

St Clair Park Residential Centre Limited - St Clair Park Residential Centre

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:	St Clair Park Residential Centre Limited
Premises audited:	St Clair Park Residential Centre
Services audited:	Rest home care (excluding dementia care); Dementia care; Residential disability services - Psychiatric
Dates of audit:	Start date: 9 March 2026 End date: 10 March 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	35



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

St Clair Park Residential Centre is located at 287 Middleton Road, Corstorphine, Dunedin. The service provides rest home, dementia, and mental health levels of care for up to 41 residents. On the day of the audit, there were 35 residents in occupancy.

The facility manager is responsible for the day-to-day operations of the service, supported by the assistant manager/administrator, registered nurses, care staff, and the owner/directors. Documented quality systems and processes are in place. Residents and family/whānau interviewed reported satisfaction with the care and services provided.

This surveillance audit was conducted in accordance with a subsection of the Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents and their family/whānau, and interviews with staff, management, and the general practitioner.

The previous audit shortfalls around; the recording of meeting minutes, the implementation of the risk management plan, resident and family/whānau surveys, laundry management, and staff training have been addressed.

This surveillance audit identified no shortfalls.

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.

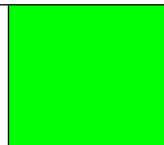
St Clair Park Residential Centre provide an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan, and residents and staff state that culturally appropriate care is provided. The service works collaboratively 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. A Pacific health plan is in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The management and staff listen to and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family/whānau are kept informed. 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 fully attained.

The quality and risk management systems are focused on quality service provision and care. The business plan (2024-2026) includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Health New Zealand.

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions, and receive education. All employed and contracted health professionals maintain a current practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are documented and evaluated. Early warning signs, triggers, and relapse prevention strategies are included. Care plans are written in collaboration with the residents and reflect a recovery focus. A copy of a signed care plan is offered to residents where required.

There is a medicine management system in place. All medications are reviewed by the general practitioner and mental health specialists every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for the specific dietary likes and dislikes of the residents. A current food control plan is in place.

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

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

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.
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The facility meets the needs of residents and is clean and well-maintained. There is a current building warrant of fitness. Testing and tagging of electrical equipment and calibration of medical equipment are up to date. External areas are accessible, safe, and meet the needs of residents living in this care home.

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.
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The service ensures the safety of the residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The facility manager coordinates the programme.

Staff orientation and ongoing education are maintained. There are sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed according to the Ministry of Health guidelines.

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.

A non-restraint policy is applied by the organisation. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place. A suitably qualified restraint coordinator manages the process. The staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring. There are no restraints in use at the service.

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	19	0	0	0	0	0
Criteria	0	53	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.</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>MHA: St Clair Park Residential Centre has a Māori Health Care Plan, which guides the delivery of care to Māori using te whare tapa whā and ensuring their mana motuhake is respected. The documentation reviewed contained templates for cultural assessments, Māori health care plans, and New Zealand strategy documents to inform culturally safe practices.</p> <p>The organisation has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The facility manager (FM) and the owner/director reported that there were residents and staff who identified as Māori.</p> <p>Documentation and interviews with the management that include the owner/director, facility manager (FM), assistant manager/administrator, a registered nurse, eight caregivers (CGs) including two team leaders, confirmed that the service delivers a service that is focused on the health, well-being, and cultural needs of its residents.</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</p>	FA	<p>The service has a Pacific Health Plan. There is a Pacific People’s Culture and General Ethnicity Awareness Policy, which also references the Ola Manuia Pacific Health and Wellbeing Action Plan. The service has links</p>

<p>enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>with Health New Zealand and the Church of Samoa. The service has and continues to develop working relationships with local Pacific communities and organisations to support the service with planning, support, research, and evaluation to improve the health and wellbeing of Pacific residents.</p> <p>At the time of the audit, there were no residents who identified as Pacific; however, some staff members identified as Pacific. The staff interviewed highlighted the importance of understanding and supporting each other's culture.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff interviewed at the service understood the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) and were observed supporting residents to follow their wishes. Seven residents including two rest home, and five under the mental health contract; and three family/whānau for residents in the dementia unit reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff on an annual basis. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The FM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and were safe. An incident of alleged abuse was reported in 2025 and was managed in accordance with organisational protocols, with appropriate investigations undertaken and required notifications</p>

		completed. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation forms, and care plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent for advance directives. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where necessary.</p> <p>MHA: Evidence was sighted that residents had provided informed consent for treatment, interventions, and support.</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>	FA	<p>The St Clair Park Residential Centre complaints management policy and procedures are documented to guide staff. The process complies with Right 10 of the Code of Rights. The service maintains a complaints register. There were six complaints in 2025, and none in 2026 (year to date). The FM reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation, including follow-up letters and resolution, has been completed and managed in accordance with guidelines set by the HDC. The FM reported that any issues are discussed promptly with residents and family/whānau before they escalate into complaints.</p> <p>Family/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code is visible and available in te reo Māori and English. The residents and family/whānau spoken with expressed satisfaction with the complaint</p>

		<p>process. In the event of a complaint from a Māori resident or family/whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>There have been no external complaints reported since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</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>St Clair Park Residential Centre is located at 287 Middleton Road, Corstorphine, Dunedin. The service provides rest home, dementia, and mental health levels of care for up to 41 residents. On the day of the audit, there were 35 residents in occupancy. Of these, six residents were receiving rest home level care (including one long-term support – chronic health conditions [LTS-CHC], two under the accident compensation corporation (ACC) contract); fifteen in the dementia unit (including one respite); and 14 under the mental health contract.</p> <p>The governance body comprises two owners/directors who have owned the service since 2005. The owner-directors have backgrounds in construction and finance. The management team and owner/director interviewed demonstrated an understanding of relevant legislative and contractual requirements.</p> <p>The facility manager is responsible for the day-to-day operations of the service, supported by the assistant manager/administrator, registered nurses, care staff, and the owner/directors.</p> <p>A current business plan (2024–2026) is in place and includes clearly defined goals aligned with the service’s documented vision, mission, and values. The plan outlines both annual and longer-term objectives and is supported by associated operational plans. Objectives sighted were time-framed and included defined actions, with regular reporting occurring through meetings. Monthly reports to the owner/directors and weekly reports from the clinical nurse are completed. Evidence of these reports was sighted. The FM reported that key performance indicators are reviewed monthly. Meeting minutes evidenced discussion of objectives and progress against planned actions. A quality and risk management plan is in place and is reviewed at least annually and updated as required. The management team completes an annual review of all</p>

		<p>components of the quality programme.</p> <p>The governing body is accountable for the delivery of safe, equitable, and high-quality services and demonstrates a commitment to Te Tiriti o Waitangi and improving outcomes for Māori and Pacific peoples. This commitment is reflected in policy and planning documentation, and includes actions to support equity, resident choice, and access to information. Information relating to the Code, complaints processes, and infection prevention and control is available in alternative languages to reduce barriers to access. The service engages with local Māori organisations to inform policy development and to obtain cultural advice. Organisational goals include maintaining optimal occupancy levels and providing a supportive, inclusive, and culturally appropriate service environment for Māori, Pacific peoples, and residents of other ethnicities.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation and includes the facility manager, registered nurse, and care staff with reports provided to the owners/directors.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service implements the organisation's quality and risk management programme, which is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits; and a process for identifying and addressing corrective actions.</p> <p>MHA: The service operates under a continuous quality improvement philosophy that is resident-centred, culturally safe, and aligned with Te Tiriti o Waitangi principles, with the quality management system formally reviewed annually to inform strategic priorities and ensure effectiveness. Governance oversight includes robust financial management processes to ensure sustainability, regulatory compliance, and appropriate resourcing of service delivery and quality initiatives. The organisation recognises Māori as a government health gain priority area, and incorporates Māori participation, culturally responsive practices, equity monitoring, alignment with Māori Health Strategies, and Māori-specific quality and service requirements within its governance, monitoring, and</p>

	<p>service delivery frameworks.</p> <p>The previous audit shortfall related to documenting management meetings (#2.2.1) with the owner/directors has been addressed. Monthly management meetings and directors' reports were documented. This was confirmed during interviews with the owner/directors.</p> <p>Internal audits, meetings (including monthly staff meetings, management meetings, team leader, resident/whanau meetings), and data collation were all documented as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements, with evidence of progress and sign-off when achieved. This corrective action document is posted and discussed in staff meetings. Meetings provide an avenue for discussions in relation to key performance indicators (including clinical, such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint, etc), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education.</p> <p>MHA: The quality and risk management plan, along with associated policies and procedures, outlines identified internal and external risks and corresponding mitigation strategies in alignment with the National Adverse Event Reporting Policy. This addresses the previous area (#2.2.4) requiring improvement. Management demonstrated knowledge of Severity Assessment Codes (SAC), including SAC 1 and SAC 2 reporting requirements. Discussions with the management team evidenced awareness of requirements to notify relevant authorities in relation to essential notifications. Three Section 31 notifications were completed in relation to the Medi-Map outage, resident behaviour, and staff behaviour. An outbreak was also reported in December 2025 to the appropriate authority.</p> <p>A health and safety system is in place. Hazard identification is completed, and an up-to-date hazard register was sighted. Health and safety policies are overseen by the health and safety committee. Manual handling education is provided regularly to staff. Staff interviewed reported they are kept informed of health and safety matters.</p> <p>Individual reports are completed for each incident or accident, with immediate actions recorded and any required follow-up documented. Incident and accident data is collated monthly and analysed for trends,</p>
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		<p>with results discussed at management and staff meetings. Ten resident-related incident and accident forms were reviewed, and each demonstrated that a clinical assessment and appropriate follow-up had been completed by a registered nurse. Staff are aware of their responsibility to raise concerns if they believe residents may be at risk. Management provides oversight of staff practices, particularly for those who have direct access to vulnerable residents.</p> <p>MHA: Staff meet regularly with the facility manager, who also receives external support and supervision from Health New Zealand health professionals in management roles.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this.</p> <p>Rosters from the past four weeks showed that all shifts were covered by experienced registered nurses and care staff, with support from the management team. The service employs a full-time registered nurse and a casual registered nurse, and the facility manager is also a registered nurse. All units have awake staff on duty overnight. A significant number of staff members maintain current first-aid certificates, and there is always a first aider on site.</p> <p>MHA 24: Continuing education is planned on an annual basis, including mandatory training requirements. The FM reported that most of the training is completed online or face-to-face, every month. Evidence of regular education provided to staff was sighted in attendance records. Related competencies are assessed as per policy requirements. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the provider's funding and service agreement requirements. Staff records were reviewed to demonstrate completion of the required training and competency assessments. There are 32 care staff employed. Fifteen have achieved NZQA qualification level four, three with level three excluding two in</p>

	<p>training, two with level two and three with level 0. All staff who perform the team leader role within the Ashwood unit have extensive experience in Mental Health, and care staff receive regular mental health training. The FM reported that some care staff are in the process of enrolling for a National Certificate in Mental Health (Level four). There are six care staff permanently assigned to the dementia unit, with additional support provided by care staff from other wings. All six permanent staff have completed dementia care education in accordance with the age-related residential care (ARRC) agreement, with one staff member currently in the process of enrolling.</p> <p>Six care staff have completed dementia care education as set out in the age-related residential care (ARRC) agreement, and one in the process of enrolling.</p> <p>MHA 24: The provider has a current smoke-free policy. Staff records sampled and discussion with the facility manager and staff evidenced that staff complete smoking cessation training via an online training platform.</p> <p>MHA 24: An appropriately trained and supervised caregiver from the service is allocated, in agreement with the resident. All staff who perform the team leader role within the Ashwood unit have extensive experience in Mental Health.</p> <p>The management team reported that the model of care ensured that all residents are treated equitably.</p> <p>The previous audit shortfall related to ensuring residents and whānau/family satisfaction surveys are collated and reported, as appropriate, at all levels of the service has been addressed. Resident and family/whānau satisfaction surveys completed in 2025 were satisfactory. Survey respondents reported satisfaction with care delivery, staff responsiveness and welcoming approach, staff attitudes towards residents and their family/whānau, and the cleanliness of the environment. Areas identified for improvement included staff communication, food quality, and the availability of activities. Corrective actions have been implemented to address the identified areas.</p> <p>The service has implemented policies and procedures for family/whānau, and residents' input at all levels of the service and employs staff with lived experience. Māori cultural and family/whānau are consulted on</p>
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		<p>decisions relating to policies, protocols, planning, and implementation. The service works alongside residents, their family/whānau, gaining feedback as this process takes place.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</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>Human resource management policies and processes are based on good employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There was evidence of good recruitment processes, including letters of offer, signed employment agreements and position descriptions, validation of qualifications, police vetting, and performance appraisals. A total of five staff files (the facility manager, registered nurse, and three care staff) were reviewed.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals. Staff receive an orientation and induction programme that covers the essential components of the service provided.</p> <p>MHA: The service's current Child Protection Policy (Vulnerable Children Act 2014) meets the contract requirements. The service works with adults only, and all staff are police and reference checked.</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</p>	FA	<p>A sample of five resident files were reviewed. Initial assessments and care plans were resident-centred and completed within required timeframes. Of the files reviewed, two residents were receiving rest home-level care (including one funded under the LTS-CHC contract) and one under ACC), one was under the mental health contract, and two were receiving dementia-level care (including one funded under the respite contract). The service uses assessment tools that reflect residents' lived experiences, cultural needs, values, and beliefs. Nursing care was provided by appropriately trained and competent staff, including</p>

<p>whānau to support wellbeing.</p>	<p>registered nurses and care staff.</p> <p>InterRAI assessments were completed within 21 days of admission for residents under the ARRC contract. For residents admitted under ACC, LTS-CHC, or respite care, standard nursing assessments were utilised. Long-term care plans are developed based on these assessments and reviewed as required. Long term care plans are reviewed six monthly or as changes occur.</p> <p>The service has established links with relevant health professionals, including general practitioners, nurse practitioners, and community mental health teams such as MHSOP, to support assessment, treatment, and ongoing clinical oversight for residents.</p> <p>MHA 24: Residents under the mental health contract had comprehensive assessments that identified early warning signs, triggers, risk management strategies, and appropriate interventions. These assessments were monitored, evaluated, and updated collaboratively by service staff and the community mental health team and were completed within appropriate timeframes. Each resident using the services is encouraged to take a lead role in the preparation, implementation, and evaluation of their individually planned recovery-focused support services.</p> <p>MHA 24: Care and support are provided by appropriately trained and skilled staff, including registered health professionals and caregivers with extensive experience in mental health. Cultural assessments were undertaken by the nursing team in consultation with residents and their family/whānau. Long-term care plans were in place for all residents and were evaluated at least six-monthly. The service actively promotes the involvement of residents, family/whānau, enduring power of attorney (EPOA), and general practitioners in care planning processes.</p> <p>A general practitioner (GP) and nurse practitioner (NP) assess residents within five working days of admission. Residents are reviewed at least three-monthly by the GP or NP, who also participate in the six-monthly multidisciplinary reviews involving residents and their whānau/family. The GP confirmed that communication processes with the service were transparent, medical input was sought promptly, medical instructions were followed, and care delivery was resident-centred. Review of resident files evidenced integration with other members of the health care</p>
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	<p>team. Multidisciplinary team meetings were conducted at least six-monthly. All residents in the dementia unit had a 24-hour diversional care plan in place.</p> <p>MHA 24: The FM reported that comprehensive and relevant information is communicated at each staff handover. Staff interviewed confirmed they receive daily updates on residents' conditions. Progress notes were completed each shift, and more frequently when there were changes in a resident's condition. Goals documented in the sampled care plans for all residents, including those under the mental health contract, reflected the identified strengths, aspirations, values, and beliefs of the residents. Goals were identified as short, medium, or long-term and were reviewed three-monthly. Evaluations recorded the level of progress towards achieving the goals and aspirations of both residents and their whānau. Detailed strategies were documented to support well-being and promote independence.</p> <p>Short-term care plans were implemented to manage acute issues or significant changes in residents' conditions, with clearly documented interventions to guide staff practice. These plans were reviewed at least weekly, or more frequently where clinically indicated, based on assessed risk. Where a condition persisted beyond three weeks, the short-term care plan was incorporated into the long-term care plan. Changes in residents' conditions were reported to the FM or registered nurses, as evidenced in records reviewed. Interviews confirmed that residents and their family/whānau were informed of changes and actively involved in ongoing updates.</p> <p>When residents' progress deviated from expected outcomes, the service, in collaboration with the resident and/or family/whānau, updated the care plan accordingly. Where significant changes in a resident's condition occurred before the scheduled review, an InterRAI reassessment was completed. A range of equipment and resources appropriate to the levels of care provided and responsive to residents' needs was available. Interviews with residents and family/whānau confirmed their active involvement in evaluating progress and any resulting changes to care.</p> <p>At the time of the audit, there were no active wounds nor pressure injuries. A range of monitoring charts were used to assess and monitor residents, including food and fluid balance charts, turning charts, weight charts, restraint monitoring forms, behaviour monitoring charts,</p>
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		neurological observation forms, blood glucose records, and bowel charts.
<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>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GP and NP complete three-monthly medication reviews. Ten medication charts were reviewed, comprising three dementia-level residents (including one funded under the respite contract) and three rest home residents (including two funded under the LTS-CHC), one respite, and four under the mental health contract. Allergies were documented on all medication charts, indications for pro re nata (PRN) medicines were recorded, and eye drop bottles were dated on opening.</p> <p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were acted-upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. The medicine fridge and medication room temperatures were monitored regularly, and deviations from normal were reported and attended to promptly. Records were sighted. There was no food in the medication fridge.</p> <p>The caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards.</p> <p>There were no residents self-administering medications. Appropriate processes were in place should this be required. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</p> <p>Medi Map Outage:</p> <p>The service was using an electronic medication management system that recently experienced technical issues. The facility manager and registered nurse reported that the transition to a paper-based system was managed effectively, with prescription charts obtained promptly from the</p>

		<p>pharmacy and subsequently reviewed and updated by the nurse practitioner and general practitioner. No adverse events were reported.</p> <p>Guidance to manage this risk was documented within the organisation's risk management framework, including relevant policies and the risk hazard register. A Section 31 notification was completed in accordance with Ministry of Health requirements.</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>All meals are prepared off-site by an external contractor and delivered to the facility in hot boxes at mealtimes. Meals are transferred to bain-maries or served directly from the hot boxes, with temperatures checked and electronically recorded prior to being served by caregivers. 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 electronic record management system.</p> <p>The food control plan is current to 31 March 2027.</p> <p>Family/whānau and residents interviewed indicated satisfaction with the food service.</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>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed. The FM reported that all transfers and discharges are developed in collaboration with the resident and family/whānau and the accepting service provider.</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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. There is a current building warrant of fitness expiring 6 July 2026. Calibration of medical equipment, testing and tagging of electrical equipment have been completed, and an inventory is maintained. Hot water temperatures are monitored monthly, with the maintenance team addressing any issues as they arise. There is also a contracted electrician if required.</p> <p>The residents and family/whānau interviewed expressed satisfaction with the environment being suitable for their needs and their family members' needs. There were well-maintained garden areas. The environment was clean and tidy throughout the facility.</p> <p>Appropriate security arrangements are in place. Doors are secured at predetermined times, and a closed-circuit television (CCTV) system monitors the entrance and communal areas to support the safety of vulnerable residents. Recorded footage is available for review by management if required. The dementia unit is secured to ensure the safety of residents, with controlled access and exit points in place to prevent unauthorised entry or exit and to protect residents who may be at risk of wandering.</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>St Clair Park Residential Centre has a clearly defined and documented infection prevention and control (IPC) programme, developed with input from external IPC specialists. The programme has been approved by the governing body in consultation with the registered nurses and is integrated with the quality improvement programme. The IPC programme is reviewed and reported annually. Associated policies have been developed by suitably qualified personnel in compliance with relevant legislation and accepted best practice. Policies reflect the requirements of infection prevention and control standards and include appropriate referencing.</p> <p>Staff receive IPC education during orientation and through ongoing annual online training. Resident education is provided both individually and in group settings, such as residents' meetings, covering topics including hand hygiene and advice to remain in their rooms when unwell.</p>

		Interviews with residents and family/whānau confirmed understanding of these practices.
<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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are discussed at staff and management meetings and reported back to the owner/directors.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, compared with the previous month, the reason for the increase or decrease, and action advised. Any new infections were discussed at shift handovers for early interventions to be implemented. Benchmarking is completed internally.</p> <p>An outbreak of gastroenteritis in December 2025 and single isolated cases of Covid-19 were reported since the previous audit. The FM confirmed that these were managed in accordance with the pandemic plan.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	FA	<p>The previous audit shortfall related to having a demarcation for separation of clean and dirty laundry has been addressed. A laundry facility is located on site and is used only for residents' personal laundry, while all other laundry is outsourced to an external contractor. Clear separation for the handling and storage of clean and dirty laundry was maintained, and an additional entrance had been created to provide</p>

<p>environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>separate entry and exit points for clean and dirty laundry.</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 elimination and safe practice specify that the organisation is committed to providing a restraint-free environment. This is supported by the governing body and management staff. At the time of the audit, there were no residents using restraints.</p> <p>Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. All staff completed least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation training. Training is planned annually. This therefore addresses the previous audit shortfall around including least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation training within the staff training schedule.</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.

No data to display

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.