Presbyterian Support Services Otago Incorporated - St Andrews Home and Hospital

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:	Presbyterian Support Otago Incorporated
Premises audited:	St Andrews Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 11 March 2026 End date: 12 March 2026

Proposed changes to current services (if any): HealthCERT correspondence dated 16 October 2024 noted a request from the service for the addition of rest home care to the service's certified services and the reconfiguration of 52 hospital beds to dual

purpose (rest home and hospital) beds. A partial provisional audit was not required. The rooms were confirmed to be fit for purpose (hospital/rest home – dual purpose).

Total beds occupied across all premises included in the audit on the first day of the audit: 70

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 haumaru │ person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
- here taratahi │ restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

St Andrews Home and Hospital is part of the Presbyterian Support Otago organisation. The service is certified to provide rest home, hospital (geriatric and medical), and rest home dementia level of care for up to 78 residents. At the time of the audit, there were 70 residents.

This surveillance audit was conducted against the applicable surveillance audit requirements of the Ngā Paerewa Health and Disability Services Standard 2021 and relevant contracts with Health New Zealand and the Ministry of Social Development. The audit process included review of policies and procedures, resident and staff files, observations, and interviews with residents, family/whānau, the general practitioner, management, and staff.

There have been changes within the management team since the previous audit. The clinical manager is newly appointed to the role and was previously employed as a unit coordinator within the service, providing continuity of clinical oversight. The facility manager has extensive experience in older persons' health and is supported by a management assistant, clinical manager, clinical coordinators, a quality advisor, and the wider senior management team within Presbyterian Support Otago.

Shortfall identified at the previous certification audit related to medication management and administration and assessment of care have been addressed.

The previous shortfall related to monitoring of care remains.

This surveillance audit evidenced a shortfall related to evaluation of care.

Ō tātou motika | Our rights

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

St Andrews Home and Hospital provides services that support residents' rights and promote safe, respectful care. Residents are treated with dignity and respect, and their privacy, independence and individual choices are upheld. Care planning reflects residents' preferences and involves family/whānau where appropriate. Māori and Pacific health plans are in place to support culturally responsive care.

Residents and family/whānau are informed of their right to make a complaint. Complaints processes are implemented effectively, with concerns documented, managed, and followed up in a timely manner.

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.

Governance arrangements support the delivery of safe and effective services for residents, with systems in place to manage quality, risk, and statutory obligations. The service has a clear strategic direction, supported by defined objectives that are regularly reviewed.

Health and safety processes are embedded within the service, with responsibilities understood by staff and contractors. Health and safety matters are routinely discussed and monitored.

Staffing and rostering arrangements support the delivery of care, and human resources are managed in line with good employment practice. Staff receive role-specific orientation and ongoing education and training. The workforce is suitably skilled and experienced, with competencies monitored and performance reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.

Resident records reviewed provided evidence that the registered nurses and enrolled nurse utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. The registered nurses involve the resident and/or family/whānau when assessing and planning care needs. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed were reviewed at least three-monthly by the nurse 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 haumaru | 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 holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and 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.

The service has an infection prevention and control programme that is appropriate to the size and complexity of the service. Organisational policies, procedures, the pandemic plan, and the infection prevention programme are in place to guide practice.

Staff have completed education in infection prevention and control, and Te Tiriti o Waitangi. Resources in te reo Māori are available. Infection surveillance and antimicrobial stewardship activities are undertaken, with infection incidents monitored and reviewed to identify trends and opportunities for improvement.

Housekeeping and laundry services are provided seven days a week. There have been four outbreaks since the previous audit, which were managed in line with established processes. Adequate supplies of personal protective equipment were available throughout the facility at the time of the 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 the clinical manager. The service is committed to a restraint free environment and would only use approved restraint as last resort. There is one resident using restraint. Restraint minimisation and safe practise training is included as part of the orientation process and included in the annual mandatory training plan. The service considers least restrictive practices, implement diversion, de-escalation techniques, and alternative interventions.

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	17	0	1	0	0	0
Criteria	0	47	0	2	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is implemented at service level and acknowledges Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand. The service currently has residents who identify as Māori and supports them to have their cultural values, beliefs and preferences respected and reflected in individual care plans, with involvement of family/whānau where appropriate. Interviews with the facility manager and clinical manager confirmed the service's commitment to upholding Te Tiriti principles, including supporting Māori residents to exercise tino rangatiratanga and ensuring culturally appropriate care delivery. Presbyterian Support Otago (PSO), of which St Andrews Home and Hospital is part, has established affiliations with nine local iwi and seeks regular input from stakeholders to support culturally safe and equitable service provision. There were staff who identified as Māori employed within the service. Fifteen staff were interviewed, including four registered nurses, one clinical coordinator, six healthcare assistants, one kitchen service manager, one laundry staff member, one housekeeper and one maintenance staff member; along with the management team comprising the facility manager, clinical manager, and quality advisor. All staff interviewed were able to confidently describe how they provide culturally appropriate care

		for residents in relation to their roles.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	A Pacific Health Plan is implemented at organisational level by Presbyterian Support Otago. The plan was informed by Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 and has since been reviewed to ensure it remains relevant and responsive to the needs of Pacific peoples. The plan reflects Pacific worldviews, recognises the importance of family and relationships, and supports the delivery of culturally safe and equitable services. The service maintains established connections with Pacific advisors through Health New Zealand and utilises Pasifika staff to support cultural understanding and responsiveness within the service. Staff interviewed were able to describe how they provide culturally appropriate care within their roles, including respectful communication, recognition of cultural values and support for family involvement. At the time of the audit, there were residents who identified as Pasifika. Staff interviews confirmed that cultural values, beliefs, and preferences are respected and incorporated into care delivery, with family/whānau involvement actively encouraged, particularly in care planning and clinical decision-making processes.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Information about the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is provided to residents and their family/whānau on admission. The facility manager and clinical manager discuss aspects of the Code with residents and family/whānau as part of the admission process. The Code is displayed throughout the service in English and te reo Māori. At the time of the audit, interviews were conducted with three rest home residents, three residents receiving hospital-level care, and six family/whānau (three related to residents receiving dementia care, one rest home, and two hospital-level care). Those interviewed confirmed that their rights are respected, including individual choice, independence, and cultural beliefs.

		Observations during the audit demonstrated respectful interactions between staff and residents. Staff were observed providing services in a manner that upheld residents' rights and supported dignity, privacy, and culturally appropriate care.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	The service has systems in place to protect residents from abuse, neglect, and exploitation. Staff education includes abuse and neglect prevention, and staff interviewed were able to describe signs and symptoms of abuse and neglect and the actions they would take, including reporting concerns to the clinical manager or facility manager. Organisational policies provide guidance on preventing discrimination, coercion, harassment, and exploitation. The Presbyterian Support Otago code of conduct is discussed during staff induction and addresses expected standards of behaviour, including harassment, racism, and bullying. Ongoing education supports staff to provide care that upholds respect and dignity for residents. Residents' safety and wellbeing are further supported through employment screening processes, including police vetting. Processes are in place to manage residents' comfort funds and to protect residents' property. Residents' belongings are documented on admission, labelled, and respected. Professional boundaries are clearly defined within job descriptions and are reinforced through orientation and ongoing education. Staff interviewed demonstrated an understanding of professional boundaries and their responsibilities in maintaining appropriate relationships with residents. Residents and family/whānau interviewed confirmed that staff are caring, supportive and respectful.
Subsection 1.7: I am informed and able to make choices 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.	FA	Informed consent processes are discussed with residents and family/whānau on admission. Resident files sampled included written consents signed by the resident. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.

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. 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.		Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) and court appointed welfare guardians were on resident files where applicable.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	Presbyterian Support Otago complaints procedure is provided to residents and their family/whānau on entry to the service. Information about advocacy services is available and accessible, and complaint forms are readily available within the facility. The facility manager holds overall responsibility for ensuring all complaints, both verbal and written, are documented, investigated, and managed in accordance with Health and Disability Commissioner guidelines and required timeframes. Since the previous audit, there have been five complaints received by the service. All complaints were fully investigated, responded to, and formally closed. Documentation reviewed included acknowledgement of receipt, investigation records, follow-up correspondence, and evidence of resolution, demonstrating that complaints are managed in line with HDC requirements. No complaints were received from external agencies. One complaint received in June 2025 followed concerns raised by Health New Zealand in relation to the maintenance of a hygienic environment and to residents' wishes and assessed needs. This complaint was fully investigated, actions were implemented where required, and the matter was formally closed. Records demonstrated appropriate follow-up and monitoring to ensure the concerns were addressed. Residents and family/whānau interviewed reported that the facility manager and clinical manager are approachable, responsive, and available to discuss concerns before issues escalate to a formal complaint. Those interviewed confirmed they feel comfortable raising concerns and are confident that issues will be taken seriously and addressed.

		Residents and family/whānau making a complaint are supported to involve an independent support person if they choose, including representation for Māori. The service recognises that Māori may prefer face-to-face communication, and information is available to staff to support culturally appropriate complaint resolution. The complaints policy demonstrates equitable processes for residents and whānau identifying as Māori.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	St Andrews Home and Hospital is part of Presbyterian Support Otago. The service is certified to provide rest home, hospital (geriatric and medical), and rest home dementia level of care for up to 78 residents. At the time of the audit, there were 70 residents receiving services, including 26 residents receiving dementia level care, five residents receiving rest home level care, and 39 residents receiving hospital level care, including one resident funded under an ACC contract. The service also holds contracts to provide respite care, end-of-life care, and long-term chronic health condition support; however, there were no residents receiving services under these contracts at the time of the audit. HealthCERT correspondence dated 16 October 2024 noted a request from the service for the addition of rest home care to the service's certified services and the reconfiguration of 52 hospital beds to dual purpose (rest home and hospital) beds. A partial provisional audit was not required. The rooms were confirmed to be fit for purpose (hospital/rest home – dual purpose). This audit verified that the reconfigured rooms were fit for purpose and suitable for the provision of rest home and hospital level care. Governance is provided through the Presbyterian Support Otago Board and organisational leadership structure, with accountability for strategic direction, quality and risk management, and service delivery. The organisation has a documented strategic plan (2025–2030) and quality plan (2025–2026), which define the organisation's vision, mission, values, and priorities. These plans are supported by annual business planning, site-specific goals, and regular review of organisational performance. A clinical governance framework is implemented across the organisation. Documentation reviewed confirmed that governance, management, clinicians, and staff share responsibility and accountability for quality systems, risk management, and continuous improvement. Clinical

		governance oversight is provided through the Clinical Governance Advisory Group, which monitors the effectiveness of systems and processes, reviews clinical performance indicators and reports to the Board. The quality and risk management system is supported by structured reporting processes. Information from service delivery, including adverse events, complaints, audit outcomes, benchmarking and service user feedback, is analysed and escalated through management and governance channels. Quality data is summarised and reported to governance groups, including the Clinical Governance Advisory Group and the Board, supporting organisational oversight and informed decision-making. The facility manager is responsible for the day-to-day management of the service and is supported by the clinical manager, quality advisor, clinical nurse advisor, and the wider Presbyterian Support Otago senior management team. The facility manager has experience in older persons' health. The clinical manager, although newly appointed to the role, has prior experience within the service as a unit coordinator, supporting continuity of clinical leadership and oversight. Governance demonstrates commitment to equity through organisational planning and foundation documents, including Māori and Pacific health plans. These documents identify barriers to equitable service delivery and support culturally responsive care. Equity considerations, including Māori health outcomes, are incorporated into governance-level planning, reporting, and quality improvement activities.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality	FA	The service has an established and implemented quality and risk management system that supports resident safety, continuous service improvement, and organisational oversight. The quality programme is implemented at service level by the clinical manager and clinical coordinators, with support from the quality advisor, and is aligned with the wider Presbyterian Support Otago quality framework. The organisational quality framework incorporates a structured continuous improvement cycle. Information from multiple sources, including adverse events, complaints, internal audits, benchmarking and service user

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.		feedback, is collected, analysed, and used to inform quality improvement activities. Quality information is reviewed at service-level meetings and escalated through governance structures, including the Clinical Governance Advisory Group and the Board, supporting organisational oversight and informed decision-making. An annual quality programme and internal audit schedule were in place and implemented, with audits completed as scheduled and signed off by the facility manager or clinical manager. Audit findings were used to inform quality improvement activities, with evidence of follow-up and closure of identified actions. A range of meetings support quality and risk management within the service, including monthly management meetings, registered nurse, and enrolled nurse meetings; and quality meetings incorporating health and safety and infection control. Wing-based staff meetings are scheduled and facilitated by the clinical coordinators. Meeting minutes reviewed demonstrated that issues were identified, discussed, and actioned when meetings occurred, with action points documented, followed up, and closed. Quality data is collected across key performance indicators and includes ethnicity information to support equity monitoring. Data is analysed and benchmarked internally across Presbyterian Support Otago services and externally against national aged care data. Results are reported at service level and escalated through the Clinical Governance Advisory Group to the Board. Quality data is used to inform service improvement activities and support resident health outcomes. Resident and family/whānau satisfaction surveys are completed annually, with the most recent surveys undertaken in September 2025. Survey results reflected high levels of satisfaction with privacy, the environment, room personalisation and feelings of safety and security. Survey findings were analysed and shared with staff, residents and family/whānau. Actions were implemented in response to feedback, including improvements to call bell response times and the range of activities available to residents. All resident incidents, accidents and near misses are recorded in the electronic resident management system. Incident reports reviewed were fully completed and included identification of contributing factors and actions to reduce risk. Incident data is collated, analysed, and incorporated into quality and risk reporting. Health and safety systems are implemented, including a current hazard and risk register. Staff incidents,

		hazards, and risks are reviewed at service level and escalated through organisational reporting processes, with consolidated analysis reported to the Clinical Governance Advisory Group and the Board. Health and safety representatives confirmed that the health and safety committee meets regularly to review incidents and hazards. External contractors' complete health and safety orientation and agreements prior to commencing work at the facility. Management demonstrated awareness of statutory and regulatory reporting requirements. Essential notifications were completed as required, including Section 31 notifications and serious adverse event reporting to the Health Quality and Safety Commission. Public Health authorities were notified of four outbreaks since the last audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	St Andrews Home and Hospital has systems in place to support effective day-to-day service management and the delivery of person-centred and whānau-centred care. Organisational policies and procedures guide service delivery and staffing practices, including skill mix, staffing levels, rostering, and on-call arrangements. The facility manager and clinical manager are employed full time and provide on-call support for operational and clinical matters. They are supported by registered nurses and healthcare assistants who provide care across rest home, hospital, and dementia services. The service employs 80 staff, including 10 registered nurses, six of whom have completed interRAI training. Rosters reviewed demonstrated that staffing levels and skill mix were planned and implemented to meet residents' assessed needs. Staff and residents are informed of any changes to staffing arrangements, and care requirements are addressed in a timely manner. Observations during the audit confirmed that staff were visible and responsive, with call bells answered promptly. Interviews with residents and family/whānau confirmed that staffing levels were sufficient to meet residents' needs. Healthcare assistants interviewed reported that registered nurses are accessible and supportive and provide assistance with care delivery when required. An annual education and training programme is implemented and includes mandatory training, competencies, and role-specific education. The

		organisation uses an online learning platform to support access to training and education resources. Records reviewed confirmed that staff participation in education and training is monitored and documented. Registered nurses' complete annual competencies and are supported to maintain professional development. Healthcare assistants are supported to complete New Zealand Qualifications Authority qualifications through Careerforce. Staff working within the dementia service are supported to complete a Limited Credit Programme in dementia care. This workplace-based programme includes unit standards that focus on the knowledge, skills and attitudes required to support people living with dementia in a specialised residential setting. The programme is funded by the Tertiary Education Commission and aligns with the requirements of the Age-Related Residential Care Services Agreement. The dementia education programme supports compliance with contractual requirements for dementia care services, including the requirement for appropriately trained staff and registered nurses with experience and training in dementia care and the ageing process. Records reviewed confirmed that all staff had completed dementia-specific education and related competencies. Education programmes include the Enliven philosophy and Enable Good Lives principles, supporting culturally responsive and person-centred care delivery. Staff interviewed were able to describe how education and training inform their practice, including supporting residents' cultural needs, preferences, and overall wellbeing.
Subsection 2.4: Health care and support workers 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. 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. As service providers: We have sufficient health care and	FA	Staff files are held electronically and are password protected. Seven staff files reviewed (including one clinical manager, one RN, one clinical coordinator, two HCAs, one kitchen service manager, and one laundry person), evidenced implementation of the recruitment process. All letters of offer contain the employment agreement, job description, and code of conduct, which were evidenced as being signed by the facility manager and the employee. All staff who have been employed for more than 12 months have annual appraisals completed as scheduled. Staff ethnicity data is collected and reported as required. A register of

support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.		practising certificates is maintained for all health professionals. 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 and are repeated annually.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Six resident files were reviewed: three residents receiving hospital-level care (including a resident on an ACC contract), two residents on dementia contracts and one resident receiving rest home-level care. Registered nurses (RNs) complete an initial assessment and admission care plan for all residents on entry to the service using the "Getting to Know Me" assessment tool. Review of documentation confirmed evidence of resident and family/whānau involvement in interRAI assessments and the development of long-term care plans where applicable. The resident receiving care under an ACC contract had a service authorisation and a signed agreement, and a suite of contract-specific assessments is completed in lieu of interRAI assessments. Initial assessments, care plans, and long-term care plans reviewed were completed within the required contractual and organisational timeframes. Care plans documented within the electronic resident management system were resident-focused and individualised, and included consideration of residents lived experiences, cultural needs, values, and beliefs. Long-term care plans identified assessed support needs, resident goals, and planned interventions to manage identified health conditions and risks. Relevant clinical information, including discharge summaries, medical and allied health documentation, and records of consultation with residents and family/whānau or significant others, was available within residents' electronic files, supporting an integrated approach to care planning. All care plans reviewed included sufficient interventions to meet the resident's assessed needs. The previous partial attainment #3.2.3 related to assessments has been addressed. Care plans and risk assessments were evaluated within the required six-monthly review timeframe, or earlier where there were changes in residents' health status. However, notes did not always report progress

		against goals. Documentation confirmed that care plans were updated in response to changes in condition and identified needs however did not always reflect progress against documented goals. A contracted general practitioner (GP) from a local practice provides medical services to residents, completing medical admissions, three-monthly reviews, and additional reviews as required. The GP interviewed during the audit reported that the nursing team demonstrates competence in assessment and clinical referral processes and spoke positively about the standard of care provided to residents. Residents' electronic records demonstrate the integration of GP and allied health input into care delivery, evidencing a multidisciplinary team approach. The service employs an in-house physiotherapist and has access to a PSO-contracted dietitian via referral. A podiatrist attends the service on a six-weekly basis, with additional clinical input provided by clinical nurse specialists and medical specialists from Health New Zealand as required. Healthcare assistants (HCAs) interviewed described structured verbal and written handovers conducted at the commencement of each shift, supporting continuity of service delivery. Healthcare assistants complete progress notes each shift. RNs complete weekly clinical summary notes for residents receiving rest home-level care and document progress notes more frequently as required to reflect residents' current health status. For residents receiving hospital-level care, RN progress notes are completed at least daily. Residents interviewed reported that their needs and expectations were being met. Documentation confirmed that when a resident's condition changes, an RN initiates a clinical review and liaises with the GP as appropriate. Family/whānau or enduring power of attorney (EPOA) representatives are informed of changes in residents' health status, including infections, accidents or incidents, GP reviews, medication changes, and other significant clinical events. A sample of wound care records reviewed included pressure injuries (one stage one and two and unstageable), skin tears, grazes, and skin lesions. Electronic wound care plans documented assessment findings, management plans, evaluations, and photographic records to support monitoring of wound healing. Dressing changes were completed in accordance with documented plans. Referrals were made to wound care

		nurse specialists for residents with complex wounds. Care plans reflected required health monitoring interventions tailored to individual residents, including repositioning, intentional rounding, food and fluid monitoring, bowel management, blood pressure monitoring, weight monitoring, pain assessment, behaviour monitoring, neurological observations, and blood sugar monitoring. Monitoring charts reviewed were largely completed as required; however, restraint monitoring and intentional rounding were not consistently completed in accordance with care plan schedules timeframes. Short-term and acute health issues were documented within care plans and progress notes, with escalation to medical review where indicated. The previous shortfall #3.2.4 has not yet been addressed.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	Medication management policies and procedures are in place and provide guidance for safe medication management appropriate to the scope of services delivered. Review of documentation and observation confirmed that the medication management system is implemented consistently across the service. All staff involved in medication management, including registered nurses, an enrolled nurse, and medication-competent healthcare assistants, have completed annual medication competency assessments. Education related to safe medication administration is provided, and staff were observed during the audit to administer medications safely and in accordance with policy. Healthcare assistants interviewed were able to clearly describe their role and responsibilities in relation to medication administration. Medications are checked on delivery against the medication charts, with any discrepancies promptly communicated to the supplying pharmacy. Regular weekly controlled drugs stock takes are scheduled however are not consistently completed as scheduled in all areas. Physical checks and reconciliation of medications are completed Medications were appropriately stored in designated treatment rooms. Daily temperature monitoring of treatment rooms and medication refrigerators was completed, with recorded temperatures within acceptable ranges. Weekly medication checks are undertaken, and medications with limited shelf life

		are dated on opening with documented expiry dates however have not always been discarded as required. Controlled medications are appropriately charted, stored and administered. The previous partial attainment related to controlled drugs # 3.4.1 has been addressed. Twelve medication charts were reviewed. All charts demonstrated evidence of three-monthly general practitioner review. Each medication chart included photographic resident identification and clearly documented allergy status, supporting safe medication administration practices. The previous partial attainment related to prescribing # 3.4.1 has been addressed. There were no residents self-administering medication on the day of the audit; policy and procedures including assessment, review, and the provision of safe storage were in place where required. On interviewed, the registered nurses advised that if a resident was self-administering their own medications, then they would have a locked drawer or similar to ensure medications were securely stored. The previous partial attainment #3.4.6 has been addressed. Standing orders are not used, and vaccines are not kept on site. Pro re nata (PRN) medications are appropriately charted and administered as required, with documentation confirming monitoring of effectiveness following administration.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The meals at St Andrews Home are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped, and a current approved food control plan. The kitchen service manager receives resident dietary information (including food allergies) from the RNs on admission and is notified of any changes to dietary requirements. Dislikes and special dietary requirements (vegetarian, dairy free, pureed foods) are accommodated. The kitchen service manager reported they were familiar with Māori and Pasifika cultural preferences and could accommodate all requests, with food including boil ups and fry bread.

Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care and to manage associated risks. Resident change, transfer, or termination policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. The registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	There is a current building warrant of fitness. The environment is inclusive of peoples' cultures and supports cultural practices. A maintenance person (interviewed) oversees maintenance of the site. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. There is an annual maintenance plan that includes a schedule for electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of resident`s electrical equipment is completed annually. Checking and calibration of medical equipment, hoists and scales is completed annually. Records and asset register is kept and managed by maintenance officer.
Subsection 5.2: The infection prevention programme and implementation 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.	FA	St Andrews Home and Hospital has an established infection prevention and control programme that is appropriate to the size, scope, and complexity of the service. The programme is aligned with the organisational framework of Presbyterian Support Otago and is integrated into the quality and risk management system. The infection prevention and control programme is reviewed annually,

Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.		linked to the quality improvement programme, and approved through organisational governance processes, including the Clinical Governance Advisory Group. Infection prevention policies are developed with input from suitably qualified personnel and reflect current legislation and accepted best practice guidelines. The clinical manager, who is a registered nurse, is the designated infection control coordinator and is responsible for overseeing and implementing the infection prevention programme at service level. This role is supported by organisational clinical leadership, including the clinical nurse advisor, who provides guidance and input into clinical practice, education, and quality improvement. Governance oversight is provided through the Clinical Governance Advisory Group, which monitors infection-related data, trends and quality indicators and reports to the Board. Staff interviews confirmed that infections are identified, managed, and escalated in accordance with established policies and procedures. Staff demonstrated an understanding of standard precautions, transmission-based precautions, and outbreak management processes. Infection prevention education is provided to all staff at orientation and through ongoing annual education. Training records reviewed confirmed that mandatory infection prevention and control education was current at the time of the audit. The service utilises organisational education systems to support staff knowledge and competency in infection prevention practices. Infection surveillance is undertaken, with infection events recorded, monitored, and analysed as part of the quality and risk management system. Infection data is reviewed at service level and escalated through organisational reporting processes, supporting oversight and continuous improvement. The service demonstrated preparedness for infectious disease events, including the management of outbreaks. Public Health authorities were notified of four outbreaks since the previous audit, including two COVID-19 outbreaks, one multidrug-resistant organism outbreak and one gastrointestinal outbreak, with appropriate management and monitoring processes implemented.

Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	The infection surveillance programme is appropriate to the size, scope and complexity of the service and supports monitoring of residents' health status and infection risk. Surveillance activities are guided by the infection prevention and control programme and informed by national and regional guidance. An infection control manual is used as a reference for best practice, and advice is accessed through organisational governance structures, including the Clinical Governance Advisory Group, as well as from local infection control specialists at Health New Zealand and Regional Public Health. Liaison also occurs with the general practitioner and the quality advisor as required. The infection control coordinator monitors infection data on a monthly basis. Surveillance includes infections affecting the urinary tract, skin, eyes, respiratory system, and wounds, and is based on defined signs, symptoms, and standard infection definitions. Infection events, including identified organisms, are recorded in an infection register and summarised in monthly infection surveillance reports. Data is analysed monthly and annually to identify trends and inform infection prevention activities. Ethnicity data is captured as part of infection surveillance to support equity monitoring. Infection surveillance information is discussed at management and quality meetings, clinical forum meetings and through the Clinical Governance Advisory Group, with reporting to governance. Surveillance findings and audit results are shared with staff, and education and feedback are provided to support safe practice. Where trends or risks are identified, action plans are developed, implemented, and monitored. Audits are undertaken to support infection prevention practices and include cleaning, laundry processes, hand hygiene, and the use of personal protective equipment, including donning and doffing procedures. Audit outcomes are reviewed and corrective actions implemented where required. The service demonstrated effective management of infectious disease events. Outbreak logs were maintained, and appropriate isolation and infection control measures were implemented. Staff, residents and family/whānau were kept informed throughout outbreak periods. Personal

		protective equipment and outbreak resources were readily available, and staff reported receiving timely information through handovers and daily communication processes.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The restraint coordinator was unavailable on the days of audit. The clinical manager confirmed that any consideration of restraint involves the resident (where able), family/whānau, and the multidisciplinary team. Decisions for Māori are made in partnership with whānau in a mana-enhancing manner. The restraint policy requires that only the least restrictive option is approved when restraint is used. Restraint data, where applicable, is monitored and reported through quality and staff meetings and escalated to the organisation's CGAG, demonstrating governance oversight of restraint minimisation. The quality advisor confirmed organisational oversight and commitment to eliminating restraint. At the time of the surveillance audit, two residents were using lap belts. Restraint education is included in staff orientation and annual training, with relevant competencies maintained to support least restrictive and safe practice.

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)
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (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; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes	PA Low	There are comprehensive policies around all aspects of restraint including assessments, approval, monitoring, and reviews. All residents using restraint have restraint monitoring in place with the frequency of monitoring as documented on care plans. Post fall management policies include monitoring of neurological observations. Monitoring is scheduled on worklogs or paper documentation for repositioning, restraint monitoring, food and fluid intake, neurological observations, and behaviours however, not all monitoring has been completed as directed. The shortfall identified at the previous audit remains. The risk rating remains the same however the timeframe to address the shortfall has been raised from 60 to 30 days.	Monitoring charts (two of two restraint charts and one intentional rounding check) were not completed as scheduled.	Ensure monitoring occurs as scheduled with documentation to confirm that this has been completed. 90 days

are documented.				
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.	PA Low	Care plans are reviewed six monthly or more often if indicated and are updated with changes in interventions however progress towards goals or changes to goals are not documented	Evaluation of three of three care plans did not evidence progress towards goals.	Ensure care plan evaluations reflect progress towards goals. 90 days

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.

No data to display

End of the report.