the Code of Health and Disability Services Consumers' Rights (the Code), have established policies and procedures that detail these rights, and were aware of how services are to be implemented on a day-to-day basis for residents and whānau to align with the Code.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>All residents have a single bedroom. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on the doors before entering. Residents were able to move freely within and outside the facility.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through the activities programme, where Waitangi Day was celebrated.</p> <p>Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. In interviews, residents reported feeling safe. Whānau/EPOA's had no concerns related to discrimination, and they felt comfortable raising concerns with staff at any time.</p> <p>Systems are in place to ensure residents' property is labelled on admission, and whānau reported that resident property and finances were respected.</p> <p>As observed during the audit, staff consistently sought residents' verbal</p>

		<p>consent before providing care. Signed consent forms were on file for matters such as information sharing, notifications, outings, and medical procedures. These consents were completed and signed on admission.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism. Any concerns raised are acted upon. A strengths-based and holistic model of care using Te Whare Tapa Whā is utilised to ensure wellbeing outcomes for Māori and for all other nationalities.</p> <p>A holistic approach to care is provided, aligned with the pillars of Te Whare Tapa Whā and tailored to each resident's needs. Wellbeing outcomes, including for Māori residents, are reviewed every six months and or when needed, to ensure needs are met. One applicable resident did not have their cultural needs clearly identified or a Māori health plan documented (links with subsection 1.1 and criterion 3.2.3). Residents' personal goals are not consistently and clearly identified or reviewed (refer criterion 3.2.3).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau/EPOA's reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to the EPOA/whānau in a timely manner and were clearly documented in residents' files reviewed. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</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</p>	FA	<p>Residents and/or their legal representative (EPOA) are provided with the information necessary to make informed decisions. Residents were observed being consulted about their choices for day-to-day activities of daily living and participation in activities. Whānau/EPOA confirmed they</p>

<p>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 and their ability to exercise independence, choice, and control.</p>		<p>were actively included in developing and reviewing care plans. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Establishing and documenting of EPOA requirements and processes for residents unable to consent were documented in the resident's record. All sampled residents have an EPOA that has been enacted. Residents have signed admission agreements and consent forms in reviewed files, signed by the EPOA. Advanced care planning processes complied with legislative requirements and are followed wherever possible.</p>
<p>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.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Whānau understood their right to make a complaint and knew how to do so. One whānau member noted they had raised a concern, and it was addressed promptly. There have been three complaints/concerns raised since the last audit. Documentation sighted showed that the sampled complainants had been informed of findings following investigation and improvements had been made. The service assures the process works equitably for Māori by having a complaints form available in te reo Māori. The GM advised that independent advocacy services would be offered, and access a te reo interpreter, if required. The GM advised that there have been no complaints received from external sources since the previous audit.</p>
<p>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.</p>	<p>FA</p>	<p>Oceania Healthcare assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity, and cultural safety.</p>

<p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>The leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The facility manager works across two Oceania aged related residential care (ARRC) services and is appropriately experienced. The clinical manager was appointed approximately three weeks prior to audit, is an experienced registered nurse and has experience in the aged care sector. This was their first management role.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in the Māori health plans and monitoring documentation reviewed and through internal audits performed. A commitment to the quality and risk management system was evident. Members of the governance group interviewed during previous/other recent Oceania Healthcare audits felt well informed on progress, and risks.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services, and their whānau, participate in planning and evaluation of services through surveys (refer to subsection 2.2), and at the six-monthly reviews of the care plans for each individual resident. Family/whānau are invited to participate in this process.</p> <p>Elmswood has 36 certified beds. All rooms are for the care of one resident. The service holds contracts with Health New Zealand – Te Whatu Ora for secure dementia care services. On the day of the audit, 35 beds were occupied. Thirty-three (33) residents were receiving ARRC services at secure dementia level of care. One of these residents is in the process of being reassessed for possible transfer to hospital-level care. One other resident is under 65 years of age and is reported to be receiving dementia level care services under a ‘like in age’ contract. This contract was not sighted.</p> <p>One resident has been assessed as requiring psychogeriatric level of care (D6). Elmswood has been unable to relocate this resident to an</p>
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	<p>appropriate facility. The Clinical Nurse Specialist Complex Dementia Services (CNSCDS) from Health New Zealand – Te Whatu Ora Hauora a Toi Bay of Plenty advised that the nearest suitable vacant bed is in New Plymouth. It has been determined that relocating this resident so far away from their local supports is not a suitable/appropriate option.</p> <p>While awaiting an appropriate placement, the CNSCDS visits Elmswood on at least a weekly or fortnightly basis to provide advice/support and confirmed being available at other times if advice and support is required by staff, with input into other residents' care on a referrals basis.</p> <p>Interview with the prospective owners:</p> <p>The prospective owners have owned a home and community service in Auckland (since 2010) and currently own three other aged residential care homes purchased in 2016, 2017 and 2021. The first care home they owned was purchased in 2014 and subsequently sold. The aged care services provided in the three currently owned ARRC services include secure dementia and rest home levels of care. The prospective owners confirmed they are very familiar with ARRC contract requirements and examples were discussed.</p> <p>The sale of the Elmswood Rest Home will be effective from midnight on 30 March 2026 pending regulatory approval and the transfer of service contract. Elmswood Care Home (ECH), the facilities new name, will fit within their existing business plan and reporting processes. One of the owners will be based onsite and undertake the role of the facility manager for the next few months while the transition occurs. Over time, a new facility manager will be recruited for this role. The existing clinical manager will be offered employment. Support and mentorship are available for the clinical manager (who is new in this role) from the prospective owners and the other clinical managers they currently employ.</p> <p>The prospective owners have developed a transition plan and timeline leading up to and in the immediate period after they purchase the care home. This is based on their previous experience and includes process and timeframes for communicating with staff, residents, and whānau and establishing supply agreements for essential services/consumables. This document was sighted.</p>
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		<p>The prospective owners advised that Health New Zealand – Te Whatu Ora (Te Whatu Ora) has been informed of the planned sale of the care home in order to negotiate transfer of the ARRC contract.</p> <p>The prospective owner advised that an external contractor has developed all policies and procedures required to meet the Ngā Paerewa standards, and these documents are being used in their three existing care home facilities and facilitate compliance with Ngā Paerewa standards. These documents and the associated systems will be used in ECH. One of the prospective owners is Māori and understands the equity and cultural components of Ngā Paerewa at both operational and governance level.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, medication errors, policies and procedures, clinical incidents including infections, and restraint elimination.</p> <p>Residents, family/whānau and staff contribute to quality improvement through a satisfaction survey process. The Oceania dementia care nurse specialist has piloted a face-to-face survey process with residents in the secure dementia service to get their feedback on a range of issues. Questions are worded in a manner that obtains narrative feedback rather than yes/no answers and questions do not require a rating. The results were sighted. Oceania is looking to adapt this process and implement it in other applicable facilities.</p> <p>Staff and family/whānau can talk to the general manager or clinical manager, one-on-one as needed. Family/whānau interviewed were pleased with the care provided, and communication with staff at all levels of the organisation was promoted.</p> <p>Critical analysis of practices and systems, using ethnicity data, identified possible inequities, and the service works to address these. Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support roles internally and externally. Internal and external risks or potential</p>

	<p>inequalities, if any, were responded to. This is linked to the health and safety and infection prevention programme. Having 26 bedrooms that do not have premium occupancy charges was noted as a key factor in ensuring equitable service provision.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The GM and Oceania dementia care nurse specialist described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, business/operational risks, and clinical risks and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. There have been a number of events reported to HealthCERT or the Health Quality & Safety Commission as essential notifications. These included the change in clinical manager, a resident missing from the dementia unit (found safe), three falls with either fractures (2) or major skin trauma (1), and infection outbreaks of Influenza A and Respiratory Syncytial Virus (RSV) in 2025. The COVID-19 outbreak did not require Section 31 notification at the time of occurrence.</p> <p>A resident's death after transfer to acute care services following a fall at Elmswood in early 2024 was reported to the Coroner. This fall occurred prior to the last audit. The management team advised they have not had any communications from the Coroner in relation to this event since.</p> <p>Interview with the prospective owners:</p> <p>The prospective owners advised they will implement the same quality and risk programme and policies/procedures that are being implemented in their other three care homes. The move from Oceania Healthcare policies to the new policies will occur soon after the</p>
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		<p>prospective owners take over service provision and after appropriate staff education has been completed, including a summary of key changes.</p> <p>The quality and risk (Q&R) programme in use by the prospective owners at their other facilities includes incident/hazard reporting and management, complaints management, internal audit schedule, and satisfaction survey process. This Q&R programme and the associated systems will be used in ECH, again commencing around the time of purchase but after staff training.</p> <p>The prospective owners have been working with Oceania Healthcare and their own information technology personnel in relation to the transition of resident clinical records. Currently the prospective owners use a different electronic platform/programme for clinical records to that currently used in Oceania Healthcare. Both services are reported to be working to identify solutions to ensure ECH obtains all relevant clinical records for all residents receiving care at the time of transition.</p> <p>The prospective owners are not aware of any legislative compliance issues that could affect the service.</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. 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.</p>	<p>PA Low</p>	<p>There is a documented process for determining both staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The CM adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate.</p> <p>The facility has two separate wings, Tui Wing and Kotuku Wing. On the day of the audit, 17 residents were in Tui Wing, and 18 residents were in Kotuku Wing. Both wings are staffed separately, and rosters were available and were reviewed.</p> <p>Designated care staff are able to administer medications. Processes are in place to undertake annual medication competency reviews.</p> <p>The CM interviewed works Monday to Friday morning shifts. The after-</p>

	<p>hours is shared between the CM at this facility, and the CM at the facility nearby owned by Oceania. Non-clinical issues were managed by the GM, who works in two Oceania Healthcare facilities (closely located).</p> <p>There were two registered nurses who are permanently based at Elmswood and who work various shifts. Two other RNs who usually work permanent shifts at Elmswood are on long-term leave, expected to return in late April 2026. In the interim, some RN shifts are being covered by RNs employed at another Oceania facility, or on occasions by a Level 4 caregiver. There is always at least one RN on duty on both AM and PM shifts every day (frequently two) plus the CM working weekday mornings. Three RNs including the CM were interRAI competent.</p> <p>An administrator works weekday mornings for five hours per day.</p> <p>The activities programme is facilitated Monday to Sunday. One activities position is currently vacant, with recruitment in progress. The Elmswood activities coordinator is currently being supported by activities staff from another Oceania facility. The activities programme provided to residents is currently signed off by the diversional therapist at another Oceania facility nearby. No volunteers are used.</p> <p>The laundry is done off site. Cleaners are on rostered on duty daily. There are five staff in the cleaning team and two are rostered on-site daily from 6.30 am to 3 pm.</p> <p>Meals are prepared off site. A kitchen assistant works split shifts, serving meals when delivered.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education was planned on an annual basis, including mandatory training requirements. Related competencies were assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p>
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	<p>Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. There is a total of 19 health care assistants (HCAs) permanently employed at Elmswood. In the records provided, eleven care staff have completed Level 4, two staff Level 3, and one staff member Level 2 of an industry-approved qualification. Nine care staff have completed a dementia-level qualification. Five care staff employed more than 18 months were yet to complete dementia-level training. One of these staff members is now on long-term leave. This is an area requiring improvement. The GM advised there were two staff enrolled in Level 3 training, one staff enrolled in Level 4 and another new staff member enrolled in the dementia care training.</p> <p>Records reviewed demonstrated completion of the required competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. There is a staff recognition and awareness programme in place.</p> <p>Interview with the prospective owners:</p> <p>One of the prospective owners will work on site at ECH after the purchase of the care home and undertake facility manager responsibilities and will be responsible for ensuring appropriate staff on duty. The prospective owners confirmed they will offer employment to all existing staff. The prospective owners were aware there were two permanent registered nurses on longer term leave, both expected to return to work towards the end of April 2026. Currently, some RN shifts are being filled by RNs working at another Oceania facility. The prospective owners advised an external agency will be utilised to provide RNs to cover applicable shifts on the roster until the RN roster is able to be fully staffed by employed staff.</p> <p>The prospective owners advised that, if required, they have a number of experienced caregivers working within their Auckland-based care homes who could be used to fill any gaps in the caregiver roster on a temporary basis. The prospective owners confirmed their understanding of the current roster and payroll data/processes, with this information reviewed as part of 'due diligence'. The prospective owners were aware of the ARRC contract requirements related to staffing this service for</p>
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		<p>resident numbers and acuity, with a staffing and skill mix policy in place. This includes ensuring that care staff complete industry-approved modules in dementia-level care within 18 months of employment.</p> <p>The prospective owners advised they are in the advanced stage of negotiating a contract for the provision of general practitioner and nurse practitioner services at ECH.</p> <p>The catering and laundry services will continue to be outsourced to the current suppliers while the prospective owners install appropriate equipment and then recruit staff to operate these services 'in house'. This is expected to be approximately six months.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, with infrequent exception noted. The results of police vetting were not available in two long-standing employee files reviewed. This was noted by the GM as not required at the time these staff were employed. This was not raised as an area for improvement as this is a historical practice and the GM stated having no concerns about these staff.</p> <p>Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. All employed and contracted registered health professionals including pharmacists, podiatrists, dietitian, nurse practitioners, physiotherapist, and general practitioner were current. A current 'licence to operate' pharmacy services was sighted for the current contracted pharmacy.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in most staff files reviewed. Where this document was missing, this was not raised as an area for improvement, as the staff member has worked at Elmswood for many years and the missing document does not reflect current practice.</p> <p>Opportunities to discuss and review performance occur annually, and processes are in place to monitor that this has occurred or is occurring.</p>

		<p>A list is maintained of when these are next due.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with Health Information Standards Organisation (HISO) requirements.</p> <p>Opportunities to be involved in a debrief and discussions following any serious incidents or challenging situations were provided, as confirmed by staff interviewed.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Information is accessible for all those who need it. Applicable staff have an individual login to the computer system.</p> <p>Paper-based documents are scanned and attached to the current residents' electronic files. The GM advised there is a small amount of historical paper based documents that are archived with an external document storage service.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for issuing National Health Index (NHI) unique numbers, as residents are admitted with NHI numbers already allocated.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. EPOAs for all residents have consented for residents' admission to the service. Specialist referral to the service was confirmed. Whānau interviewed were satisfied with the</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>PA Moderate</p>	<p>The registered nurses (RNs) and a nurse practitioner (NP) work in partnership with the residents and EPOA/whānau to support residents wellbeing. Cover is available by other NPs or a general practitioner (GP) when required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and EPOA/whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, long-term care plan, and review timeframes meet contractual and policy requirements. All residents have current interRAI assessments. The clinical manager is also interRAI-trained.</p> <p>Verbal and written handovers occur between shifts to update care staff on changing resident needs.</p> <p>Staff understood and support Māori and EPOA/whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and EPOAs/whānau.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Behaviour monitoring forms were completed for any identified behaviours of concern and known triggers, and strategies to manage these behaviours were recorded. Where progress is different to that expected, changes are made to the care plan in collaboration with the EPOA/whānau. EPOA/whānau confirmed active involvement in the process. However, some care plans lack sufficient detail about</p>

		<p>residents' goals/Collaborative Action Plans (CAPS) noted in interRAI assessments and the interventions needed to meet them. In some sampled files, 24-hour activity/behaviour plans were also missing.</p> <p>Tāngata whaikaha/EPOA participate in service development through the assessment and care planning processes. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/EPOA/whānau. Tāngata whaikaha were supported by staff and EPOA/whānau to access information.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>An activities coordinator provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. A diversional therapist working at another Oceania facility oversees this program. Not all residents have a 24-hour activity/behavioural plan (refer to the area for improvement raised in criterion 3.2.3).</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, and ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori. Regular supervised van outings are scheduled.</p> <p>Residents have access to two secure gardens around the facility.</p> <p>Feedback on the programme is provided through monthly meetings. EPOA/whānau interviewed confirmed they find the programme meets their resident's needs.</p>
<p>Subsection 3.4: My medication</p> <p>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</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Vaccines are not stored on site.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p> <p>The required three-monthly GP/NP review was consistently recorded on the medicine chart. Standing orders were not used. Residents do not self-administer medications, and this is appropriate to a secure dementia unit.</p> <p>Residents including Māori residents and their EPOA/whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services and is outsourced to another Oceania ARRC service located across the road. The food is dished up in the kitchen facility on site by a trained kitchen hand.</p> <p>The menu was reviewed by a qualified dietitian on 3 October 2025. Recommendations made at that time have been implemented. All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. On occasions there are food related activities included in the Elmswood activities programme.</p> <p>Evidence of resident satisfaction with meals was verified through resident and EPOA/whānau interviews and satisfaction surveys.</p> <p>Resident were given sufficient time to eat their meals in an unhurried</p>

		<p>fashion, and those requiring assistance had this provided with dignity.</p> <p>Snacks and drinks are available to residents 24 hours a day.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and EPOA/whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed where appropriate. Whānau/EPOA reported being kept well informed during the transfer of their relative.</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>	FA	<p>A current Building Warrant of Fitness (BWOFF) that expires on 3 May 2026 is displayed at reception. Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained, and that they meet legislative requirements. There is a proactive and reactive maintenance programme, and the building and equipment are maintained to an adequate standard. Maintenance requests were sighted to be actioned in a very timely manner.</p> <p>Testing and tagging is undertaken in a scheduled manner by a contractor. The most recent six-monthly tests of appliances in the kitchen were conducted on 21 November 2025. The annual review of other appliances occurred on 21 April 2025. Lists are maintained of all electrical equipment tested. Performance monitoring and clinical calibration of clinical equipment occurred in March 2025. All sampled equipment were current.</p> <p>Since the last audit, the call bell system has been replaced throughout the care home. There is a bedside connection that allows for a standard call bell as well as another device if required at the same time. The GM</p>

	<p>advised that this, along with replacement of all internal signage, has completed the facility-wide renovation programme. Whānau interviewed confirmed that the repainting of the care home and new signage have enhanced the physical environment for residents. Artwork has been installed to create a more culturally inclusive environment and reflect the identity of Māori.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Ten bedrooms have ensuite toilets and handbasins.</p> <p>Whānau interviewed were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Residents also noted they were happy and could mobilise around inside and outside freely. There is a large secure garden accessible from Kotuku Wing and a smaller external garden area accessible from Tui Wing.</p> <p>The current environment is inclusive of people’s cultures and supports cultural practices. No new buildings have been constructed since the previous audit. A process is in place to ensure consultation or co-design with Māori occurs when a new building is in the design process.</p> <p>Interview with the prospective owners:</p> <p>The prospective owners advised that a full building inspection has been undertaken as part of their ‘due diligence’ processes. The prospective owners are not aware of any significant issues with the facility/building and equipment. The prospective owners were aware that all resident and facility laundry is currently being outsourced. There are different contractors for residents’ personal linen and facility linen. Lunch and dinner meals were being cooked and provided from another Oceania Healthcare ARRC facility.</p> <p>The prospective owners plan to install a new commercial kitchen and laundry within the first six months after purchase. The areas currently used as a servery will be refitted with commercial food service equipment to enable meals to be prepared on site. In the interim, a draft contract with Oceania Healthcare to continue providing the lunch</p>
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		<p>and evening meals was sighted. The prospective owners are considering where a new onsite laundry will be best placed, and in the interim will continue to use the current two contracted services. Any changes will ensure compliance with relevant building legislation. No other changes are planned to the facility in the immediate future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies and wall 'flip-charts' direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 2 September 2013. The last fire evacuation training was provided for staff on 26 September 2025. A record of the evacuation training was sent to FENZ and a copy retained in the records reviewed.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff could provide a level of first aid relevant to the risks for the type of service provided. Civil defence emergency alternative sources of amenities were available, including water bottles, blankets, and a gas barbecue. A generator would be hired if needed. Torches (including head torches), a radio and batteries, continence supplies, linen, blankets, towels, and emergency dry foods were available. Gas hot water systems are in place.</p> <p>Call bells alert staff to residents requiring assistance (refer also to subsection 4.1). Whānau reported that staff responded promptly to call bells. With the new call bell system, calls are alerted to staff pagers, as well as to central annunciation panels and a light outside the relevant room. There is a cascade escalation process to the general manager and the Oceania director of clinical care services if call bells are not answered in a timely manner.</p> <p>Closed-circuit television (CCTV) cameras were in place outside the facility and in the communal areas only. Signage was visible. The main doors to the facility and to each wing are accessed via keypad. Visitors and family/whānau sign in on entry to the service.</p>

		<p>Appropriate security arrangements were in place. Staff and whānau were familiarised with emergency and security arrangements, as and when required. Residents can access the secure garden areas after the facility is secured for the evening, and whānau can visit residents after office hours. A bell on the door alerts staff that the main entrance of doors to the secure garden have been opened. Whānau are provided with the main entrance keypad code. Contractors are orientated to ensure doors are fully closed behind them and that they are not 'followed' out.</p> <p>The needs of residents in the event of an evacuation procedure are detailed in a resident register, which is updated by the administrator when new residents enter the service and at least monthly. This document was sighted.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. This occurred during the three infection outbreaks that occurred at Elmswood in 2025.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	FA	<p>The infection prevention and control coordinator (IPCC), who is the clinical manager, is responsible for overseeing and implementing the IP programme with reporting lines to the general manager. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice.</p>

<p>scope of our services.</p>		<p>Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic and infectious diseases response plan is documented and has been regularly tested. Documented outbreaks included COVID-19 in May 2025, influenza in June 2025, and respiratory syncytial virus (RSV) in August 2025. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for the decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</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</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and the governance body,</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and where necessary recommendations for improvement are identified. Three infection outbreaks reported since the previous audit were managed effectively, with appropriate notification completed. A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up, and families were well informed.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) is culturally safe.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>The laundry service is outsourced. Residents and whānau reported that the laundry is managed well. There are full-time cleaners employed, and the facility is kept clean and tidy. This was confirmed through observations.</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>Maintaining a restraint-free environment is the aim of the service. The Oceania governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, there was no restraint in use, and this has been the case since before the last audit. Any use of restraint would be directly reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards. The new clinical manager is the restraint coordinator (CM) and is booked to undergo Oceania-specific restraint-related training. In the interim, the national restraint minimisation lead who is one of the two National Clinical Quality Managers) will provide support. Staff have been trained</p>

		<p>in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints are required to be approved, and the overall use of restraint is to be monitored and analysed. Whānau/EPOA are involved in decision-making. As no restraint has been used at this dementia care facility, subsections 6.2 and 6.3 were not audited.</p> <p>Interview with the prospective owners:</p> <p>The prospective owners were aware of the requirements of the restraint standard. They advised that they have policies and procedures available noting restraint is not to be used, and alternative options implemented. The prospective owners advised that restraint is not used in any of their existing facilities and will not be used at ECH.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is a comprehensive staff education and clinical competency programme in place, relevant to the staff roles and the services provided on site. Records of attendance are maintained and were sighted.</p> <p>There are four care staff employed at Elmswood for more than 18 months who have yet to complete an industry approved qualification in dementia care as required to meet contractual requirements. Two staff have completed three out of four modules (as of January 2022), one staff member has completed one module (May 2024), and one staff member has yet to be enrolled. One other staff member employed for more than 18 months is yet to complete this training; however, they are currently</p>	<p>Not all staff currently working in Elmswood employed for more than 18 months have completed an industry-approved qualification in dementia care.</p>	<p>Ensure all staff working in the dementia care unit complete an industry-approved qualification in dementia care within 18 months of employment.</p> <p>180 days</p>

		on long-term leave.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are 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;</p> <p>(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;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are</p>	<p>PA Moderate</p>	<p>Seven resident files were reviewed. All contained current interRAI assessments, risk assessments, and baseline clinical information, showing core assessment processes are in place. A care plan is developed or updated by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, values and beliefs, and which considers wider service integration, where required.</p> <p>Cultural assessments were completed by the activity coordinator who is supported by a diversional therapist. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. However, in five resident files, care plans did not clearly align with identified goals or Collaborative Action Plans (CAPS) identified in the InterRAI assessments, and specific interventions to meet those goals were not consistently documented.</p> <p>Of four Māori residents, three had cultural needs recorded. One resident did not, and no Māori health plan had been developed.</p> <p>All files included behaviour monitoring and activity records. However, five sampled care plans lacked sufficient detail on behaviour management and 24-hour activity or recreational needs</p>	<p>The interventions required to meet individual resident needs/goals were not consistently/sufficiently documented in some sampled care plans.</p> <p>One Māori resident had no cultural needs or Māori health plan recorded.</p> <p>Some residents did not have an activities/behaviour plan covering a 24-hour period.</p>	<p>Ensure individual resident goals/needs (including cultural) and the interventions to meet these are sufficiently detailed in care plans to guide care.</p> <p>Ensure individual resident care plans describe activities that meet the behaviour/recreational needs of individual residents over the 24-hour period.</p> <p>90 days</p>

recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		as per ARRC contract requirements. Links with subsection 3.3.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.