

Glenhays Limited - Southanjer

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Glenhays Limited

Premises audited: Southanjer

Services audited: Dementia care

Dates of audit: Start date: 18 March 2026 End date: 19 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: 24

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Southanjer provides dementia level of care for up to 24 residents. Located in a semi-rural setting on the outskirts of Oamaru, the service is operated by Glenhays Limited and managed by a facility manager who is also a shareholder of the entity.

On the first day of the audit there were 24 residents.

The facility manager is appropriately qualified and experienced and is supported by a team of registered nurses and an enrolled nurse.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and included review of policies and procedures, residents' and staff files, observations, and interviews with residents, whānau, the facility manager, staff, a governance member, and a general practitioner.

Staff receive education and have policies and procedures in place to guide them in the safe delivery of care.

No areas were identified that require improvement.

The introduction of an external electronic aged care management software system and significantly increasing the size of the safe and secure outdoor space available to residents are worthy of continuous improvement ratings.

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.

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

The service has processes in place to support the needs of Pacific peoples.

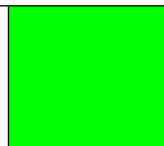
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training,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

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

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

Hunga mahi me te hanganga | Workforce and structure

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 governing body/team assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

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

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

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

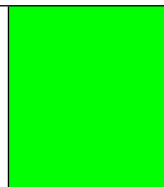
Staffing levels and skill mix meet the cultural and clinical needs of residents.

Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

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

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.

When residents are admitted to Southanjer, a person-centred and whānau-centred approach is adopted. Relevant accurate and appropriate information is provided to prospective residents, their legal representatives, and whānau at the point of admission to support informed decision-making and facilitate a smooth transition into the service.

Southanjer works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.


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

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

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

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

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

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 facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and tested as required. External areas are accessible, safe, and provide shade and seating.

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff and whānau interviewed understood emergency and security arrangements. Security is maintained.

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.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. A team approach, involving all registered nurses, is adopted to lead the programme.

The registered nurses are involved in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

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

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

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

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

A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions to restraint.

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	27	0	0	0	0	0
Criteria	2	165	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>	<p>FA</p>	<p>Southanjer has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori.</p> <p>Partnerships have been established with a cultural advisor through Te Hā o Maru and Te Rūnanga o Moeraki in North Otago to support service integration, planning, equity approaches, and support for Māori.</p> <p>Southanjer is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles. The facility manager (FM) reported that these staff members support residents and staff as required. There were residents and staff who identified as Māori on the days of the audit. Whānau were satisfied with the care provided to their loved one. The FM reported that the residents' right to mana motuhake is respected and gave an example.</p> <p>Staff reported being aware of residents' cultural and spiritual needs through the care plans and talking with the residents and their whānau. Staff reported that they include tikanga in their practice and</p>

		<p>are learning te reo Māori.</p> <p>The FM reported, and documentation confirmed, that staff have attended cultural safety training. Staff reported that they have attended Te Tiriti o Waitangi and cultural safety training.</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>Southanjer has a Pacific health plan and cultural policy, developed with input from the Pacific community. This describes how the organisation responds to the cultural and spiritual needs of residents. Southanjer has processes in place to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs, would be embraced.</p> <p>Cultural needs assessments at admission are completed by the registered nurse (RN) and the diversional therapist to identify any shortfalls. Staff reported at interview that they are guided to deliver safe cultural and spiritual care to residents through their knowledge and content of the care plan. For example, food preferences, meal planning and attending church services.</p> <p>There were no residents who identified as Pacific peoples on the days of audit.</p> <p>The FM described the connections with Pacific community-based organisations outside the service. The service can consult with Pacific staff, and industry advisors who identify as Pacific peoples, to access community links.</p> <p>The service supports increasing Pacific capacity by employing more Pacific staff members across differing levels of the organisation as vacancies and applications for employment permit. There were staff who identified as Pacific peoples at the time of audit.</p> <p>The FM and staff reported, and documentation confirmed, that staff have attended cultural safety training.</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>	FA	<p>Staff interviewed at Southanjer demonstrated understanding of the requirements and principles of the Code and were observed supporting residents in a manner consistent with their and their</p>

<p>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>		<p>whānau’s expressed wishes, preferences, and rights. Staff were able to describe how the Code is applied in everyday practice, including respect, informed choice, dignity, effective communication, and the recognition of Māori mana motuhake in care and decision-making. Education on the Code and its principles is provided to all staff during orientation, with opportunities for discussion and clarification to support consistent application in practice.</p> <p>Residents and whānau, including those who hold an enduring power of attorney (EPOA) for their relative, confirmed during interview that they had been made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and reported being provided with appropriate opportunities to discuss and clarify their rights.</p> <p>Brochures on the Code are provided on admission, and posters were displayed providing information about the Code in both te reo Māori and English, ensuring accessibility, cultural responsiveness, and respect for Māori rights and values.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Southanjer supports residents in a manner that is inclusive, culturally safe, and respectful of their identity, lived experiences, and personal preferences. Residents and EPOA/whānau, including tāngata whaikaha (people with disabilities), confirmed that services were delivered in a way that had regard for their dignity, gender, privacy, confidentiality, sexual orientation, spirituality, values, beliefs, culture, religion, relationship status, and preferred level of interdependence.</p> <p>Throughout the audit, staff were consistently observed to uphold residents’ privacy and dignity in everyday practice. All residents had a private room, and staff were observed routinely knocking on doors, seeking permission before entry, and communicating respectfully to maintain personal dignity and autonomy.</p> <p>Te reo Māori and tikanga Māori are promoted through bilingual signage, use of te reo Māori language in the activities programme, and education of staff. Staff described undertaking training in Te Tiriti o Waitangi and tikanga Māori during orientation and were able to discuss how this was reflected in their day-to-day interactions and</p>

		<p>service delivery.</p> <p>The needs of tāngata whaikaha are appropriately identified and responded to, including enabling and supporting their participation in te ao Māori. Staff were observed speaking to residents in a respectful, supportive, and mana-enhancing manner. Residents and EPOA/whānau interviewed reported feeling respected, listened to, and valued in their daily lives.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff interviewed understood the service’s policies and procedures relating to abuse and neglect, including the identification of potential signs, required actions, and reporting pathways. There were no examples of discrimination, coercion, harassment, abuse, or neglect identified during the audit through staff interviews, resident and whānau interviews, or documentation reviewed.</p> <p>EPOA and whānau interviewed reported that they felt their relatives were well cared for, supported, and safe within their environment at Southanjer. Residents’ personal property was clearly labelled on admission, and residents and EPOA/whānau confirmed that belongings were treated with respect and safeguarded. Residents’ finances are protected, with appropriate safeguarding systems in place.</p> <p>Professional boundaries were consistently maintained by staff, who demonstrated an understanding of behaviours and practices that protect resident wellbeing. Staff interviewed felt safe and supported to raise concerns relating to institutional and systemic racism and were confident that any issues raised would be taken seriously and acted upon by management.</p> <p>A strengths-based and holistic model of care was evident throughout the service, with the integration of Te Whare Tapa Whā to support wellbeing outcomes for Māori, recognising the physical, mental, spiritual, and whānau dimensions of health in everyday care and support.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and EPOA/whānau reported that communication at Southanjer was open, respectful, and effective, and that they felt listened to. All residents interviewed stated that information was provided to them in an easy-to-understand format, that staff communicated clearly, and that they felt heard when raising questions or concerns. Residents and EPOA/whānau confirmed they have regular opportunities to express their views and provide feedback and reported that staff were approachable, kind, and responsive to their concerns.</p> <p>Changes to residents' health status were communicated to whānau in a timely manner, and whānau confirmed they were kept appropriately informed. Where other agencies were involved in care, effective communication was evident, including with district nurses or general practitioners, and relevant allied health professionals.</p> <p>Examples of open and transparent communication were evident following adverse events and during the management of any complaints, demonstrating a commitment to partnership and accountability.</p> <p>Staff demonstrated knowledge of how to access interpreter services when required, to support effective communication and informed participation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to</p>	<p>FA</p>	<p>Residents and/or their legal representatives were provided with the information necessary to make informed decisions about care and support, in a manner that was clear, accessible, and culturally appropriate. Those interviewed, including residents, EPOA and whānau, felt empowered to actively participate in decision-making about care, and that their views and preferences were respected. Whānau and EPOA were included in decision-making and were enabled to do so through access to quality information, advice, and relevant resources.</p> <p>All residents at Southanjer had an EPOA in place that had been activated by an appropriate medical practitioner, or a welfare guardian was appropriately appointed in accordance with the law,</p>

<p>exercise independence, choice, and control.</p>		<p>and all relevant legal documentation was available, current, and accessible within the resident's record. Residents were still supported to be involved in decisions wherever possible, even when a legal representative was acting on their behalf.</p> <p>Nursing and care staff interviewed demonstrated a clear understanding of the principles and practice of informed consent, supported by organisational policies aligned with the Code and appropriate tikanga guidelines. Verbal consent was observed to be obtained for day-to-day cares.</p> <p>Residents and EPOA were supported in their right to supported decision-making and to make informed choices in accordance with the Code. Advance care planning was appropriately recorded in residents' files where relevant. Shared goals of care discussions were undertaken with EPOA/whānau and documented in the resident record where applicable.</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>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Complaint forms and an envelope were at reception. The Code was available in te reo Māori, English and New Zealand Sign Language.</p> <p>The FM is responsible for complaints management and follow-up. Minor concerns are treated as complaints and are entered into the register. A review of the complaints register showed actions taken, through to an agreed resolution, were documented and completed within the required timeframes. Complainants had been informed of findings following investigation. The FM described changes following a complaint.</p> <p>There have been no complaints received from external sources since the previous audit.</p> <p>Staff reported they knew what to do should they receive a complaint.</p>

		<p>The FM reported, and documentation evidenced, that a translator and staff who identified as Māori would be available to support people if needed. There have been no complaints received by Māori to date.</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>Southanjer is owned and governed by a group of two directors (one of who is the Facility Manager who has been in the role for 9 years), who assume accountability for delivering a high quality service through supporting meaningful inclusion and improving outcomes for Māori and tāngata whaikaha, honouring Te Tiriti o Waitangi, culturally safe practice, and inclusive governance.</p> <p>Southanjer has access to a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>The 2025–2027 business plan was sighted and includes the vision, mission statement, values, and goals. The goals include reducing infection. The annual review for the previous year was sighted with progress and achievement noted towards the goals.</p> <p>The FM, who is responsible for the management of the facility, confirmed knowledge of the sector, and regulatory and reporting requirements, and maintains currency within the field through legal advice, sector communication, training, and connection with Health New Zealand – Te Whatu Ora Southern and colleagues.</p> <p>The FM reports to the governing partner. A sample of reports showed reporting is of a consistent format and includes adequate information to monitor performance. The reports included information on occupancy, staff vacancies, health and safety, internal audit reports, and the business strategic plan, reference that infections had been discussed, and no use of restraint. The governing partner reported that adequate information to monitor performance was provided, and that they were well informed on progress, quality and risk.</p> <p>The FM has been in the role for nine years and is a registered physiotherapist with a current annual practicing certificate (APC). The</p>

	<p>FM is supported by an experienced nursing team of 3 RNs and 1 EN. When the FM is absent, the nursing team carry out the required duties under delegated authority of the RNs and the governing partner. The FM and governing partner own and operate a local sister facility run as a rest home level care facility. The FM shares her role 50% at each facility</p> <p>The governing body demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting processes and through feedback mechanisms, and purchasing equipment.</p> <p>Southanjer is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through the accessible building, cultural training, and cultural engagement with the wider community. Additionally, there are whānau meetings, feedback and communication with the resident and their whānau, and care plans. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The FM reported that staff identify and work to address barriers to equitable service delivery through the Needs Assessment and Service Coordination (NASC) agency and cultural needs assessments, training, advice from external cultural advisors, staff knowledge of the residents, meetings, communication, and the residents' likes and dislikes, including cultural and spiritual needs.</p> <p>Residents receiving services and whānau participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident/whānau meeting minutes was reviewed.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service. The clinical team including the FM, guided by the clinical governance policy, discuss occupancy, adverse events, infections, aspects of medication complaints, compliments, internal audits, nil restraint, training and infections. Minutes of the clinical meetings were sighted.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Southern for age-related residential care (ARRC), for the provision of dementia-level care, and respite care. It also holds a</p>
--	--

		<p>contract with ACC for respite care.</p> <p>Southanjer is certified to provide services for 24 residents. On the days of audit, 23 residents were receiving dementia level of care under the ARRC contract. Additionally, one resident was receiving dementia level of care under the ARRC respite contract.</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>Southanjer has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections, wounds and falls.</p> <p>Residents, whānau and staff contribute to quality improvement through meetings and surveys. The last whānau survey was completed in February 2026, with participants satisfied with the service delivered. The FM reported they had contacted whānau to clarify a comment on a survey form. Evidence was sighted of the outcome being reported back to the residents'/ whānau meeting.</p> <p>The last staff survey was completed during February 2026, with very satisfactory results. Evidence was sighted of staff being informed of the outcome.</p> <p>The FM is responsible for quality. The clinical meeting includes quality and health and safety. As reported above, a sample of minutes was sighted.</p> <p>Quality improvement initiatives include introducing an external electronic platform that includes a client management system and a quality and risk system, significantly extending the internal garden, increasing nursing hours, and introducing a cleaning checklist.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2026 internal audit schedules were sighted. Completed audits included infection prevention, laundry and cleaning, staff files, and wound and skin care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality</p>

		<p>outcomes is evaluated.</p> <p>The FM described the risk register, which includes the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, potential inequities, electronic medication management systems, and the development of mitigation strategies. Staff reported at interview that they knew to report risks. The risk register was current and was sighted.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin. Corrective actions support systems learnings.</p> <p>The FM understood and has complied with essential notification reporting requirements. The Section 31 notification relating to the Medimap outage was sighted. Three Section 31 notifications relating to residents away from the premises without leave, and one relating to a resident's clinical notes missing were sighted. One adverse event relating to an injury resulting from a fall was reported to the Health Quality & Safety Commission on 10 May 2025. The report was sighted. Public health was notified of an outbreak of COVID-19 in June 2025. The notification was sighted.</p> <p>There have not been any coroner's inquests, police investigations or issues-based audits.</p> <p>Staff are supported to deliver high-quality health care for residents who identify as Māori through training, including cultural safety training, cultural assessments, care planning, and effective communication with residents and their whānau. Staff reported they were learning te reo Māori and gave examples of following tikanga.</p> <p>The provider benchmarks internally against relevant health performance indicators, such as adverse events and falls. The FM reported that as a result of increased physiotherapy and exercise, the number of falls has decreased from 2025 and evidence was sighted.</p> <p>The introduction of an external electronic aged care management</p>
--	--	--

		software system is worthy of a continuous improvement, refer 2.2.2.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week. (24/7). A 'Safe Rostering' tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of four weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence.</p> <p>Whānau and staff interviewed confirmed there were sufficient staff. There are staff who have up to 26 years' aged care experience. There is always at least one staff member on duty with a current first aid certificate. An after-hours on-call system is in place, with the nurses providing clinical cover, and the FM providing support for all other areas 24/7. Staff reported that good access to advice is available when needed.</p> <p>The FM described the recruitment process, which ensures their health care and support workers have the skills, attitudes, qualifications, experience, attributes and referee and police vetting checks to meet the needs of the people being supported.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies confirmed the training.</p> <p>Continuing education is planned annually, including mandatory training requirements. A sample of training records was sighted. Care staff have completed Level 4 of the New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreements with Health New Zealand – Te Whatu Ora Southern.</p> <p>Evidence was sighted that three of the three registered nurses, the EN and the FM are interRAI trained.</p> <p>Meetings were held with the residents and their whānau to discuss and sign care plans. Whānau meetings at which residents attend are held, and are an opportunity for people to discuss and express</p>

		<p>opinions on aspects of the service. Meeting minutes evidenced whānau were very happy with the care provided to their loved one.</p> <p>Staff reported that Southanjer is building on its own knowledge through cultural training, communication with the residents and whānau, and learning te reo Māori. The FM reported that, where health equity expertise is not available, external agencies are contracted. For example, Health New Zealand –Te Whatu Ora infection prevention nurse.</p> <p>Staff reported that they felt well supported and safe in the workplace. Staff described the FM as being easy to approach, supportive, and kind, for example, staff receive packs of meat, and a trailer load of firewood. Documentation confirmed the support provided.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of five staff records reviewed confirmed the organisation’s policies were being consistently implemented. Position descriptions were documented and were sighted in the files reviewed.</p> <p>The FM described the procedure to ensure professional qualifications were validated prior to employment. Current annual practising certificates were sighted for three registered nurses, the enrolled nurse, four pharmacists, the dietitian, ten general practitioners, the physiotherapist, and the podiatrist.</p> <p>Staff orientation includes all necessary components relevant to the role, including implementing activities through the care plans. Staff reported that the orientation process prepared them well for their role. Staff described their orientation process and are buddied with an experienced staff member for as long as necessary. Completed orientation records were sighted in the sample of files reviewed.</p> <p>Seventeen of the seventeen caregivers employed have completed the required standard units. Evidence was sighted in the sample. Staff confirmed their training at interview.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews</p>

		<p>were sighted.</p> <p>Electronic-based staff files were managed by the FM. Ethnicity data is recorded and used in line with health information standards.</p> <p>Staff reported that incident reports are discussed at staff meetings. Staff can be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Information is accessible for all those who need it.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Staff have a username and unique login to access the online resources. Backup database systems are held in the cloud.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) numbers. All residents have a National Health Index (NHI) number on admission.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>Residents are welcomed into Southanjer when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. All residents admitted had a specialist's authorisation for placement and were admitted with the consent of their EPOA.</p> <p>Residents and whānau/EPOA interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Enquiries are documented and, where a prospective resident is declined entry, there are processes for communicating the decision, although this rarely occurs. Related data is documented and</p>

<p>communicated to the person and whānau.</p>		<p>analysed, including data for Māori.</p> <p>The service has developed partnerships with local Māori communities and organisations, including local kaupapa Māori health services, and supports Māori and their whānau when entering the service. There were currently no residents who had requested the services of a Māori health practitioner or traditional Māori healer.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team works in partnership with the resident and EPOA/whānau to support wellbeing and optimise quality of life. Five resident files were reviewed, all receiving rest home dementia care including one receiving respite care. The files included residents who identified as Māori, residents with wounds, residents with compromised mobility requiring physiotherapy input, a resident with weight loss, and residents with several co-morbidities.</p> <p>The files verified that a care plan, based on the provider's model of care, was developed by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, beliefs and preferences, and which considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and EPOA/whānau input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews with clinical staff, residents and whānau.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident</p>

		<p>and EPOA/whānau. Residents and EPOA/whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through assessments. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha, and EPOA/whānau. Tāngata whaikaha and whānau can independently access information.</p> <p>A general practitioner was interviewed and stated that nurses had the required skills and knowledge, and they were happy with the standard of care.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is provided by a diversional therapist employed three days a week, and support by two activities coordinators employed two days a week, each giving seven day a week coverage. The programme is further supported by caregivers when the activities team are not present. Volunteers are available to assist and work alongside the diversional therapist.</p> <p>The programme is planned over seven days and supports residents to maintain and develop their interests, and was suitable for their age and stage of life. Personal profiles identify individual interests and consider the person's identity. A diversional therapy plan is developed for all residents and included consideration of their usual pattern of life over a 24-hour period.</p> <p>Individual and group activities reflected residents' goals and interest, and ordinary patterns of life, and included normal community activities. A variety of activities were observed during the audit. A facility van shared with another facility is available for use and regular outings are planned.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori.</p> <p>Feedback on the programme is provided through whānau surveys and an annual review of the programme by the diversional therapist. Residents and whānau interviewed were happy with the activities offered; particular mention was made of the extension to the garden,</p>

		which is appreciated by both residents and whānau.
<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 was up to date and aligned with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management, utilising an electronic medication management system, was observed on the day of audit. All staff who administer medicines were appropriately trained, assessed as competent, and authorised to perform this function.</p> <p>Medication reconciliation processes were evident and were consistently applied. All medicines sighted during the audit were within current use-by dates.</p> <p>Medicines, including controlled drugs, were stored securely in accordance with regulatory and policy requirements. Required stock checks had been completed as scheduled, and medicines were stored within the recommended temperature range, with monitoring records available.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were clearly documented, and any adverse events were responded to appropriately and in a timely manner. Over-the-counter medications and supplements were considered and documented by the prescriber as part of each resident's overall medication regimen. The required three-monthly medical practitioner medication review was consistently recorded on the medicine chart.</p> <p>Standing orders are not used at Southanjer.</p> <p>Residents in the Southanjer secure dementia unit do not self-administer medications, and this practice is not supported by policy. This was confirmed by the RN.</p> <p>Residents, including Māori residents, and EPOA are supported to understand their medications, with education provided by clinical staff as required.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service was aligned with recognised nutritional guidelines for people receiving aged residential care. The menu had been reviewed by a qualified dietitian within the last two years (28 September 2025), and documentation confirmed that recommendations from this review had been implemented.</p> <p>All aspects of food management complied with current legislation and best-practice guidelines. The service operates under an approved food safety plan and registration with an expiry date of 5 May 2026, with evidence of ongoing monitoring and compliance.</p> <p>Each resident received a nutritional assessment on admission. Personal food preferences, special dietary requirements, intolerances or allergies, and modified texture needs were identified and accommodated within the daily meal plan. Māori residents and their whānau have access to menu options that reflect te ao Māori, and individual cultural food preferences can be catered for as required.</p> <p>Residents and their whānau had opportunities to be involved in the preparation of food where appropriate to the service as part of the activities programme.</p> <p>Snacks including sandwiches, fruit, biscuits, and drinks are available 24/7.</p> <p>Evidence of resident and EPOA satisfaction with meals was verified through resident and EPOA/whānau interviews. Residents interviewed stated that the food was good. Whānau members also confirmed satisfaction. Residents were observed to be given sufficient time to eat their meals in an unhurried manner, and those requiring assistance received this support respectfully and with dignity.</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</p>	<p>FA</p>	<p>Transfer or discharge from Southanjer is planned and managed safely, with coordination between services and in collaboration with the resident and their EPOA. Risks and current support needs were identified, documented, and actively managed throughout the process. Where appropriate, options to access other health and disability services, as well as relevant social and cultural supports,</p>

<p>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>		<p>were discussed with residents and whānau to support informed decision-making and continuity of care.</p> <p>Documentation reviewed demonstrated comprehensive assessment and planning for district hospital transfers and appointments for specialist services. A clearly defined process was in place to support effective communication, clinical handover, and safe transitions between services. EPOA interviewed reported that they were kept well informed.</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 that the residents' physical internal environment and facilities are fit for their purpose, well maintained, and that they meet legislative requirements. The building warrant of fitness expires on 9 April 2026.</p> <p>The FM described the maintenance schedule, which was sighted. Staff confirmed they know the processes they should follow if any repair or maintenance is required, and any requests are appropriately actioned.</p> <p>Equipment tagging and testing was current, as confirmed in records, interviews with the FM, and observation. Current calibration of biomedical records was sighted. Hot water temperatures are included on the maintenance schedule, are recorded monthly, and were within the required range.</p> <p>The environment was comfortable and accessible to meet the mobility needs of people receiving services. An internal courtyard and an enlarged fenced back garden are available for residents to use. External areas are independently accessible for residents, are safely maintained, and were appropriate for people with dementia. Southanjer recently extended the internal garden to improve mobility, reduce falls risk, and to give a sense of space. Additionally, seating was added on a mound that allows residents a view of the surrounding countryside. The environment design provides safe areas that encourage purposeful walking.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids and</p>

	<p>wheelchairs.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>Communal areas are available for residents to engage in activities. The dining areas and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas such as the lounge or the whānau room for privacy if required. Furniture is appropriate to the setting and residents' needs.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities for resident use throughout the facility. No rooms have ensembles. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence. Shared bathrooms are in good repair, with intact surfaces.</p> <p>Adequate personal space is provided to allow residents and staff to safely move around within the spacious bedrooms. Rooms are personalised, with furnishings, photos and other personal items displayed. Staff reported that they respect the residents' spiritual and cultural requirements. Whānau and staff reported the adequacy of bedrooms.</p> <p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows, and some rooms have sliding doors that open to the internal garden area. Electrical heating (ceiling panels) are provided in residents' rooms and in the hallways and communal areas. Areas were warm and well-ventilated throughout the audit and whānau confirmed the facilities are maintained at a comfortable temperature.</p> <p>The FM described how the service would utilise its links with its cultural advisors to ensure the designs and environments reflect the aspirations and identity of Māori should there be any building changes in the future.</p> <p>Significantly increasing the size of the safe and secure outdoor space available to residents is worthy of a continuous improvement, refer 4.1.2.</p>
--	--

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 23 March 1997. A trial evacuation takes place six-monthly, with a copy sent to Fire and Emergency New Zealand, the most recent being on 26 February 2026. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed.</p> <p>Emergency evacuation plans were displayed and known to staff. The emergency plan considered the special needs of people with dementia in an emergency. Call boxes, sprinklers, alarms, exit signs, and fire action notices were sighted. The floor plan was sighted in the civil defence kit.</p> <p>The orientation programme includes fire and security training. Staff files evidenced that staff were trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Staff reported attending fire safety training, and records confirmed this.</p> <p>The FM and staff reported that staff have current first aid certificates. Current first aid certificates were sighted in the files reviewed.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, personal protective equipment (PPE), and a gas BBQ were sighted. Supplies were last checked on 27 December 2025. The FM reported that in the event of a power outage, a generator is available through a memorandum of understanding (MOU) with a local provider. The MOU was sighted.</p> <p>Two hundred litres of water are stored, and evidence was sighted. An additional 20,000 litres of water are stored on the property outside, and evidence was sighted. This meets the National Emergency Management Agency recommendations for the region.</p> <p>Security arrangements are in place and whānau are informed of</p>

		<p>these at the time of their relative’s admission. Residents are informed as applicable. Southanjer is a secure dementia care facility. The facility can be accessed through an external door into a foyer and then into the facility during daylight hours. Access to exit the facility into the foyer is with staff support as the door is key coded. The external door from the foyer is locked at dusk and a call bell is in place for visitors. Staff undertake security checks at night. Doors to the internal garden are locked at dusk or earlier in cold weather. Whānau and staff were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Southanjer is committed to reducing infection.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Health New Zealand – Te Whatu Ora, the medical laboratory, external consultants, colleagues, and the attending GP.</p> <p>The IP & AMS policy documents the pathway for the reporting of issues and significant events to the governance body. Evidence was sighted.</p> <p>The pandemic planning was tested thoroughly during COVID-19. The last outbreak reported was in June 2025.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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>	FA	<p>The IP and AMS policies reflected the requirements of the standard and are based on current accepted good practice. There is an IP programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme, and has been approved by the governing body. Annual review of the programme last occurred in February 2026 and reporting to governance had occurred.</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>The service has a team approach to IP and AMS that includes all RNs. The team is responsible for overseeing and implementing the IP programme with reporting lines to the FM. The RNs have the appropriate skills, knowledge and qualifications for their roles and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, and policies. No design of any new building or facility changes have occurred; there are processes in place to ensure IP advice would be sought should this occur.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for the decontamination of reusable medical equipment and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	<p>FA</p>	<p>Responsible use of antimicrobials was actively promoted at Southanjer. The AMS programme was appropriate for the size and complexity of the service and was supported by current policies and procedures. The effectiveness of the AMS programme was evaluated through regular monitoring of antimicrobial use, with identification of trends and opportunities for improvement.</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>The RNs and a general practitioner were interviewed during the audit and both confirmed that they work collaboratively to minimise unnecessary antibiotic use in older persons. They described a shared approach whereby antibiotics were generally prescribed only when the resident was clearly symptomatic or a laboratory specimen had been sent, in line with best-practice AMS principles.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the aged care services offered and is in line with risks and priorities defined in the infection prevention programme.</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities were described within the IP framework and aligned with standardised surveillance definitions. Surveillance processes include the routine capture of resident ethnicity data. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme are shared with staff and reported to the governing body.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) is culturally safe.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and</p>	<p>FA</p>	<p>A clean, hygienic, and well-maintained environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. The facility presented was clean, tidy, and homely throughout the audit, and created a comfortable and welcoming living environment for residents.</p> <p>Staff consistently followed documented policies and processes for cleaning, laundry, and the management of waste and infectious and hazardous substances.</p> <p>The laundry facility, while small, is functional, with clearly defined clean and dirty zones. Staff demonstrated an understanding of</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>correct laundry techniques, including the safe handling, segregation, and processing of soiled and infectious linen, as well as cultural requirements relating to laundry practices.</p> <p>Chemicals and hazardous substances were stored safely and in line with policy.</p> <p>Laundry and cleaning processes were regularly monitored for effectiveness, with recent audits completed on cleaning, laundry, and kitchen practices. The RNs had oversight of the environmental testing and monitoring programme. Staff involved in cleaning and laundry duties had completed relevant training and were observed to carry out their roles safely and appropriately.</p> <p>Residents and whānau reported that the laundry was managed well and that the facility was kept clean and tidy. These observations were confirmed by the audit team during site inspection.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy. The FM and staff confirmed commitment to this. At the time of audit, there was no restraint in use. Any use of restraint would be reported to the governing body.</p> <p>A senior RN is the restraint coordinator, providing support and oversight for any restraint management. Their position description was sighted. The restraint policies describe the approval process should any restraint be required in the future. Policies and procedures meet the requirements of the standards.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>Given there has been no restraint in use since the last audit, subsections 6.2 and 6.3 have not been audited.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<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>CI</p>	<p>In 2024, Southanjer and Northanjer identified that old, archived forms were being found and used, increasing risk of poor reporting and/or resident care. Inefficient use of nursing, management and caregiver time meant less quality time with the residents.</p> <p>There was often no delegation recorded in progress note signing, identifiable resident features were not always completed, progress note handwriting was difficult to read, care plan updates were easy to miss, progress notes were missing, adverse event and infection analysis was sometimes incomplete and not robust and often too late to discuss at team meetings.</p> <p>A specific project aiming to reduce the risk of poor standards of clinical documentation and quality assurance was implemented. The potential for introducing an online software system was discussed at the team’s appraisal meetings to ensure ‘buy in’ from the team. An external electronic aged care</p>	<p>In 2024, Southanjer and Northanjer implemented a specific project aiming to reduce the risk of poor standards of clinical documentation and quality assurance. An external electronic aged care management software was procured. The timely completion of data entry and analyses is resulting in better communication of results with the team. The integration with the electronic medication management system and interRAI has improved the residents’ lives by ensuring that their care plans are completed correctly and are easily accessible to the team. Documentation has improved, which means improved continuity and level of care for the residents. Staff satisfaction surveys indicated reduced time on compliance tasks, allowing for more quality time with residents and improved team awareness of residents’ needs.</p>

	<p>management software was procured, indicating the commitment for these small facilities to meet best practice for quality assurance, compliance and operational requirements, with a focus on best care for their residents. As a result, internal audits have resulted in 100% compliance, compared to 80-90% compliance before, and are completed as per the internal audit schedule, ensuring a quality focus.</p> <p>Adverse event and infection data analyses are more robust, as evidenced in the comparison of reports comparing reporting and analysis prior to the introduction. The timely completion of data analyses is resulting in better communication of results with the team, as evidenced by meeting minutes and survey data. This has also improved the referral for physiotherapy input as residents deemed 'high risk' of falls are triggered in real-time, meaning faster input is achieved.</p> <p>The increased centralisation of documents has ensured that competencies and appraisals are completed and recorded on time, with 100% completion at time of audit, ensuring a team competent and confident to provide excellent, resident-focused care. Progress notes are signed off by the team with their delegation included and time written, and there is better integration of an individual's health and support needs.</p> <p>This has improved the residents' lives by ensuring that their care plans are completed correctly and are easily accessible to the team or wider stakeholders if transfers are required or information is sought from GPs or specialists providing input. The integration with the electronic medication management system has ensured that the systems 'talk' to each other, informing the team in real time of changes, which is more reliable than the previous paper notes system, improving medication management for the resident.</p>	
--	--	--

		<p>The integration with interRAI has meant that the care plans include the required collaborative action plans. Documentation has improved, as evidenced by comparison of data between prior to and after introduction, as has the handover of clinical input, for example, bowel monitoring, wound care plans, short-term care plans, and assessment of deterioration. This means improved continuity and level of care for the residents.</p>	
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>CI</p>	<p>The governing body identified an opportunity to purchase adjacent land and significantly increase the size of the safe and secure outdoor space available to residents. Many of the residents are from rural and farming backgrounds and were used to a sense of space and access to large outdoor areas with gardens, hills and views.</p> <p>The initiative was research-based and aimed to benefit residents through improved cognition and increased stability. Research cited in the initiative documentation confirmed more time walking outdoors and increased accessibility to green space improves cognition, curved/non-straight walkways are cognitively challenging, and changes in level or walking on inclines/declines improves stability and reduces falls risk.</p> <p>This initiative:</p> <ul style="list-style-type: none"> • Increased (more than doubled) the green space available, allowing a view over neighbouring farmland and local mountain ranges. • Landscaping to the outdoor area gave more light to indoor areas and an increased sense of space both inside and outside. • Created curved walkways to maintain or 	<p>Southanjer purchased adjacent land to significantly increase the size of the safe and secure outdoor area available to residents. The initiative was research-based and aimed to give the residents greater access to green spaces, views of farmland and local mountains, and improve cognition and stability/mobility, resulting in reduced falls risk. Improvement made increased space, created curved walkways, a hill area, and outdoor seating with views. Evaluation shows the benefit to residents and whānau through increased activities and a reduction in falls risk of 14% since 2025.</p>

	<p>improve cognition and mobility.</p> <ul style="list-style-type: none"> • Created a hill or mound to give a change in incline/decline when a resident is walking, to improve strength and balance, and leading to improved stability. • A 'bridge' over one area of garden created interest and included handrails for safety. • Created a new pergola and seating area, which was placed for afternoon sun, and benches at the top of the mound to encourage residents to 'climb the hill'. <p>The expansion and upgrades to the outdoor area were completed in 2025. Evaluation of the improvement has occurred through seeking and monitoring resident and EPOA feedback and monitoring falls statistics.</p> <p>Feedback from residents and whānau has been positive, with many positive comments and the larger outdoor area being a reason for choosing the facility in some cases. Resident's comments on the improvement included 'It is just lovely up here.....a sense of space and lovely seeing the hills and paddocks' and 'there are worse places we could live, it is really lovely sitting up here in the sun looking at the view'. One EPOA interviewed as part of the audit commented that they walk in the garden area daily and appreciate the upgrades.</p> <p>The activities team has reported that it is easier to entice residents outdoors, with increasing numbers joining in outdoor activities. They also noted that the different surfaces and angles support physical movement and that the view from the seating area is a great conversation starter. Falls statistics have been monitored and show a 14% reduction in falls over the last year.</p> <p>The improvement to the outdoor area exceeds that</p>	
--	---	--

		required by the standard and the ARRC contract. The improvements made have shown clear benefits to the residents, and a rating of continuous improvement is given.	
--	--	--	--

End of the report.