

Capital Residential Care Limited - Ocean View Residential Care

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: Capital Residential Care Limited

Premises audited: Ocean View Residential Care

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 19 February 2026 End date: 20 February 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: 18

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

Ocean View Residential Care, located in Otaki provides rest home level of care for up to twenty-four residents. There were eighteen 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 and staff.

One of the directors serves as the facility manager. A clinical nurse manager and a team of experienced staff support the director/facility manager.

There are documented quality systems and processes in place. Feedback from 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.

The previous audit finding related to care plan evaluations has been satisfied.

This surveillance audit identified shortfalls related to implementation of the quality and risk programme; staff training; information management system; resident assessments and 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 organisation. 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 medium or high risk and/or unattained and of low risk.

The business plan includes a mission statement and operational objectives. The service has a quality and risk management system in place that takes a risk-based approach. There are processes in place for internal auditing. Collation of data was 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

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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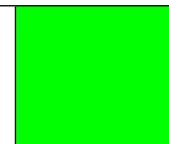
A registered nurse is responsible for assessing, planning, and reviewing residents' needs, outcomes, and goals. Care plans demonstrate service integration. Resident files did not include medical notes by the general practitioner and visiting allied health professionals.

The electronic medicine charts reviewed 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.

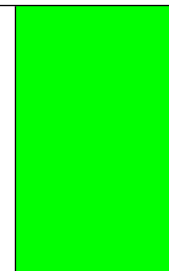


Subsections applicable to this service fully attained.

The building has a building warrant of fitness in place. There is a planned and reactive maintenance programme in place. All medical equipment has been 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 directors. Staff complete education in relation to infection control during orientation.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported in a timely manner. There have been outbreaks recorded and reported on 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 coordinator is a registered nurse. 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	14	0	0	5	0	0
Criteria	0	43	0	0	7	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 Ocean View Residential Care 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 residents and staff who identified as Pasifika and supported the service in understanding worldviews, and 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>	FA	<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 director/facility manager and clinical nurse 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 one 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>	FA	<p>Ocean View Residential Care policies provide guidelines that aim to prevent any form of institutional racism, 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>There are established policies and protocols to respect resident’s property, including an established process to manage and protect resident finances including sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with the clinical nurse manager and caregivers confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities. Professional boundaries are covered as part of orientation. Police vetting is provided before considering employing or engaging individuals in their role.</p> <p>Interviews with three staff (two caregivers, one cook), the clinical nurse manager, director/facility 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>	FA	<p>Resident files reviewed included completed general consent forms and</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>consents for influenza. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>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 Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There has been one complaint made since the last audit in April 2024. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the HDC. The complaint was resolved to the satisfaction of the complainant.</p> <p>The service had just received a complaint from HDC in the same week as the audit. The complaint was closed by HDC and referred to be managed through the advocacy services process.</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 they stated that any concerns or issues they had were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to</p>

		<p>assist Māori in the complaints process. Interpreters contact details are available. The director/facility manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).</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>Ocean View Residential Care is located in Otaki and provides rest home level care for up to twenty-four residents. On the day of audit there were eighteen residents, including: one resident on an accident compensation corporation (ACC) contract, one resident on the younger person with a disability (YPD) contract, one resident on private respite, and one resident on a Mana Whaikaha disability contract. All other residents were on the age-related residential care contract (ARRC). There are two double rooms; one of the rooms was not occupied and the other was being used as a single room at the time of the audit.</p> <p>Ocean View Residential Care is the trading name of Capital Residential Care Limited, a privately owned company with two directors (husband and wife) who have owned the business for eleven years. The husband (non-clinical) works in the role of facility manager and is responsible for maintenance, rosters, finance, and the day to day running of the facility. The wife is also non-clinical and supports her husband with financial oversight on a part-time basis. The directors are supported by a clinical nurse manager, who has worked in the role for seven years and has years of experience in the aged care sector. There is a registered nurse who provides casual and part-time cover for the clinical nurse manager. The caregivers are long standing and are experienced in their role.</p> <p>The governance team consists of the director/facility manager, clinical nurse manager, and the other director. The team meets bi-monthly at the quality meeting. The team also meets informally on a weekly basis. Ocean View Residential Care has an annual business plan for 2026 that includes a mission statement and operational objectives. The service's mission statement is to deliver quality care service to their residents, by maintaining their independence and meeting their individual, psychological, cultural, and spiritual needs in a safe environment. The director/facility manager (interviewed) is knowledgeable around legislative and contractual</p>

		<p>requirements and experienced in the age care sector.</p> <p>There is an annual quality and risk management plan in place which is reviewed regularly. The clinical nurse manager and the general practitioner provide oversight of clinical governance.</p> <p>The clinical nurse manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes (but not limited to) Te Tiriti o Waitangi, infection prevention and control, hospice training, and the Code. The director/facility manager has completed Te Tiriti o Waitangi training and attended regional aged care forums.</p> <p>The directors collaborate with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori. Barriers are identified and addressed for Māori to be provided with equitable service delivery. There is an in house kaumātua (resident) providing support to the directors/governance team. The satisfaction surveys and resident and family/whānau meetings provide forums for tāngata whaikaha to have input into the service.</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>PA Moderate</p>	<p>Ocean View Residential Care has a documented quality and risk management programme that takes a risk-based approach. However, this approach has not always been implemented (link 2.5.2). 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. Ocean View Residential Care implements a continuous quality improvement approach with service delivery. Interviews with the clinical nurse 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 quality/staff meetings provide an 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 are completed as scheduled and meeting minutes reviewed evidenced follow up of actions and sign off</p>

		<p>when completed. Internal audits have not been completed as per the internal audit schedule. Any corrective actions identified are used to improve service delivery and are signed off when resolved. Quality data is collected, analysed, and discussed at meetings.</p> <p>Resident and family/whānau satisfaction surveys 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. Resident and family/whānau meetings occur three 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 quality/staff meetings. 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. There is a plan to ensure that staff receive education related to hazard management and health and safety at orientation, and as per the education programme (link 2.3.4).</p> <p>Discussions with the clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 reports or Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) completed since the last audit. There have been outbreaks since the previous audit which were reported appropriately.</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>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements for Ocean View Residential Care. The roster reviewed showed that the clinical nurse manager (a registered nurse), provides clinical oversight Monday to Friday, sufficient and appropriate for the effective delivery of care and support for rest home level care residents. The number of caregivers on each shift is</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>sufficient for the acuity and layout of the service to provide safe and timely care on all shifts. There are dedicated activity staff and with the kitchen, cleaning, and laundry staff holding dual roles with caregiving. 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 the service's own staff and casuals as sighted on the roster and on the days of the audit. The director/facility manager works full time Monday to Friday. The clinical nurse manager is available on call for any clinical concerns, and the director/facility manager is available on call 24/7 for any non-clinical concerns.</p> <p>There is an education and training schedule that has not been fully implemented to date. The mandatory training covers a range of topics related to caring for the older person. Ocean View Residential Care orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The training programme exceeds eight hours annually. The education programme is set so that training can be conducted face to face, through competency questionnaires and an online platform. Training as per programme includes (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 includes training through Health New Zealand and hospice. The service employs fourteen caregivers and supports them to obtain a New Zealand Qualification Authority (NZQA) qualification. A review of staff records showed that one caregiver has achieved a level 3 qualification, two with a level 2 qualification and the remaining with relevant experience. The clinical nurse manager is interRAI trained and has a current syringe driver competency. The clinical nurse manager is encouraged to complete additional training through external providers and online. A record of completion is maintained in staff personnel files.</p> <p>There is a range of competencies specific to the employee's role. There is a schedule and register in place. Caregivers and the clinical nurse manager</p>
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		are required to complete competencies for cultural, wound dressing, fire safety, and first aid. A record of completion is maintained in the staff files.
<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.</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 programme supports staff to provide a culturally safe environment for Māori. Staff who have been employed for a year or more have a current performance appraisal on file.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	PA Moderate	<p>There are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents and staff are retained in hard copy and electronic system. Residents' information is held for the required period before being destroyed. Although electronic information is password protected, it is not regularly backed-up by the cloud-based technology.</p> <p>Resident records are not integrated. Necessary demographic, personal, clinical, and health information was completed in the residents' files sampled for review. However, records of other residents was stored in different resident files. There is a documented business continuity plan; however, this is not implemented. Criterion #2.5.2 has been opened to identify issues related to information.</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</p>	PA Moderate	Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Five resident files were reviewed including one resident on a YPD contract, and one resident on an ACC contract. Initial assessments and care plans when completed, are expected to be

<p>supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>developed with the residents or Enduring Power of Attorney (EPOA) consent. When on file, the initial assessments and care plans 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 nutrition, pain, transfer and mobility, falls, skin/wound, continence, pressure injury risk, 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 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 ACC contract and YPD resident. However, interRAI assessments have not been reviewed as scheduled. 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. Interventions were 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. Short term care plans have been completed for identified short term needs sighted in the resident records. Interview with the clinical nurse manager (registered nurse) 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.</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 evidence of the exemption from monthly general practitioner visits when the resident's condition is considered stable. However, general practitioner clinic notes were not always sighted in resident files (link 2.5.2). The medical practice provides on call after hours cover for the service. The general practitioner has access to the resident records including the medication system. The general practitioner was not available for interview at the time of the audit. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services</p>
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	<p>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. 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 historical wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. There were no active wounds at the time of the audit. There is a referral process for wound nurse specialist input as clinically indicated. Interview with the clinical nurse manager confirmed that recommended plans by specialists would be incorporated into the wound management plans.</p> <p>Caregivers 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 caregivers but have not been completed at least weekly by the registered nurse. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. The registered nurse also undertakes 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.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including vital observations; 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. Caregiver 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 been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by</p>
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		<p>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 and when there is a change in the resident's condition. The registered nurse documents evaluations. When documented the evaluations include the degree of achievement towards meeting desired goals and outcomes. The previous audit shortfall related to HDSS 2021: 3.2.5 has been achieved.</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>Ocean View Residential Care has policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis which includes education around safe medication administration. The registered nurse has completed syringe driver training and competency.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular and pro re nata (PRN) medications and blister packs for short course medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Expired medications are not consistently returned to the pharmacy.</p> <p>Medications were appropriately stored in the facility medication cupboard. The medication fridge and medication room temperatures are monitored weekly, and the temperatures were within acceptable ranges. All stored medications are checked regularly. There were expired medicines in storage. Eyedrops and 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 not</p>

		<p>consistently documented in the electronic medication management system or progress notes. There were two residents self-administering medications. Self-administration processes were not consistently implemented as per policy. There are documented processes including an assessment of competency, general practitioner sign off and secure medication storage. No vaccines are kept on site, and no standing orders are used.</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 cook reported they accommodate residents' requests.</p> <p>There is a verified food control plan which expires 4 September 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 to provide and coordinate a supported transition of care or support.</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, family/whānau and other service providers to ensure continuity of care.</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 Ocean View Residential Care. The environment is inclusive of people's cultures and supports cultural practices. The is current building warrant of fitness in place expiring 3 June 2026.</p> <p>There is a maintenance request process for repairs. Equipment failure or issues are also recorded in the maintenance log. The director/facility manager is responsible for reviewing all maintenance requests, arranging for contractors, and signing off when completed.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging (Next due August 2027), equipment checks, call bell checks, calibration of medical equipment (next due April 2026), and weekly 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>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 and 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 are implemented and signed off as resolved. The infection control programme is reviewed and reported on annually (January 2026).</p> <p>The infection control policy states that Ocean View Residential Care is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have not completed the required training (link 2.3.4).</p> <p>The infection control coordinator, a registered nurse, has undertaken recent education online and has additional support from the general practitioner, public health, and expertise at Health New Zealand.</p>
<p>Subsection 5.4: Surveillance of health care-associated</p>	<p>FA</p>	<p>The infection prevention and control policy describes surveillance as an</p>

<p>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>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 and discussed at the staff meeting. Reports include antibiotic use. This data is monitored and analysed for trends, monthly and annually. Ocean View Residential Care incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance results are discussed during the quality/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>Ocean View Residential Care receives regular notifications and alerts from Health New Zealand for any community concerns. There has been one Covid-19 infection outbreak (December 2024) since last audited. The outbreak was well documented, managed, and reported on. A debrief was completed to identify what went well and areas of improvement related to outbreak management.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The directors support this. Restraint use is discussed and monitored at the facility meetings.</p> <p>At the time of the audit, there were no residents using restraints. The designated restraint coordinator is a registered nurse.</p> <p>The facility training programme includes training related to challenging behaviours, including de-escalation techniques and restraint use. However, this has not been implemented (link 2.3.4)</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>Ocean View Residential Care has a documented quality and risk management programme that takes a risk-based approach. However, this approach has not always been implemented (refer 2.5.2).</p> <p>The organisations quality and risk management programme includes performance monitoring through internal audits and through the collection of clinical indicator data. Review of the records indicate that audits have not all been completed as scheduled since the last audit.</p>	<p>There is no evidence to demonstrate that clinical internal audits were completed as scheduled since the last audit.</p>	<p>Ensure internal audits are completed as scheduled.</p> <p>60 days</p>
<p>Criterion 2.3.4</p>	<p>PA</p>	<p>There is an education and training schedule in place for the service. The</p>	<p>Not all staff have completed the scheduled training. This includes (but</p>	<p>Ensure staff training is completed as per</p>

<p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>Moderate</p>	<p>topics include those relevant to the care of the older person, cultural safety, infection prevention, and control. Review of training records shows that staff have not completed the required training as scheduled. The majority of the mandatory training topics were not completed since the last audit. Staff who had completed training had only completed one to four sessions.</p>	<p>is not limited to) abuse and neglect (one staff completed); challenging behaviour and dementia (three staff completed), code of rights and consent (three staff completed), complaints and advocacy (three staff completed), continence (three staff completed), cultural awareness and safety (two staff completed), infection control (four staff completed), ageing process (two staff completed), health and safety (0 staff completed), nutrition and hydration (three staff completed), pain (0 staff completed), falls (0 staff completed), restraints (0 staff completed), and communication (0 staff completed).</p>	<p>plan. 60 days</p>
<p>Criterion 2.5.2 Service providers shall maintain an information management system that: (a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication; (b) Makes the information manageable; (c) Ensures the information is accessible for all those who need it; (d) Complies with relevant legislation; (e) Integrates an individual's health and support records.</p>	<p>PA Moderate</p>	<p>At the time of the audit the service advised that they were in the process of moving resident records onto the computer from the paper files. This process had started in February 2025. Resident records reviewed were not integrated; resident clinical records were spread between the InterRAI system (progress notes, infections and incidents), on the desktop of the clinical nurse manager laptop in folders, in emails and yet other records were on paper in archive boxes. For the resident folders on the desktop (which contained [but not limited to] medical history, care plans, clinical assessments]) the cloud-based back-up system was not</p>	<p>Resident records are not integrated. The cloud based back up technology does not work consistently for electronic records back up. Privacy of each resident medical information was not ensured for the medical records uploaded in the resident files. Clinic records following resident review by the general practitioner are not always received by the facility from the medical practice in all the resident files reviewed. For the clinic records that are received from the medical practice these are not always uploaded into the resident records; they remain in the emails of</p>	<p>Ensure integration of resident records. Ensure back up technology is consistently working. (iii)-(vi) Ensure management of resident clinic records, assessments and care plans comply with standards. Ensure that document control processes are robust to ensure business continuity.</p>

		<p>working at the time of the audit hence posing a risk of losing resident information and records.</p> <p>Medical notes received from the practice came as a running log of all the residents who had been reviewed by the general practitioner. These were uploaded in the resident records as is, meaning that there was health information not pertaining to the concerned resident being uploaded in their file. Medical notes are not consistently received from the medical practice following clinics. When received they are not always uploaded to the resident record and remain in the clinical nurse manager's emails.</p> <p>The management of organisational documents and resources does not provide assurance of effective business continuity. Electronic resident records, meeting minutes, internal audits sit on desktops of various laptops of key personnel to such an extent that if the person accountable for certain areas is not available whatever information they have access to cannot be accessed by other members of the team. There is no shared drive for the electronic records for the service.</p>	<p>the recipient.</p> <p>One resident initial assessments and care plan could not be located. One other resident's current care plan and evaluation could not be located.</p> <p>Organisational documents, resources and resident records are not managed in a way that ensures business continuity.</p>	60 days
<p>Criterion 3.2.1 Service providers shall engage</p>	<p>PA Moderate</p>	<p>The individualised long-term care plans (LTCP) are developed with information gathered during the initial</p>	<p>Five of five InterRAI assessments have not been reviewed six monthly</p>	<p>Ensure assessments are reviewed as per timeframes to meet</p>

<p>with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>		<p>assessments and the interRAI assessment. However, interRAI assessments have not been completed six monthly as per policy.</p>	<p>as per policy.</p>	<p>policy and contractual requirements.</p> <p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>Progress notes are written each shift and as necessary by caregivers as sighted in the resident records. However, the five resident files reviewed do not evidence that the registered nurse has reviewed and documented at least weekly in the resident progress notes as per policy.</p>	<p>A review of the progress notes of all resident files does not evidence weekly registered nurse resident review and documentation as per policy.</p>	<p>Ensure resident reviews and documentation in progress notes is completed at least weekly by the registered nurse.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate</p>	<p>PA Moderate</p>	<p>Ocean View Residential Care has policies available for safe medicine management that meet legislative requirements. At the time of the audit</p>	<p>(i)There were expired medications stored in the medication cupboard. (ii)Effectiveness of PRN medicines is not consistently documented in the</p>	<p>(i)Ensure expired medicines are returned to pharmacy.</p>

to the scope of the service.		<p>there were expired medicines stored in the medicine cupboard that had not been sent back to the pharmacy.</p> <p>Medication charts reviewed showed that indications for use were noted for PRN medications. Staff administered PRN medications as prescribed; however, the effectiveness of PRN medications was not consistently documented either in the electronic medicine management system or progress notes.</p>	resident records reviewed.	<p>(ii)Ensure effectiveness of PRN medicines is documented.</p> <p>60 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA</p> <p>Moderate</p>	<p>There are documented processes for self-administration of medicines. At the time of the audit there were two residents self-administering medicines. One of two residents did not have a competence assessment completed, documentation in the care plan, monitoring requirement and safe storage implemented.</p>	<p>One of two residents self-administering medications did not have processes in place including (but not limited to) competency assessment, care plan interventions, and safe storage of the medicines.</p>	<p>Ensure self-administration processes are implemented as per policy.</p> <p>60 days</p>

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.