

# RH Healthcare Limited - Royal Heights Rest Home

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## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	RH Healthcare Limited	
<b>Premises audited:</b>	Royal Heights Rest Home	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 19 February 2026	End date: 20 February 2026
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	44	

# Executive summary of the audit

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## Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Royal Heights Rest Home is privately owned and certified to provide rest home level of care for up to 47 resident. On the day of the audit there were 44 residents.

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

The general manager has considerable management experience. They are supported by a clinical manager and a team of registered nurses, healthcare assistants, and other staff.

There were no shortfalls identified at the previous certification audit.

This surveillance audit identified the service continues to meet the standard.

## 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 are fully attained.

A Māori health plan and Pacific health plan are implemented. Staff receive ongoing training in cultural awareness and culturally safe practice. Royal Heights Rest Home supports residents' rights and provides safe care. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Royal Heights Rest Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and their family/whānau.

An informed consent policy is fully implemented. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service are fully attained.

Royal Heights Rest Home is privately owned by two directors. The directors are responsible for the services provided. The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations. There is appropriate clinical governance for the size and scope of the service.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the general manager. Staff incidents, hazards, and risk information is collated at facility level, and reported to the directors.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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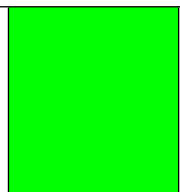
Registered nurses assess residents on admission. A care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. Dietary preferences, intolerances, allergies, and cultural needs are catered for. The service has a current food control plan.

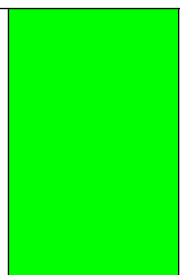
Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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There is a current building warrant of fitness. Clinical and electrical equipment are checked for safety. Rooms are personalised.

## **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 are fully attained.
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The infection prevention and control programme is suitable for the size and scope of the service. There is a comprehensive pandemic plan. The infection prevention and control programme is implemented and provides information and resources to inform staff.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are collated and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings and education sessions. Outbreak response plans are in place, and the service has access to personal protective equipment supplies. There have been no outbreaks of infection 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 are fully attained.
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The policy and procedures include processes for consent, approval, monitoring, and evaluation that are in accordance with the standard. The service is committed to a restraint-free environment and there is no use of restraint.

Staff receive training during orientation and on an annual basis on the policy and procedures, alternatives to restraint and de-escalation.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is implemented. This document acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and the importance of recognising all cultures as partners and valuing each culture for the contributions they bring to support mana motuhake. The service recruits and employs staff who identify as Māori. During the audit there were residents who identify as Māori. Staff receive ongoing training in Te Tiriti o Waitangi, cultural awareness, tikanga and culturally safe practice as part of the annual in-service education programme. There is signage throughout the facility in te reo Māori. Interviews with the general manager, clinical manager, two healthcare assistants, a registered nurse and cook included examples of providing culturally safe services in relation to their roles.</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. 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</p>	FA	<p>A Pacific health plan is implemented. Royal Heights Rest Home upholds the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. The Pacific health plan is in accordance with the Ministry of Health Pacific Plan. During the audit there were staff who identify as Pacific people. Staff receive ongoing training in cultural safety and awareness as part of the in-service education schedule that includes recognising the world view, cultural and spiritual beliefs of Pacific people. During the audit there were residents who identify</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>as Pacific people.</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>Royal Heights Rest Home's policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Five residents interviewed and one family/whānau understood their rights and expressed the service upholds their rights and the rights of their loved ones.</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>	<p>FA</p>	<p>Royal Heights Rest Home has policies and procedures that express a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code. Policies reflect acceptable and unacceptable behaviours. Staff receive ongoing training on elder abuse and prevention as part of the annual mandatory training programme. This was last completed in January 2025 and was being conducted on a study day during the audit.</p> <p>Professional boundaries are defined in job descriptions and the code of conduct which staff sign on employment. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability re management of residents' possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There is an informed consent policy in place. Five resident files reviewed included informed consent forms signed by either the resident or enduring power of attorney (EPOA), where these had been activated. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>Royal Heights Rest Home has a policy and procedures for complaints that are communicated to residents and family/whānau. The general manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The general manager maintains a complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Since the last audit there have been three internal complaints. Review of complaints documentation shows all were acknowledged, investigated, and resolved to the satisfaction of the complainant. Complainants were informed of the outcome of the investigation. All internal complaints were of a minor nature, and no trends were identified. There was one other internal complaint that was referred on to the New Zealand Nursing Council and Royal Heights Rest Home is awaiting investigation the external authority. Since the last audit there have been no external complaints received.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The general manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>

<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Royal Heights Rest Home is located in Massey, Auckland and is certified to provide rest home level of care for up to 47 residents. On the day of the audit there were 44 residents, of whom 43 were under the age-related residential care contract (ARRC) and one was on a long-term support-chronic health conditions (LTS-CHC) contract. There is one double room which was singly occupied on the days of the audit.</p> <p>Royal Heights Rest Home is privately owned by two directors. The general manager (one of the directors) is supported by a clinical manager with experience in aged care nursing and a team of registered nurses, healthcare assistants, and other staff.</p> <p>The business plan 2024 to 2026 includes a mission statement, a philosophy and quality goals. Quality goals in the business plan include adding to resident's quality of life; maintain a client focus; provide quality staff training; support Health New Zealand's strategies; manage risks; maintain links with Māori; and a commitment to Te Tiriti o Waitangi. The general manager analyses internal processes, business planning, and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. A link has been established and maintained with a representative from the local iwi. There is collaboration with staff and family/whānau who identify as Māori to ensure the service is equitable and the needs and aspirations of Māori are recognised. One example discussed was supporting staff who identify as Māori to bless the rooms of residents who are deceased. The general manager stated one of the main barriers for Māori and Pasifika is the cost of premium rooms. If a standard room is not available, the resident is not charged for a premium room if they cannot afford it.</p> <p>The directors have demonstrated expertise in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies through completing training in Ngā Paerewa. As experienced directors, they are knowledgeable around legislative and contractual requirements.</p> <p>Clinical governance is overseen by the clinical manager (a registered nurse) in collaboration with an external consultant, a consultant from the electronic system in use (which includes policies and procedures, resident files, adverse events, and internal audits), the infection prevention and</p>

		control team at Health New Zealand and the gerontology department.
<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>	FA	<p>A quality and risk management programme is in place that allows Royal Heights Rest Home to track their progress against the quality goals as outlined in the business plan. Quality goals are documented and progress towards quality goals is reviewed regularly at staff and management meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, complaints, medication errors, and staff injuries.</p> <p>The service actively looks for opportunities to improve through quality initiatives and analysis of clinical indicator data. The service is currently focussing on reducing falls over the weekend. A new chef was employed to improve the overall quality and standard of the food service in response to resident feedback.</p> <p>Meetings are held monthly for all staff, and these include health safety and quality (including infection prevention). There are regular resident and family/whānau meetings, chaired by one of the residents, and residents and family/whānau interviewed stated they could approach the general manager and clinical manager at any time to raise concerns. Staff meetings include (but are not limited to): tabling the previous minutes, matters outstanding, incidents and accidents, clinical indicators as above, internal audit reports, human resources, education, compliments and complaints, policy updates, general business, and actions going forward. The clinical manager completes a weekly report to the directors on occupancy, new admissions, adverse events, infections, acutely unwell residents, currency of interRAI assessments and long-term care plans, complaints and compliments, staffing, training, and other issues.</p> <p>Internal audits, meetings, and collation of data are documented as taking place with corrective actions planned where indicated, to address service improvements. There is evidence of progress and sign off of corrective actions when achieved. Quality data and trends in data are communicated to staff in the meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation</p>

		<p>systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The general manager maintains oversight of the health and safety system and of contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are reported, collated, and categorised. Ten incident forms were reviewed and these evidenced immediate action taken and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. The adverse event reporting policy is in accordance with the National adverse event reporting policy.</p> <p>Discussions with the general manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were no section 31 reports to HealthCERT since the last audit. There have been no notifications to the Health Quality and Safety Commission since the last audit. Since the last audit there have been no outbreaks of infection. The general manager demonstrated their awareness of the requirements for reporting to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The general manager is onsite three days per week, and the</p>

<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>clinical manager works full time. The clinical manager and general manager are on call 24/7. On the morning shift there is an additional registered nurse on duty. The maintenance person is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the general manager and clinical manager provide good support.</p> <p>A review of the rosters showed that any gaps in staffing due to absences were covered by casual or regular staff picking up extra shifts. Residents and family/whānau interviewed reported there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and is aligned with Ngā Paerewa. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All senior healthcare assistants and registered nurses have current medication competencies. Registered nurses, senior healthcare assistants, activities staff, and kitchen staff have a current first aid certificate.</p> <p>Healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. One has completed level three and three have completed level four.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, monitoring blood glucose levels, and insulin competencies. At the time of the audit there were three registered nurses including the clinical manager. All registered nurses have completed interRAI training. Staff have completed training that covers equality/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing.</p>
<p>Subsection 2.4: Health care and support workers</p>	<p>FA</p>	<p>A register of current annual practicing certificates was sighted and</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>included all registered nurses, podiatrist, pharmacists, and general practitioner. The scope of practice for registered health professionals and healthcare assistants is validated prior to employment.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and new staff are buddied with experienced staff until they are confident and competent in their role.</p> <p>Five staff files were reviewed including a registered nurse, two healthcare assistants, a housekeeper and kitchen manager. The files 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. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed including one on LTS-CHC funding. Registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, and six monthly multi-disciplinary reviews.</p> <p>The initial care plan is completed within 24 hours of admission. Ongoing interRAI assessments have been completed in the timeframes required and all outcome scores were identified on the long-term care plans. InterRAI assessments are completed for all residents including the one on LTS-CHC. Outcomes of the interRAI assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provide guidance to staff around all medical and non-medical requirements. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. InterRAI re-assessments have been completed six monthly and when changes occurred earlier as indicated for long term residents. Care plans are reviewed on a six-monthly basis or</p>

	<p>when there are changes in the status of residents.</p> <p>The service contracts a general practitioner for onsite visits once a week. They are available by phone or zoom when needed on other days of the week and are on call 24/7. Some residents choose to remain with their own general practitioner. After hours residents are transported by ambulance to hospital if acutely unwell after consultation with family/whānau, the general practitioner and the clinical manager. The general practitioner sees and examines the residents within two to five working days of admission and completes three-monthly reviews as needed. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner was interviewed and stated staff are competent and communicate with them in a timely manner when there are changes in the health status of residents.</p> <p>Resident files identify the integration of allied health professional input into care, and a team approach is evident. A physiotherapist is onsite if needed. A podiatrist visits regularly.</p> <p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. Progress notes are written on every shift by healthcare assistants and the registered nurses document at least weekly and when there is an incident or changes in health status.</p> <p>Residents and family/whānau interviewed reported their needs and expectations are being met. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiates a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of three wounds for eight residents including skin tears and a chronic lesion. There were no pressure injuries. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as</p>
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		<p>planned in the sample of wounds reviewed. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Monitoring charts including vital signs, bowel charts, food and fluid charts and weight charts are utilised by staff according to the care plan. Neurological observations are completed as per the policy for unwitnessed falls or suspected head injuries. All incident reports reviewed evidenced timely nursing follow up.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. There is one medication room. Medicines were seen to be stored in a locked trolley and locked medication room. The medication refrigerator and medication room temperatures are monitored and if the temperature goes out of the accepted range, the general manager is alerted to manage the issue. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported on incident forms and appropriate investigation and follow up is done.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p>

		There is one resident who self-administers their medication. They are assessed for their competency three-monthly by the general practitioner. The medication is stored in the treatment room. There are no standing orders.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen.</p> <p>The food control plan is current to June 2026.</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>Transition to a different level of care, transfer to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents otherwise staff transport residents to appointments.</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>	FA	<p>The building warrant of fitness is current to 28 October 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable lounges for communal gatherings and</p>

<p>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.</p>		<p>activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the external courtyards. Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings as viewed on the day of audit.</p> <p>The planned maintenance schedule includes calibration and testing of clinical equipment, last completed in May 2025. Testing and tagging of all electrical appliances was completed from October 2025. Hot water temperatures are tested monthly and are maintained below 45 degrees Celsius. A review of records showed instances where the hot water temperature exceeded 45 degrees Celsius and there was evidence the plumber was brought in to remedy this.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme has been approved by the directors. There is external support from the general practitioner, laboratory, and Health New Zealand infection control nurse specialist. The programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and the antimicrobial stewardship programmes are reviewed annually. The review for 2025 was sighted.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.</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</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends on a monthly basis. Infection control surveillance is discussed at staff meetings onsite</p>

<p>and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and communicated to the directors in weekly reports. Ethnicity data is included in infection surveillance. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a healthcare acquired infection. Since the last audit there have been no outbreaks of infection.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the directors, management, and staff. Royal Heights Rest Home does not use restraint. Restraint and the philosophy around d use of restraint is discussed ed at regular meetings throughout the year as part of the quality programme.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.