

Clair House Limited - Claire House Aged Care Facility

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Clair House Limited

Premises audited: Claire House Aged Care Facility

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 20 January 2026 End date: 21 January 2026

Proposed changes to current services (if any): The service has repurposed one existing rest home level care bed into a staff room and added a one-bedroom cottage for rest home level of care. The number of beds remains at 57.

Total beds occupied across all premises included in the audit on the first day of the audit: 55

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Claire House Aged Care Facility (referred to as Claire House) provides rest home level of care for up to fifty-seven residents. There were fifty-five residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, management, staff, and general practitioner. This audit has also verified as fit for purpose, one re-purposed existing rest home level care bed into a staff room and an additional one-bedroom cottage for rest home level of care. The number of beds remains at 57.

The owner/manager is supported by an assistant manager, administrator, and the nursing team.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls to follow-up on from previous certification audit.

This surveillance audit identified shortfalls related to adverse events, care planning, and medicine management.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

A Māori health plan is in place for the service. Māori mana Motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori.

A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural and spiritual beliefs.

Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that is responsive, fair, equitable and meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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

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

The business/risk management plan includes a mission statement and operational objectives. The service has a quality and risk management system in place that take a risk-based approach. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy that aims to manage human resources in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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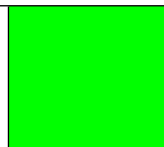
The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The electronic medicine charts were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

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

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

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

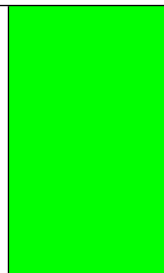


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment is maintained for electrical compliance and clinical equipment is regularly calibrated.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

There is a comprehensive infection control programme in place which has been approved and reviewed by the owner/manager. Staff complete education in relation to infection control during orientation and as scheduled two yearly.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been no outbreaks recorded and reported since last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinators are registered nurses. There were no residents using a restraint at the time of the audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	1	2	0	0
Criteria	0	47	0	1	2	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>	FA	<p>A Māori health plan is documented for the service, which Claire House utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently has residents and staff who identify as Māori. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan.</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>	FA	<p>There is a Pacific health plan which aligns to Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The aim is on fostering Pacific community integration and collaboration to enable better planning, support interventions, and evaluations of the health and wellbeing of Pacific peoples to improve outcomes. At the time of the audit there were no residents who identified as Pasifika. There were staff who identified as Pasifika and supported the service in understanding worldviews, cultural and spiritual beliefs of Pacific peoples.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The owner/manager and assistant manager demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with three family/whānau and four residents confirmed they are informed of their rights and their choices are respected. Interactions observed between staff and residents during the audit were respectful.</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>Claire House policies provide guidelines that aim to prevent any form of institutional racism, abuse, discrimination, coercion, harassment, or any other exploitation. A comprehensive house rules/ code of conduct is discussed and signed by staff during their induction to the service. The house rules/code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the house rules / code of conduct as part of the employment process.</p> <p>The service implements a process to manage residents' expenses through an invoicing and receipting system to family/whānau, and there are safeguards to ensure resident property is respected and protected.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Interviews with fourteen staff (six healthcare assistants, two registered nurses, one administrator, cultural advisor [cleaner], activity coordinator, two cook/kitchen hands, and maintenance officer); the owner/manager, assistant manager; residents, family/whānau; and documentation reviewed, confirmed that the staff are very caring, supportive, and respectful.</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</p>	<p>FA</p>	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and</p>

<p>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>family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Admission agreements and consent forms were appropriately signed by the resident or the enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file.</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>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) and complaints process is visible, and available in te reo Māori, and English. An electronic complaints register is being maintained which includes all complaints, dates and actions taken. There has been two complaints made in 2024, nine in 2025 and zero received in 2026 year to date. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Main themes were around care and food related services.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and a family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The owner/manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include</p>

		whānau participation. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Claire House provides rest home level of care for up to fifty-seven beds. On the day of the audit, there were fifty-five residents at rest home level of care including five on the Long-Term Support – Chronic Health Conditions (LTS–CHC). All the remaining residents were under the age-related residential care (ARRC) agreement. There is one double room which was occupied by two residents at the time of the audit, with consent processes for shared room in place and privacy maintained.</p> <p>The Ministry of Health - Manatū Hauora requested follow up regarding reconfiguration of services. This audit verified that the service was suitable to continue to provide 57 dedicated rest home level care beds, following a repurposing of one existing rest home level care bed into a staff room, and adding a one-bedroom cottage for rest home level of care.</p> <p>Claire house is the trading name of Clair House Limited – a privately owned company. The service is an owner operated aged care facility with a current business/risk management plan that includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term business objectives and the associated operational plans and has been reviewed annually. The business/risk management plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pacific people, including services for tāngata whaikaha. The annual satisfaction surveys evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with family/whānau who identify as Māori and/or tāngata whaikaha reflect their input for the provision of equitable delivery of care. There is collaboration with staff who identify as Māori for advice where required. The owner/manager reported that the service ensures that residents maintain links with the community in all aspects of their care.</p> <p>The monthly management and staff meetings provide an opportunity to</p>

		<p>review the day-to-day operations and progress towards meeting the business objectives. The owner/manager, assistant manager, administrator, and registered nurses meet regularly to analyse the quality data and facilitate the link between management and governance. The owner/manager interviewed on the day of the audit was knowledgeable around legislative and contractual requirements and is experienced in the aged care sector, having owned and managed the facility for over 40 years. The registered nurses and the general practitioner provide oversight with clinical governance.</p> <p>The owner/manager (non-clinical) has owned the service for over 40 years and is supported by an assistant manager who works full time. The management team is supported by an administrator, two registered nurses and an experienced care team. All members of the management team are suitably qualified and maintain professional qualifications in management, experience, and knowledge in the health sector.</p> <p>The owner/manager and assistant manager have maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility, including (but not limited to) training related to first aid and CPR, leading and motivating people, human leadership, culture of belonging, cultivating cultural competency and inclusion, occupational safety and health hazards, courageous conversations, New Zealand Aged Care Association (NZACA) meetings and regional aged care provider forums.</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</p>	<p>PA Low</p>	<p>Claire House is implementing a quality and risk management programme. The 2025 annual quality goals have been reviewed, and the 2026 programme is documented and includes plans to achieve goals, target dates for implementation, responsibilities for implementation and improvement indicators. Claire House implements a continuous quality improvement approach with service delivery. An interview with the assistant manager confirmed their understanding and involvement in quality and risk management practices.</p> <p>The organisations quality and risk management programme includes performance monitoring through internal audits and through the collection of clinical indicator data. Monthly management and staff meetings provide an</p>

<p>and our health care and support workers.</p>	<p>avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Meetings were completed as scheduled and meeting minutes reviewed evidence follow up of actions and sign off when completed. Internal audits are completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery and are being signed off when resolved and discussed at meetings. Quality data is collected, analysed, and discussed at meetings.</p> <p>Resident and family/whānau satisfaction are completed annually. The surveys completed in 2025 have been collated and reflect overall satisfaction with all aspects of service delivery. Survey outcomes have been communicated to staff, residents, and family/whānau. Corrective actions related to individual comments have been addressed. Resident and family/whānau meetings occur monthly. Minutes reviewed demonstrated issues raised are followed up on, with actions being reported back to the meeting.</p> <p>Policies and procedures are held electronically. Staff interviewed confirmed they were able to access policies and relevant documentation, as and when required.</p> <p>Each incident/accident is documented electronically. Ten accident/incident forms reviewed indicated that the forms are completed in full and signed off by the registered nurses; opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the management and staff meetings. However, the service does not use a SAC categorisation or rating internally when reviewing incidents and accidents. Health and safety is discussed as part of the monthly facility meetings. Hazards and other risks are documented and addressed. There is a current risk register (sighted). There is a plan to ensure that staff receive education related to hazard management and health and safety at orientation, and two yearly.</p> <p>Discussions with the assistant manager and registered nurses evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 reports since last audit. The service has completed Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) related to pressure injuries and fall related fractures. There have been no outbreaks</p>
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		since the previous audit that required reporting.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements for Claire House. The roster reviewed showed that there is registered nurse cover (Monday to Friday) sufficient and appropriate for the effective delivery of care and support for rest home level care residents. The number of healthcare assistants on each shift is sufficient for the acuity and layout of the service to provide safe and timely care on all shifts. There are dedicated activity, kitchen, cleaning, and maintenance staff supporting service delivery. Staff interviewed stated there are enough staff on duty to meet the needs of the residents. Residents and family/whānau interviewed stated there were staff available to meet the needs of the residents.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Staff absences are covered by own staff and casuals as sighted on the roster and on the days of the audit. The owner/manager and assistant manager work full time Monday to Friday. The owner/manager is available on call 24/7 for any concerns and escalates to the registered nurses for any clinical concerns and decision making.</p> <p>There is a two-yearly education and training schedule that has been fully implemented to date. The mandatory training covers a range of topics related to caring for the older person. Claire House training programme ensures that core competencies and compulsory knowledge/topics are addressed. The training programme exceeds eight hours annually. Training is conducted face to face, through competency questionnaires and online. Training has included (but not limited to) sexuality and intimacy, abuse and neglect, code of rights, medicine management, ageing process, communication, manual handling, cultural safety including Māori and Pasifika health, skin care, wound management, infection control and falls prevention.</p> <p>External training opportunities for care staff include training through Health New Zealand and hospice. The service employs twenty-two healthcare assistants and supports them to obtain a New Zealand Qualification Authority (NZQA) qualification. A review of staff records showed that all the healthcare assistants have achieved a level 3 NZQA qualification or higher. The two registered nurses employed by the service are both interRAI</p>

		<p>trained. The registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control, including Covid-19 preparedness and identifying and assessing the unwell resident. A record of completion is maintained on an electronic system and staff personnel file.</p> <p>There are a range of competencies specific to the employee`s role. There is a schedule and register in place. All registered nurses and healthcare assistants have current medication competencies. Healthcare assistants and registered nurses are required to complete competencies for cultural, wound dressing, fire safety, and first aid and CPR and moving and handling. A record of completion is maintained on an electronic system.</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>	FA	<p>Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, general practitioner, pharmacists, and podiatrist,</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support registered nurses and healthcare assistants to provide a culturally safe environment to Māori. Staff who have been employed for a year or more have a current performance appraisal on file.</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>	PA Moderate	<p>Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Five resident files were reviewed including one resident on long-term support chronic health contract (LTS-CHC). Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) those related to</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>nutrition, pain, transfer and mobility, falls, skin/wound, continence, pressure injury risk, depression, oral health, cultural, behaviour, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Initial interRAI assessments have been completed within three weeks of admission including for the resident on LTS-CHC. The initial care plans were detailed to provide guidance to care staff in the delivery of care.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident and provide guidance to staff around identified medical and non-medical needs. However, interventions were not detailed enough to provide guidance for staff. There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds with sign off when resolved or moved to the long-term care plan.</p> <p>Interview with the registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) from a local practice within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits when the resident's condition is considered stable. After hours cover is provided by an after-hours medical service and the local hospital as clinically indicated. The general practitioner has access to the resident records including the medication system. The general practitioner interviewed stated that there was good communication with the service, and that the registered nurses complement each other in terms of their clinical skills, experience and they demonstrated good clinical assessment skills in the care of the older adult. The general practitioner commented that they were informed of concerns in a timely manner. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services including (but not limited to) physiotherapy, mental health services, podiatry, wound care specialist, and continence specialists available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system.</p>
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	<p>Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner reviews, medication changes, and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. There were three active wounds (skin tears and a surgical wound) from two residents. Wounds were dressed as scheduled with clear documentation that included, assessments, photographs, management plans, and evaluations evidencing progress towards healing. There is a referral process for wound nurse specialist input as clinically indicated. Interview with the registered nurses confirmed that recommended plans by specialists would be incorporated into the wound management plans.</p> <p>Healthcare assistants 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 each shift and as necessary by healthcare assistants, and at least weekly by the registered nurses or as clinically indicated. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. Registered nurses also undertake assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including vital observations; behaviour charts; bowel chart; blood pressure; visual checks; weight; food and fluid; and blood glucose levels. Monitoring charts have been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Healthcare assistant interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls</p>
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		<p>management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. The registered nurse documents evaluations. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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>PA Moderate</p>	<p>Claire House has policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of mandatory training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular and short course medications. Pro re nata (PRN) medicines are dispensed in pottles or boxed packs. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the facility medication rooms. The fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All stored medications are checked monthly. There were no expired medicines in storage. Eyedrops and topical creams have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for PRN medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was</p>

		<p>consistently documented in the electronic medication management system and progress notes. However, there is no documented evidence of consultation with the registered nurse prior to administration of PRN medicines.</p> <p>There were residents self-administering medicines. Processes including competence assessment, general practitioner sign off and secure medication storage are in place. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cooks/kitchen hands reported they accommodate residents' requests.</p> <p>There is a verified food control plan which expires 30 November 2026. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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</p>	FA	<p>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>

<p>to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Claire House. The environment is inclusive of people's cultures and supports cultural practices. The current building warrant of fitness is in place expiring 30 September 2026.</p> <p>There is a maintenance request process for repairs. Equipment failure or issues are also recorded in the maintenance log. The maintenance officer is responsible for all maintenance requirements and referral to certified contractors as indicated. The maintenance officer checks the requests and signs off when repairs have been completed.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and daily testing of hot water temperatures. Hot water temperatures have been checked as scheduled and demonstrate that they have been within expected ranges. Essential contractors/tradespeople are available 24 hours a day as required.</p> <p>Ministry of Health - Manatū Hauora requested follow up regarding reconfiguration of services. The service was verified as suitable to continue to provide fifty-seven dedicated rest home level care beds, following a reconfiguration of repurposing one existing rest home level care bed into a staff room and adding a one-bedroom cottage for rest home level of care.</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>There is an approved fire evacuation plan from Fire and Emergency New Zealand in effect, the plan includes the re-purposed one-bedroom cottage for rest home level of care. Trial evacuation drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. The infection control programme is linked to the quality system. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control programme is reviewed and reported on annually.</p> <p>The infection control coordinators have access to shared clinical records and diagnostic results of residents.</p> <p>The infection control policy states that Claire House is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the two-yearly training plan. Staff have completed the required training.</p> <p>The infection control coordinators, (registered nurses), have undertaken recent education online and have additional support from the owner/manager, general practitioner, and from experts provided by Health New Zealand.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection prevention and control policy describes surveillance as an integral part of the infection prevention and control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antimicrobial use. This data is monitored and analysed for trends, monthly and annually. Claire House incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance results are discussed at the management and staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Infection control audits have been completed with corrective actions for areas of improvement implemented.</p>

		<p>Claire House receives regular notifications and alerts from Health New Zealand for any community concerns. There has been no outbreaks since last audited (July 2025). Interview with staff and infection control coordinators confirmed their awareness of outbreak management processes, documentation standards, monitoring, and reporting requirements. There is enough personal protective equipment stored in case of an outbreak.</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. This is supported by the owner/manager. There is a restraint register maintained. Annual restraint programme review was completed for 2025. The restraint programme is discussed during facility meetings.</p> <p>At the time of the audit, there were no residents using restraints. The designated restraint coordinators are the two registered nurses.</p> <p>Staff attend training in challenging behaviours, including de-escalation techniques and restraint as part of orientation and education programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	Each incident/accident is documented electronically. Managers attended training by the Health Quality Safety Commission (HQSC) in 2025. Their understanding was that they were required to notify for the fractures and the pressure injuries. Internal processes described in an updated policy were not well implemented to ensure that there are links to the internal reporting processes. Adverse event reporting internally does not link or reference to the SAC categories.	The service has not yet incorporated the SAC category/rating as per the National Adverse event Reporting policy into internal reporting of resident incident and accidents.	<p>Ensure that resident incident and accidents include a SAC rating relevant to the identified SAC categories as per the National Adverse event Reporting policy.</p> <p>90 days</p>
<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</p>	PA Moderate	The registered nurses are responsible for the development of the care plan. Assessment tools including cultural and interRAI assessments were completed in a timely manner to identify key risk areas.	<p>Two residents with weight loss did not have care plans to provide guidance for staff in management as per policy.</p> <p>One resident self-</p>	(i)-(iii) Ensure there are detailed interventions documented to guide staff in the delivery of care for the residents.

<p>underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>		<p>Resident specific goals were documented in the care plans reviewed. Care plans reviewed did not always have detailed interventions documented to provide adequate guidance for care staff related to management of resident needs.</p> <p>There are comprehensive policies in place related to assessment and support planning accessible to all staff. Interview with the healthcare assistants demonstrated that they are knowledgeable about the care needs of the residents.</p>	<p>administering medications did not have this reflected in the care plan.</p> <p>One diabetic resident on insulin did not have detailed interventions in the care plan related to reportable ranges, the signs and symptoms of hyperglycaemia and management thereof.</p>	<p>90 days</p>
<p>Criterion 3.4.1</p>	<p>PA</p>	<p>All PRN medications had prescribed</p>	<p>There is no consistent</p>	<p>Ensure that there is</p>

<p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>Moderate</p>	<p>indications for use by the general practitioner. The effectiveness of PRN medication has been documented in the electronic medication system. Competent healthcare assistants and registered nurses' complete medication administration. There is a process documented in the policy that states that HCAs are required to get RN permission prior to administering PRN medication. A review of the medication system and progress notes did not show consistent documentation to evidence that prior to a decision to administer PRN medicines by the healthcare assistants, a registered nurse was consulted.</p>	<p>documentation to evidence that the registered nurse has been consulted and authorised the administration of PRN medications.</p>	<p>documented evidence that a registered nurse has been consulted and authorised administration of PRN medicine.</p> <p>60 days</p>
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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.