

Homestead Ilam Care & Hospital Limited - Homesteadcare Ilam

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:	Homestead Ilam Care & Hospital Limited
Premises audited:	Homesteadcare Ilam
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 April 2026 End date: 24 April 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:	37

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Homesteadcare Ilam provides rest home and hospital level care (medical and geriatric) services. The service provides care for up to 39 residents. There were 37 residents in care at the time of the audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents, family/whānau, management, staff, and the general practitioner.

There have been no changes in management since the previous audit. The facility manager is supported by a facility coordinator, two clinical nurse managers, a quality coordinator, a team of registered nurses and an experienced team of healthcare assistants. There are quality systems and processes implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place that aims to provide staff with appropriate knowledge and skills to deliver care.

Two of three shortfalls identified at the previous audit related to the adverse event documentation and medication management have been addressed. Further improvements are required around care plan interventions.

This surveillance audit identified improvements required related to staff competencies and monitoring 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.

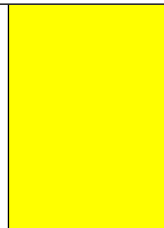
A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Residents are informed of their rights and services are provided in a manner that upholds their rights and maintains their dignity and independence. Residents and family/whānau interviewed confirmed management and staff listen and respect them and communicate with them effectively. Care plans accommodate resident goals.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

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



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

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and meetings were documented as taking place as scheduled.

There is a staffing and rostering policy. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Registered nurses are responsible for assessing residents on admission and developing care plans. The contracted general practitioner completes a medical assessment within the required timeframes. Residents and their family/whānau have input into assessment, care planning, and evaluation processes.

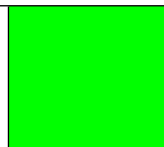
An electronic medicine management system is in place for prescribing, dispensing, and administration of medications. The general practitioner is responsible for all medication reviews. Medicines are safely and securely stored.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe manner.

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

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

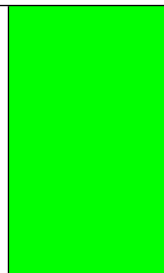


Subsections applicable to this service fully attained.

There is a current building warrant of fitness. Electrical equipment is checked for safety. Clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.

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

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



Subsections applicable to this service fully attained.

There is a documented infection control programme and available resources to inform the staff.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. They were no outbreaks since the previous 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 board and facility manager are committed to eliminate restraint. There are policies and procedures for restraint minimisation and safe practice. Staff are trained in the least restrictive practice. During the audit there were no residents using 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	16	0	1	1	0	0
Criteria	0	46	0	2	1	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. The business plan describes the service’s commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing. Residents have a care plan documented that reflect their values and cultural needs. There are clear processes to include tikanga in everyday practice and training for staff. Staff have completed training around Te Tiriti o Waitangi.</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. 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</p>	FA	<p>The organisation has a Pacific Peoples Health plan that aligns with the requirements of Ngā Paerewa and Ola Manuia-Pacific Health and Wellbeing Action plan. This policy outlines how the service responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Homesteadcare Ilam’s education policy on cultural safety includes components of the Fonofale model of Pacific Health.</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with information about the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumer Rights' (the Code). The clinical nurse managers or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English, sign language and te reo Māori. Residents (two rest home and three hospital) and two family/whānau (one rest home and one hospital) confirmed they are aware of their rights and feel their rights are upheld at all times.</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 policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Staff sign an employee declaration related to the code of conduct and house rules statement, and this is included in the staff files reviewed. Police vetting is included as part of the employment process for all staff working at Homesteadcare Ilam.</p> <p>Residents and family/whānau, reported their property and finances are respected, and professional boundaries are maintained. The administrator explained the service follows a process of managing residents' finances through a voluntary comfort fund to ensure residents avoid handling cash.</p> <p>The facility manager reported the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated residents are free from any type of discrimination, harassment, physical or sexual abuse or neglect, and feel safe. Staff have completed training in abuse and neglect in 2025.</p> <p>Interviews with the management team (facility manager and clinical nurse manager) and eight staff (five healthcare assistants [HCAs], administrator, two registered nurses [RNs],) stated Homesteadcare Ilam provides safe services, free from abuse and discrimination.</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 exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent documented for Homesteadcare Ilam. The resident files reviewed included general consent included in the residential admission agreement, and consent for influenza vaccinations if applicable, van outings, and use of photographs for media. These were appropriately signed by either the resident or the activated enduring power of attorney (EPOA). Residents interviewed could describe what informed consent was and their rights around choice. Where an EPOA is activated or a welfare guardian is in place, the appropriate documents were evident in the file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. There were no complaints made in 2025. There have been two complaint made (in 2026) since the previous audit. One complaint made (the funder requested follow up at this audit) was dealt with internally by the clinical nurse manager and was closed off on 16 March 2026. Education related to the Code was completed.</p> <p>One complaint was also received by HDC who referred the complaint back to the Nationwide Health and Disability Advocacy Service. The facility manager responded to the request for information on 30 March 2026. The complaint is still open. There was evidence the documentation included follow-up letters, and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The training schedule evidenced staff have completed training related to complaints management in 2025.</p> <p>All residents and family/whānau interviewed stated they were provided</p>

		<p>with information on the complaints process, would feel comfortable making a complaint, and that the service would support them throughout the process. The facility manager was aware of the preference for face-to-face communication with people who identify as Māori and the importance of involving family/whānau. Residents and family/whānau interviewed confirm the management team is open, transparent in their communications and deal with issues swiftly.</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>Homesteadcare Ilam provides care for up to 39 rest home and hospital level residents. Thirty-seven of thirty-nine beds are dual-purpose (two beds are rest home only). There is one room that is a double room that was being used for single occupancy at the of the audit.</p> <p>At the time of the audit, there were 37 residents in total: 25 hospital home level including one on a long term support chronic health condition (LTS-CHC); and 12 rest home level including one resident on a younger person with disability contract (YPD), one resident on a LTS-CHC contract, and one resident on an individual funding agreement (IFA). The remaining residents were funded by the age-related residential care (ARRC) agreement.</p> <p>The directors include the facility manager and family member who is the facility coordinator. They have owned the business since January 2021 and are supported by two Board members who both have a background in aged care. The Board meets quarterly. Responsibilities and accountabilities are clearly defined. The facility manager confirmed knowledge of the sector, regulatory, Ministry of Health, and other mandatory reporting body requirements. The facility manager attends the Board meetings. There is a documented business foundation documents that include a business plan 2025-April 2026, which includes a mission statement, philosophy, and operational objectives/goals. The business plan links to a quality and risk management plan. A new transitional business plan is in development to reflect the milestones related to a new building development.</p> <p>The directors have an understanding of health equity and support meaningful inclusion of Māori and ensures the organisation's values and goals reflect the needs of Māori. Interviews with facility manager</p>

		<p>confirmed that they focus on improving outcomes for Māori and tāngata whaikaha people with disabilities, ensuring equity in all aspects of the service works.</p> <p>The clinical nurse managers and quality coordinator/senior RN provide clinical governance. The goals are reported on monthly and documented in the facility manager's and clinical nurse managers' report to support the quality meeting and reporting to the Board.</p> <p>There have been no changes in management since the previous audit. The facility manager (non-clinical) is actively involved in the day-to-day operations. They are supported by the facility coordinator who has responsibility over support services. There are two clinical nurse managers sharing a full-time role and a full-time coordinator/senior RN role that support the implementation of the quality system.</p> <p>The facility manager has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility and has open communication with members of the Board at all times.</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>At the time of the audit the facility was still in the process of transitioning from one electronic resident management system to a new resident management system (from 1 April 2026). A project was developed with clear milestones to ensure a swift implementation of the new resident management system, which include a quality and risk system and a human resource component. The new system was not yet fully implemented; and the audit process included two resident management systems.</p> <p>Documentation control and policy management has been streamlined, and a new suite of policies and forms have been introduced from 1 April 2026. Homesteadcare Ilam has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. The quality and risk management systems include performance monitoring through internal audits, surveys and through the collection of clinical indicator data.</p> <p>Bimonthly quality meetings (called quality improvement meetings),</p>

	<p>monthly staff meetings, and monthly clinical meetings provide an avenue for discussions in relation to (but not limited to); quality data, internal audits, benchmarking, health and safety, infection control/pandemic strategies, restraint use, complaints received, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions related to clinical data and audits followed up on and signed off when completed.</p> <p>The facility identified trends in an increase in behaviour and falls related to resident's high risk behaviour related to alcohol use. The facility is working with Sixty-Five Alive, their GP, health improvement professionals (HIP), aged care consultant (policy writer), and the residents to strengthen their risk mitigation related to balance their responsibility as a provider, with choice, independence, and the responsibilities of the resident. This was evident in the quality meeting minutes and the hazard register. The quality improvement related to intentional rounding identified at the previous audit is still continuing with the practice is embedded in service delivery.</p> <p>Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and displayed for staff on the noticeboards. Clinical data is compared to previous months. The new resident management system provides benchmarking in "real time." Opportunities for improvement are identified. Quality goals documented for 2026 are to ensure a smooth swift transition of the policies within service delivery.</p> <p>Staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the resident and family/whānau satisfaction survey conducted in September 2025 demonstrated satisfaction with service delivery. Any adverse individual responses made were addressed by the facility manager and clinical nurse managers.</p> <p>A health and safety system is in place with an annual review of the programme completed and health and safety is discussed as part of the quality meetings and staff meetings. An up-to-date hazard and risk register was sighted. The health and safety representative has completed formal training related to their responsibilities. The noticeboard in the staffroom keeps staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were</p>
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		<p>no serious work-related staff injuries reported since last audit. Staff have access to workplace counselling and support services.</p> <p>Electronic incident and accident reports are completed for each incident/accident, with classification of the type of incident, immediate follow up, investigation, action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. The previous audit finding related to criteria # 2.2.5 has been addressed. However, the interventions decided upon in the adverse events did not translate through to the care plan interventions (link 3.2.3).</p> <p>Incident and accident data is collated monthly and analysed (including falls, medication errors, skin tears, bruising, behaviour related incidents). Corrective actions are developed, implemented, and signed off when completed. Staff interviewed stated they have completed training in reporting of adverse events and falls prevention and management in 2025.</p> <p>Discussions with the facility manager, a clinical nurse manager and quality coordinator evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. A Section 31 report related to a medication management system outage was reported. Interviews with staff and the incident management system reviewed evidence there were no events that required a Severity Assessment Code (SAC) report to Health Quality and Safety Commission (HQSC) or further Section 31 reporting. There have been no outbreaks since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-</p>	PA Low	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week (24/7). Homesteadcare Ilam adjusts staffing levels to meet the changing needs of the residents. A review of the current rosters showed shifts were covered by experienced healthcare assistants. In addition to the clinical nurse managers and quality coordinator, there is a registered nurse on duty 24/7. In the absence of the facility manager the clinical nurse managers will assume responsibilities for facility operations with support from the board. Medication competent healthcare assistants assist with medication administration. There is a first</p>

<p>centred services.</p>	<p>aider on each shift.</p> <p>Staff reported that short term absences are always covered. The clinical nurse managers provide after hour clinical support. The general practitioner (GP) is available for advice.</p> <p>There are dedicated activities, kitchen, maintenance, garden, and housekeeping (laundry and cleaning) staff supporting service delivery.</p> <p>There is an annual education and training schedule documented, completed for 2025, documented and being implemented for 2026. Staff interviewed stated the training topics are delivered in house, face to face with internal and external educators. The education and training schedule lists compulsory training and training completed include code of rights; sexuality and intimacy; privacy and confidentiality; cultural safety and awareness; nutrition and hydration; pressure injury management and skin management; infection control basics and outbreak planning; continence management; management of behaviour that challenge; restraint management; spirituality; falls prevention and management; food safety training; chemical safety training; fire safety/emergency management; palliative care; dementia care and management of diabetes, completion of a toolkit at the Alcohol and Drug workshop. A review of the training records shows compliance with the completion of the required training to be consistently above 95%. All completed training is recorded on attendance sheets and in staff training records on an electronic register /and individual staff files.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Homesteadcare Ilam supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 21 healthcare assistants employed in total, with 18 having achieved a relevant NZQA qualification level 3 and above.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Review of the records confirms that not all staff have all the required competencies completed.</p> <p>Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Four</p>
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		(including one of the clinical nurse managers) of the nine registered nurses are interRAI trained. Registered nurses are provided with opportunities to attend training through Health New Zealand and hospice. All registered nurses completed training in Deterioration Early Warning System (DEWS), care planning, management of Parkinsons disease and training related to end of life/ palliative care training. A record of competency is maintained on the electronic register.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files were reviewed. All regulated staff and contracted providers had proof of current registration with their regulatory bodies. A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, dietitian, general practitioners, pharmacists, physiotherapist, and podiatrist. The register includes the scope of practice for health professionals.</p> <p>Staff who have been employed for over one year have all had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. Completed orientation records are recorded as being completed in employee files.</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>	PA Moderate	<p>Five resident files were reviewed: three on hospital level care and two on rest home level care. The files sample include one resident under a LTS-CHC contract; one resident on IF; one YPD resident and two residents on an ARRC agreement (one rest home resident and one hospital level resident).</p> <p>Registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment, care planning, and review processes, and resident files show evidence of resident and family/whānau involvement.</p> <p>All residents have admission assessment information collected and an</p>

	<p>initial care plan completed at the time of admission. Cultural assessments are completed for all residents. Where an interRAI was required to be completed; the assessment tool was completed within the required timeframes. Long term care plans were documented following the completion of the interRAI and within 21 days.</p> <p>The three residents on a YPD, IF and LTS-CHC contracts, long term care plan include activities to promote independence, links with the community, management of behaviour and include management of specific wellbeing needs. The care plan note key support people involved in their care. A suite of assessments are completed every six months to identify and update any risks. Assessments and the care plan identified specific needs including (but not limited to) medical and non-medical needs.</p> <p>The long-term care plans reviewed for the residents did not always include detailed interventions to manage all risks, early warning signs, and guide care delivery. The shortfall at the previous audit related to interventions has not been fully addressed and the risk rating has been raised from low to moderate in this report.</p> <p>The service actively reviews the InterRAI outcome scores for each resident and compares with the previous interRAI in the clinical review meeting. The registered nurses use this tool to discuss if there are any other interventions that might be helpful If interRAI scores have changed. InterRAI assessments and care plan evaluations are completed at least six-monthly or when residents' needs changed. Evaluations document the progress towards the individual's goals and if they are met or unmet. Short term care plans are documented for acute issues, updated and interventions include the required monitoring. Short term care plans are evaluated.</p> <p>There is one contracted general practice. The general practitioner ensures residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly, with visits weekly. The clinical nurse managers share on call for clinical advice and decision making as required. When interviewed, the general practitioner expressed satisfaction with the standard of care and the registered nurses' competence at Homesteadcare Ilam. They confirmed they are available after hours.</p> <p>Specialist referrals are initiated as needed. Allied health interventions are</p>
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	<p>documented and integrated into care plans. The service has a referral process to a physiotherapist. A continence advisor, hospice specialists, mental health team for older people, and wound nurse specialist are available as required. A podiatrist visits six-weekly.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written at least daily by registered nurses and healthcare assistants. There are evidence in the progress notes of timely escalation of issues to the registered nurses. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following general practitioner(s) visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the general practitioner. Family/whānau stated they are notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There was a total of ten wounds, including a stage two pressure injuries (lower limbs), skin tears, chronic lower leg ulcer, and chronic lesions. Wound documentation was reviewed and there were comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. Skin tears are included in the wound management documentation with a short-term plan documented with appropriate interventions.</p> <p>Staff confirmed they can access a wound nurse specialist for input to the management of wounds if needed. The healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions required for individual residents. Healthcare assistants and registered nurses</p>
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		<p>complete monitoring charts, including bowel chart, blood pressure, weight, food and fluid intake, pain, behaviour, and blood glucose levels. Wound monitoring and implementation of post fall neurological observations were completed according to policy. There were no evidence of repositioning being documented or regularly completed for three hospital level residents who are bed or chair bound.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic rolls with pro re nata medications in blister packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the progress notes and in the medication system. There is one medication room as part of the nurse's station. Medicines were seen to be stored in a locked medication room, and a medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants from blister pack. All staff administering medications are required to pass competency test annually, not all RN competencies were up to date (link 2.3.3). Medication errors are reported in the electronic resident file system and appropriate investigation. The controlled drug register is checked monthly; all entries evidenced two signatures and six monthly stocktakes were consistently completed.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. The general practitioner review the medication charts three monthly. Specific instructions for individual residents are included in</p>

		<p>the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There were two residents self-administers their medications. There are policies in place that guide staff in the assessment procedure for those residents that wish to self-administer their medications. Both resident were assessed as competent, files had three monthly reviews completed, medication entries reflect self-administration, and the medication was safely on them in person or in a locked drawer. The previous finding related to criterion# 3.4.6 has been addressed. There are no standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents’ nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The kitchen manager interviewed could provide copies of individual dietary profiles held in the kitchen folder.</p> <p>The food control plan is current to 22 April 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or</p>	FA	<p>Transition to a different level of care, transfer to another facility or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</p>

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<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>	FA	<p>The building has a current warrant of fitness that expires on 5 June 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the grounds.</p> <p>At the time of the audit two rooms were being refurbished due to a flood caused by a burst pipe. The area was cordoned off and did not impose on other resident's freedom of movement. The signage identified risks.</p> <p>Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings, as viewed on the day of audit.</p> <p>The maintenance person was not available to be interviewed. The planned maintenance schedule includes testing and tagging of electrical equipment and this has been completed within the last 12 months. Calibration, and testing of clinical equipment has been completed within the last 12 months. Hot water temperatures have been tested and recorded in resident rooms. Hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size,</p>	FA	<p>The infection control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training, and education of staff. Policies and procedures are developed and reviewed by an external consultant in consultation with the facility manager, clinical nurse managers, and infection control coordinator (quality coordinator). The infection prevention and control programme were reviewed for 2025. The infection prevention and control programme links to the quality programme. Data on infections is collated monthly, analysed, and reported to the clinical nurse manager. Infections and significant events are reported monthly to the quality meetings, facility manager, and the</p>

<p>and scope of our services.</p>		<p>board.</p> <p>The infection control policy states the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. The procedures related to single use items, handwashing and personal protective equipment are implemented. Associated competencies related to hand hygiene were not all completed (link 2.3.3) Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated during outbreaks.</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>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Comparison of data occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality, clinical and staff meetings. Reports are provided monthly to the board. Meeting minutes and graphs are displayed for staff. There were no outbreaks since the last audit. The quality coordinator is knowledgeable around the role requirements, the requirements to document, report and discuss outbreaks when it happens.</p> <p>The service receives regular notifications and alerts from Health New Zealand. Staff confirmed resources, including PPE, are plentiful. Resources are checked regularly for expiry date; the task is overseen by the infection control coordinator.</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</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to maintain a restraint free environment. This is supported by the management, and staff. At the time of the audit there were no residents using restraint. One clinical nurse manager is the restraint coordinator. Restraint data and strategies to</p>

<p>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.</p>		<p>maintain a restraint free is included in the monthly clinical nurse manager report to the board. Restraint use and strategies to eliminate restraint is discussed with staff at various meetings.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	<p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. All registered nurses are required to complete a medication competency, and a selection of HCAs are medication competent.</p> <p>Review of the records confirmed that not all of the competencies were current and up to date.</p>	<p>(i). Sixteen of 45 staff have not completed the hand hygiene competency (seven were last completed in 2024).</p> <p>(ii). Three registered nurses' medication competencies were not current.</p>	<p>(i)-(ii). Ensure competencies are completed according to the training policy requirements.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p>	PA Moderate	<p>The registered nurses are responsible for the development of long-term care plans and short-term care plans for acute issues. Long term care plans</p>	<p>One hospital level resident with five choking events within a 90-day period did not have the appropriate interventions</p>	<p>Ensure that interventions and identification of early warning signs that may adversely affect the</p>

<p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>evidence individual goals. For the files sampled and reviewed, all interventions were identified as meeting the needs of the residents. However, when the adverse events were reviewed there were five choking events related to one resident. The incidents were individually well managed with immediate follow up and further investigations completed. A nutritional assessment was completed. However, the care plan interventions related to management of prevention of reoccurring choking events were not well documented in the care plan (e.g. supervision, positioning when eating, allied health input and meal consistency) and early warning signs of aspiration pneumonia. The resident recuperated after the incidents with no adverse effect on their health.</p> <p>On interview the resident stated they do not have swallowing difficulties but a history of disordered eating (eating very fast). The shortfall identified at the previous audit has not been fully addressed and the risk rating has been raised from low to moderate.</p>	<p>completed to guide prevention of further choking episodes (supervision, positioning when eating, dietitian input where required, meal consistency etc).</p>	<p>resident's wellbeing are well documented to guide staff in the management of their care.</p> <p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p>	<p>PA Low</p>	<p>Residents and family/whānau interviewed stated they are informed of any changes to care. Wound documentation was reviewed and</p>	<p>Three hospital level residents that were immobile did not have the required repositioning evidenced in monitoring charts</p>	<p>Ensure monitoring of repositioning is documented as taken place.</p>

<p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>there were comprehensive wound assessments, wound management plans, monitoring, and documented evaluations, including photographs to show healing progression. Where required short term care plans were used for minor wounds, infections, changes in medications, changes in weight with the appropriate follow up and monitoring required.</p> <p>Long term care plans have the required interventions documented for the prevention of pressure injuries. The frequency of repositioning and the required equipment to alleviate pressure are documented in the long-term care plans.</p> <p>Healthcare assistants and registered nurses complete monitoring charts, including bowel chart, blood pressure, weight, food and fluid intake, pain, behaviour, and blood glucose levels. The required monitoring for repositioning and turning were not completed for three hospital level residents. None of the three residents presented with skin break down or pressure injuries at the time of the audit. The facility own internal audit system identified deficits in July 2025 in the completion of repositioning charts. This finding relates to documentation only.</p>	<p>or progress notes.</p>	<p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.