Presbyterian Support Central - Cashmere Hospital

Introduction

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

The audit has been conducted by 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 Central
Premises audited:	Cashmere Hospital
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 March 2026 End date: 27 March 2026

Proposed changes to current services (if any): None

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

Presbyterian Support Central – Cashmere Hospital (referred to in the report as Cashmere Home) is part of Presbyterian Support Central and is in Johnsonville. The service is certified to provide rest home level of care for up to 40 residents. There were 37 residents at the time of the audit.

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

There have been no changes in management since the previous audit. A manager oversees the day-to-day operations of Cashmere Home and the dementia care at the sister site called Cashmere Heights. A clinical nurse manager is responsible for the delivery of clinical care. A clinical director, clinical advisors, and a team of support staff at head office ensure adequate resources are in place to further support the service.

There is a documented quality and risk management programme with quality goals that links to the Presbyterian Support Central strategic plan and business plan.

The service embraces the Eden Alternative philosophy across all areas of resident care. The feedback received from residents and family/whānau was very positive in relation to the standard of care and support.

This audit identified improvements required in relation to the quality programme, dietary profiles, and a current building warrant of fitness.

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.

Residents and family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Cashmere Home has connections with a local kaumātua and Māori health providers. The service recognises Māori mana Motuhake and this is reflected in the Māori health plan. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers.

Policy and procedure guide staff to keep residents safe from abuse and staff are aware of professional boundaries. The informed consent process is well understood and implemented by staff. Complaint processes are equitable and resolved in collaboration with residents and family/whānau.

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.

There is a documented business plan, which includes the mission, philosophy, and objectives. There is a documented quality and risk management systems, with internal audits occurring as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

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.

The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family/whānau participation in care and treatment provided. Resident records included medical notes from the general practitioner and other 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 by the general practitioner at least three-monthly.

An activities programme is implemented. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for hospital and rest home level care. There are

activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences are identified at admission, and all meals are cooked on site. The service has a current food control plan, and the menu has regular dietitian input and oversight. The menu provides for cultural and religious preferences, and food services are in line with tapu and noa.

Planned discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care.

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

There is a preventative maintenance plan to ensure the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use.

Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

All bedrooms are single occupancy. Most rooms have an ensuite and there are additional shared bathrooms and toilet facilities. Rooms are personalised with ample light and adequate heating.

Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate.

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 infection prevention and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the audit and risk committee, and integrated into the quality improvement system. There is a documented outbreak response plan.

The facility has adequate resources and personal protective equipment, and staff are appropriately trained. A registered nurse oversees infection surveillance, sharing infection prevention data with staff, and ensures that the general practitioner recommendations are implemented. Judicial use of antimicrobials is monitored. There were three outbreaks recorded and reported since the previous audit.

Policies and processes for managing waste, infectious, and hazardous substances are implemented. The laundry services are completed on site. The effectiveness of laundry and cleaning processes is monitored via the internal audit system.

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.

Cashmere Home demonstrates organisational and governance commitment to restraint minimisation and elimination, consistent with Enlivens Safe Restraint (Herenga Haumaru) policy. At the time of the audit, there were no residents using restraint. The restraint coordinator is the clinical coordinator who is supported by the clinical director. Restraint minimisation, cultural safety, and de-escalation are mandatory components of staff orientation and ongoing education.

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	24	0	3	0	0	0
Criteria	0	165	0	3	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	The Presbyterian Support Central Māori Health plan is documented for the service. The plan was developed in partnership with Whanganui kaumātua. This plan acknowledges the Te Tiriti o Waitangi as a founding document for New Zealand and incorporates the Māori Health Strategy (He Korowai Oranga), Te Whare Tapa Wha and the Enliven philosophy complement the Eden Alternative principles. At the time of the audit there were no residents who identified as Māori. Staff have completed cultural training related to Māori worldview. Cashmere Hospital evidences a commitment to equal access to professional development for staff and include Māori in their business plan. Residents and family/whānau are involved in development of the resident's care planning, and ensuring their choices and needs are met. There were no staff members who identified as Māori. Presbyterian Support Central is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The service has links with local Kaumātua and Māori health providers in the Poneke region. The Enliven Cultural Advisory Group (CAG) provide organisational support related to improvement

		of Māori health, equity, and wellbeing. The group is committed to involve family/whānau, Māori staff and elders in the co-creation of policies and resources. The manager explained how the Oranga Kaumātua Wellness Map is embedded into resident care that supports the cultural, spiritual, and emotional needs and reflects the model of Te Whare Tapa Wha. All staff have access to relevant tikanga guidelines. Eleven staff including the clinical coordinator (RN), a registered nurse (RN), two enrolled nurse (EN), three healthcare assistants (HCA), one food services team leader, two recreation coordinators and one cleaner; and the management team including the manager, clinical nurse manager, and clinical director could describe their understanding of how the Māori health model is implemented within service delivery.
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	The organisation has a comprehensive Pacific health plan. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is available in Tongan and Samoan. There were Pasifika residents on the day of the audit. The manager interviewed, advised that family/whānau of Pacific residents are encouraged to be present during the admission process, including completion of the assessments and support plan. On entry to the service ethnicity information is documented electronically. The clinical nurse manager outlined how the resident and family/whānau of Pacific residents are to be involved in all aspects of the admission process, and the creation of assessments and support plans. The service captures ethnicity data electronically. Individual cultural beliefs are documented in their care plan and activities plan for each resident. There are current Pasifika staff employed at Cashmere Home. The manager stated that there is a commitment in the business plan to foster links with the Pasifika community through the work of the Cultural Advisory Group (CAG). The work of the CAG includes

		identifying support needs for Pasifika residents, family/whānau and staff to ensure the Pasifika worldview is embraced and equity is promoted. Additional links are in place with Pacific community groups through Pasifika staff to provide guidance and support for Pacific peoples.
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	Details relating to the Code are included in the information that is provided to new residents' family/whānau. The clinical nurse manager and RNs discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and Te reo Māori. Discussions relating to the Code are held during the six-monthly resident advocate and family/whānau meetings. Five rest home residents and four family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents' family/whānau. Rostered interdenominational church services are held weekly, and a chaplain is available weekly and more often as required. The RN, ENs and HCAs explained how the service meets the residents cultural and spiritual needs. Staff received education in relation the Code at orientation and through the annual education and training programme which includes understanding the role of advocacy services. The Māori Health Strategy adopted by the organisation sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledged within the strategic plan to ensure and promote independent Māori decision-making.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and	FA	HCAs interviewed described how they support residents to choose what they want to do. Residents' family/whānau interviewed stated

respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.		residents have choice. Family/whānau are encouraged to be involved in the care of their family/whānau. The Cashmere Home annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Family/whānau confirmed the residents are treated with respect. A sexuality and intimacy policy is in place with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to the values and beliefs of their family/whānau being met. Residents' privacy is ensured, and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Te reo Māori and tikanga Māori is acknowledged every day and staff, residents and family/whānau participate in all national celebrations including Waitangi Day and Matariki. Comprehensive cultural awareness training is provided and covers Te Tiriti o Waitangi, te ao Māori, equity and tikanga Māori.
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	A resident's rights policy is being implemented. The policy is a set of standards which outlines the behaviours and conduct that is expected for all staff employed at to uphold. Policies guide staff to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The staff reported the work environment is positive. Staff complete education at orientation and annually as per the training plan on how to identify abuse and neglect. Staff interviewed confirmed they had learned about institutional racism, how to recognise this and how to identify clinical bias. The family/whānau interviewed confirmed that the staff

		are very caring, supportive, and respectful. There are policies documented and implemented on how to deal with residents' property and finances. An administrator outlined how this is safely managed. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with the RN, ENs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities. There are short and long-term objectives in the organisations Engagement with Tāngata Whenua policy and Safety and Wellbeing Framework provide a guide to improving Māori health and leadership commitment to address inequities. Presbyterian Support Central has adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that promote wellbeing for Māori. This strategy complements the Eden principles which are incorporated in the service delivery to ensure a strengths-based and holistic model is implemented.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information related to the service and what to expect when entering the service is provided to residents and family/whānau on admission. Residents and family/whānau meeting minutes identify feedback from residents and follow-up by the service to all matters raised. Policies and procedures relating to accident/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with residents and family/whānau. Contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were three residents who did not speak English. HCAs interviewed explained the appropriate communication strategies in place to support the

		residents. Non-subsidised residents' family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services including physiotherapist, clinical nurse specialist for wound care, diabetic nurse, speech language therapist, and dietitian. The delivery of care includes a multidisciplinary team and family/whānau are communicated regarding services involved. The clinical coordinator described the implemented a process around providing enduring power of attorneys (EPOAs) with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed confirm they are aware of what is happening within the facility. There are emails and regular newsletters distributed to residents and family/whānau to keep them informed on matters within the facility and organisation.
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. 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.	FA	There are policies to guide informed consent. Seven resident files reviewed included informed consent forms signed by the resident or their EPOAs. There are general consent forms and forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and/or family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance care planning policy implemented. Care staff interviewed could explain how residents are provided with choice and how their own decisions are respected. In the files reviewed, there were appropriately signed resuscitation plans and advance care directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed for all the files reviewed.

		Copies of enduring power of attorneys (EPOAs) were in resident files and activation letters sighted where required. The clinical coordinator confirmed tikanga best practice guidelines are implemented during the informed consent process.
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	The complaints procedure is provided to family/whānau on entry to the service. The manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the HDC. There have been four complaints received since the previous audit. The complaints reviewed have been closed to the satisfaction of the complainant. The complaints process includes an investigation, follow-up, outcome resolution and replies to the complainant. The complaints process links to the advocacy service. The time frames of the complaint process reviewed meet the HDC guidelines. If any complaints or concerns raised, staff are informed of complaints through staff meetings. There have been no external complaints received since the previous audit. Discussions with family/whānau confirmed they are provided with information on complaints and complaints forms are available at entry to the facility. Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Family/whānau making a complaint can involve an independent support person in the process if they choose. Family/whānau are invited to the resident meetings. The manager explained how the complaints process works equally for Māori. The complaints form, within the electronic system captures ethnicity data. Family/whānau interviewed stated the managers are very visible, approachable, and responsive to any concerns raised.
Subsection 2.1: Governance The people: I trust the people governing the service to have the	FA	Cashmere Home is located in Johnsonville and is part of Presbyterian Support Central (PSC). The service is certified to

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.		provide rest home level care for up to 40 residents. At the time of the audit, there were 37 residents, including one resident receiving respite care. All residents are under the age-related residential care (ARRC) agreement. There are no double or shared rooms as all rooms are designed for single occupancy. There is a Presbyterian Support Central Board and senior leadership team. There is Māori representation on the board. The roles and responsibility framework for the Board are documented in the Trust Charter. The board receives monthly reports related to all aspects of service delivery from the senior leadership team that include the chief executive [CE], chief financial officer [CFO], chief operating officer (COO), general manager (GM), property and GM business services and sustainability. The board attended cultural training including Mauri Ora orientation to ensure they can demonstrate knowledge in Te Tiriti o Waitangi, health equity, and cultural safety. There are advisory groups that include Quality Advisory Group (QAG), Training Advisory Group (TAG), Cultural Advisory Group (CAG), mini-CAG (Māori only), Eden Advisory Group (EAG), Business Advisory Group (BAG), Recreation Advisory Group (RAG), Nutrition Advisory Group (NAG), and Product Advisory Group (PAG). Advisory groups are compiled of staff, residents, family/whānau and where appropriate (CAG and mini-CAG), iwi and community organisation representation. These groups meet three to four times per year and develop policies and procedures. The senior leadership team are expected to sit on at least one of these groups. The work plan for the CAG includes identifying support needs for Māori and Pasifika staff. The CAG has input into policy development. There is a Presbyterian Support Central strategic plan (2023-2026) in place with clear business goals which outline the organisations' philosophy. This includes the principles of care is based on the Eden alternative that aims to promote positive ageing. There are short and long-term objectives in the Presbyterian Support Central Engagement with Tāngata Whenua policy and Safety and Wellbeing Framework that provides a framework and guide to improving Māori health and leadership commitment to identify

		barriers to care, address inequities and to promote the wellbeing of Māori and of tāngata whaikaha. Tāngata whaikaha have meaningful representation through bimonthly family/whānau meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents. Cashmere Home and Cashmere Heights have a combined business plan (2025-2026) that aligns with the overarching strategic plan and has in place clear business goals to support their Enliven philosophy. The model of care sits within this framework and incorporates Te Whare Tapa Whā. Site specific goals are regularly reviewed at clinical focussed meetings. Clinical governance is provided by the audit and risk committee. The quality programme links to the strategic plan and improvements are made where deficits are identified in the service delivery. There are regular Presbyterian Support Central managers and clinical nurse manager meetings where learnings are shared. The manager has been in the role for two years and has a broad background in the aged care industry. The manager is supported by the clinical nurse manager who has been in the role for two years and six years working at PSC, two clinical coordinators and a team of experienced care staff. They are also supported by the regional manager and clinical director. The manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility. This includes attending the NZ Diversional therapy conference and completing Nga Paerewa/Te Tiriti o Waitangi and dementia online training.
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	PA Low	Cashmere Home is implementing a combined quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data are critically analysed for comparisons and

achieving Māori health equity. 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.		trends to improve health equity. The manager provided an example of a report that is generated for this purpose. There is a documented quality programme policy for PSC. Staff, quality, and RN/clinical meetings are scheduled to be completed monthly and resident meetings are scheduled six-monthly. Meetings did not always occur as per the planned schedules. Staff, quality, and RN/clinical meetings provide an avenue for discussions in relation to quality data, health and safety, infection prevention, complaints received (if any), staffing, and education. Not all agenda items, discussion points and corrective actions have been documented, followed up, and signed off when completed. The internal audit schedule for 2025 has been implemented and the schedule for 2026 is being implemented. Corrective actions are documented where indicated to address service improvements with evidence of progress and sign off when achieved. Corrective actions are discussed at the clinical and frontline team meetings. Quality data and trends are documented in the clinical meetings, and these are shared with other staff. Enliven benchmarks quality indicator data against other Presbyterian Support regions. All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. There is a cultural competency package that staff completes as part of their orientation and ongoing training on the electronic education platform. Policies and procedures and associated implementation systems provide assurance that the service is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Resident and family/whānau satisfaction surveys were last completed in September 2025. The surveys evidence overall satisfaction on the areas surveyed. There were corrective actions implemented around food service/meals and the laundry service. Policies are regularly reviewed and have been updated. New policies or changes to policy are communicated to staff. Policies are accessible on the organisations intranet. A health and safety system is in place. Health and safety are part of the monthly clinical and staff monthly meetings. A health and safety representative (activities coordinator) interviewed confirmed they have completed

		WorkSafe training related to their role. Hazard identification forms and an up-to-date hazard and risk register had been reviewed in March 2026 (sighted). Health and safety policies are implemented and monitored by audit and risk committee. Audits include a hazard identification audit, incident reporting audit, and environmental audit; all have been completed. Accident and incident data is collated monthly and analysed. Each incidents involving a resident reflected a clinical assessment and a timely follow-up by an RN. Family/whānau are notified following incidents as confirmed in the accident/incident forms reviewed. Opportunities to minimise future risks are identified by the clinical nurse manager and RNs. Discussions with the manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications were completed in 2025. A Severity Assessment Code (SAC) report for one resident fall event resulting in a fracture was notified in 2025 to the Health Quality and Safety Commission. Three outbreaks have been documented since the last audit and were reported as per policy.
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	There is a staffing, and skills mix policy that describes rostering. The roster provides appropriate coverage to meet the clinical and cultural needs of the residents. The manager, clinical nurse manager, and clinical coordinator all work full time and divide their time between Cashmere Home (three days) and Cashmere Heights (two days). The manager works Wednesday to Friday, clinical nurse manager, works Monday to Wednesday, and the clinical coordinator works Monday, Thursday, and Friday at Cashmere Home. In the absence of the manager, the facilities are overseen by a roving manager or the clinical nurse manager with support from the regional manager, clinical director, and clinical advisors. The contracted medical practice provides after hours support. The clinical nurse manager and clinical coordinator are part of an on-call roster with support from an RN at PSC Huntleigh. The management team and RNs are supported by a sufficient number of HCAs. HCAs interviewed confirmed that their workload is manageable. Absences

		are covered by part time staff extending their shift or the organisations casual pool. Staff and family/whānau are informed when there are changes to staffing levels as evidenced in meeting minutes and newsletters and discussion with staff, residents, and family/whānau. There are separate cleaning, laundry, recreation, and kitchen staff to perform their duties. There is an annual education and training schedule being implemented. The annual and three-year rotational compulsory training programme is overseen by the manager and clinical nurse manager. The education and training schedule lists compulsory training which includes cultural awareness training. All staff completed cultural training to reflect their understanding of providing safe cultural care, te ao Māori, response to equity and Te Tiriti o Waitangi. The training content provided them with up-to-date information on Māori health outcomes and disparities, and health equity. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the fifteen HCAs, eleven hold the National Certificate in Health and Wellbeing level two or above. A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies in hand hygiene, correct use of PPE and moving and handling. A selection of the HCAs complete medication competencies. A record of completion is maintained on an electronic register. There are three RNs (including the clinical nurse manager and clinical coordinator) and three Ens. All RNs and one EN are interRAI trained. Registered and enrolled nurses complete the organisations professional and clinical training modules including HDC case studies, critical thinking, and reflective practice at peer review sessions. The organisations intranet has extensive resources (pae ora) relating to Māori health equity data and statistics available to staff. An Employee Assistance Programme (EAP) is available to staff that support staff 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 support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored online. Seven staff files were reviewed including one clinical coordinator, one RN, three HCAs, one recreation officer, and one food services team leader. All evidenced implementation of the recruitment process including employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (RNs, ENs, general practitioners, pharmacy, physiotherapy, podiatry, and dietician). There is an appraisal policy and appraisal schedule in place. All staff files reviewed evidenced that staff who have been employed for more than one year have a completed appraisal on file. 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 annually. The service demonstrates that the orientation programmes support RNs, ENs, and HCAs, to provide a culturally safe environment to Māori. Where volunteers are used an orientation programme and policy for volunteers are in place. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Staff interviews confirmed wellbeing support is provided to staff.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is	FA	Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type. Records are uniquely identifiable, legible, and timely. Electronic

accurate, sufficient, secure, accessible, and confidential.		signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or back up on the electronic system and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The provider is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	Entry to services at Cashmere Home is managed in a fair, transparent, and responsive manner that upholds the rights, needs, and preferences of residents and their family/whānau. The organisation's admission and decline policy clearly outlines eligibility criteria, information requirements, and decision-making processes in accordance with organisational and ARRC contractual obligations. The process allows for ongoing consultation with family/whānau; and where entry to the service is delayed, the resident and family/whānau receive timely updates. Accurate and accessible information about the service is provided at enquiry, including an information pack detailing the philosophy of care, available services, accommodation options, costs, contractual terms, and key contacts. Prospective residents and their whānau are encouraged to visit the facility and meet staff prior to admission. Residents are admitted following an assessment confirming their assessed level of care, and admission decisions are based on clinical need, service capability, and bed availability. A review of seven admission agreements confirmed that they met contractual requirements, including service descriptions, fee structures, and termination clauses. Exclusions from entry are clearly stated. Residents and family/whānau interviewed reported receiving comprehensive, understandable information and felt welcomed and supported to make informed choices. The clinical nurse manager oversees the admission process to

		ensure it is timely, competent, and equitable. A waiting list is maintained, and communication with prospective residents remains open. When entry cannot be offered, for example, when the required level of care cannot be safely provided, the rationale is communicated respectfully, and referrals to alternative providers or the Needs Assessment Service Coordination (NASC) team are arranged. Declined entry data are collected and analysed by head office to support service improvement and equity monitoring for Māori. Where entry to the service is delayed, the person would receive timely updates from one of the managers. Cashmere Home is committed to equitable access for Māori. Ethnicity data are collected at enquiry and admission to support analysis of entry and decline trends. The service has established relationships with local iwi, and an on-site kaumātua provides cultural support and advocacy for the benefit of Māori residents and their family/whānau. This would include access to Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and family/whānau. Family/whānau interviewed confirmed they received clear, timely information and found the admission process respectful, supportive, and culturally responsive.
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.	FA	Seven resident files were reviewed. The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and six-monthly care reviews. The service supports Māori (when admitted to the service) and whānau to identify their own pae ora outcomes in their care or support plan. The service uses a range of assessment tools contained in the electronic resident management system to formulate an initial support plan, which is completed within 24 hours of admission. Cultural assessments and cultural considerations are included as

		part of the recreational profile and cultural considerations are woven through applicable sections of the long-term care plan. Nutritional requirements are completed on admission. The outcomes of risk assessments were identified in the long-term care plan. An initial care plan was completed within the required timeframe following admission to the service for the resident on respite care. The resident had a suite of assessments completed on admission .Assessments identified specific needs including (but not limited to) pressure injury prevention, mobility, and nutrition. Long-term care plans had been completed within 21 days initially for long-term residents and the first interRAI assessments have been completed within the required timeframes. Evaluations were completed six-monthly and records the progress towards the goals. Reassessment of risks and changes made to the care plan were evident when there was a change in health condition. InterRAI reassessments had been reviewed six-monthly. Care plans were comprehensive and holistic and reflect the Enliven model of care. Resident health information is all available and integrated in the resident management system. Allied health professionals including physiotherapists, registered nurses, enrolled nurses, healthcare assistants, general practitioner, podiatrists and activities staff contribute to the progress notes. For residents with behaviours of concern, early warning signs and behaviour management strategies are documented and communicated to all staff. Progress notes are written electronically every shift and as necessary by healthcare assistants and at least weekly by the registered nurses and enrolled nurses. The registered nurses and enrolled nurses further add to the progress notes if there are any incidents or changes in health status. For residents with behaviours of concern, early warning signs and behaviour management strategies are documented and communicated to all staff. Contact details for family/whānau are documented in each resident's file. Interviews with EPOAs and family/whānau, as well as resident records, confirmed that family/whānau are informed of any changes in a resident's health condition. Activity plans reviewed were individualised, reflected residents' interests, preferences,

		cultural identity, and abilities. All residents had been assessed by the general practitioner within five working days of admission. The two general practitioners visit weekly and provide out of hours cover. The general practitioner (interviewed) commented positively on the communication and quality of leadership at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified. The service refers to a physiotherapist as required, and a podiatrist visits every six to eight weeks. Specialist services, including mental health, dietitian, speech language therapist, wound care nurse specialist and continence specialist nurse, are available as required through Health New Zealand. Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by healthcare assistants and at least weekly by the registered nurses. The registered nurses further add to the progress notes if there are any incidents or changes in health status. Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse, who then initiates a review with a general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visit, medication changes, and any changes to health status and this was consistently documented on the electronic resident record. There were seven current wounds being managed and include minor wounds. There were no pressure injuries at the time of the audit. All wounds reviewed had comprehensive wound assessments, including photographs, to show the progression towards healing. An electronic wound register, and wound management plans are available for use as required. There is access to the wound nurse specialist as needed. Care staff interviewed stated there are adequate clinical supplies and

		equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available, and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use. Healthcare assistants and the registered nurses complete monitoring charts, including bowel chart, vital signs, weight, food chart, blood sugar levels, neurological observations, behaviour, and fluid intake. Neurological observations were completed for unwitnessed falls, or where there is a head injury as per the policy for the management of falls. Monitoring charts are completed to evidence monitoring of care is taken place (including for weight, bowel movement, intentional rounds, food and fluid). Written evaluations reviewed, identified if the resident goals had been met or unmet. The general practitioner reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short-term care plans are well utilised for issues such as infections, weight loss, and wounds.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	Cashmere Home provides a comprehensive and person-centred activities and engagement programme that supports the physical, cognitive, social, spiritual, and emotional wellbeing of residents. The recreational team consists of two full-time recreation officers. Activities are delivered seven days per week from 9.00 am to 5.00 pm, with healthcare assistants supporting residents lead activities on Sundays. Both members of the team hold current first aid certificates. The programme is structured, purposeful, and flexible, allowing it to adapt to resident-initiated activities and outings. A monthly calendar is displayed on noticeboards, and the programme promotes resident choice. Quieter spaces are available for small-group or individual activities. Observations on the audit day demonstrated

		positive engagement between recreation staff and residents. The service incorporates the Eden Alternative Principles into both activities and daily routines, promoting companionship, spontaneity, purpose, and wellbeing. Regular activities include van outings, music therapy, pet therapy, creative arts, puzzles, Tai Chi, social groups, sensory sessions, garden projects, and themed seasonal events. Community engagement is well established, with regular visits from musicians, school groups, and weekly entertainment such as happy hour. A hairdresser visits regularly, and pastoral support is provided through a chaplain. There are regular church services held. Cultural safety and te ao Māori are embedded into the programme. Residents have opportunities to participate in waiata, flax weaving, Māori art and crafts, quizzes incorporating te reo Māori, and culturally themed events such as Matariki and Waitangi Day. Everyday te reo Māori is used in activities and is visibly promoted through signage and activity resources. Cultural materials, including Matariki packs, te ao kori activities, Māori art templates, and kaumātua-designed resources, support meaningful cultural connection. A social and cultural profile (“Tree of Life”/life story/oranga kaumātua wellness map) is completed within 24 hours of admission in consultation with the resident and whānau. An individualised activities and recreation plan is developed within 21 days and reviewed at least six-monthly. Activity plans reviewed were individualised, reflected residents’ interests, preferences, cultural identity, and abilities. Resident participation was documented in an individual electronic attendance sheet. Residents who prefer or require individual engagement receive tailored one-on-one activities. Residents and family/whānau contribute to the ongoing development of the programme through resident meetings, and annual satisfaction surveys. Residents and family/whānau interviewed during the audit consistently reported that the programme is enjoyable, meaningful, varied, and responsive to individual needs

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	The service has comprehensive and up-to-date policies and procedures that meet all legislative and contractual requirements for safe medicine management. Clinical staff responsible for administering medications registered nurses, and medication-competent healthcare assistants have current annual competency assessments. Education on safe medication administration is delivered as part of the competency process. Medication administration was observed to be safe and consistent with policy. Staff interviewed, including registered nurses and medication competent healthcare assistants, clearly described their responsibilities and demonstrated knowledge of safe practice. The service uses robotics packs for regular and blister packs for pro re nata (PRN) medications. All medicines are checked on delivery against the medication chart, and any discrepancies are promptly communicated to the supplying pharmacy. Medications are securely stored in locked medication rooms and trolleys. Medication fridges and room temperatures are monitored daily and remained within expected ranges. Weekly checks of all stored medicines including bulk supplies are undertaken, and all eyedrops are dated upon opening. Over-the-counter vitamins, supplements, and alternative therapies used by residents are reviewed and prescribed by the general practitioner to ensure safe and appropriate use. No vaccines are kept on site, and there are no standing orders in use. Fourteen medication charts were reviewed All charts included photo identification, documented allergy status, regular general practitioner three-monthly reviews, and clearly recorded indications for PRN medications. The effectiveness of PRN medications was consistently documented in the resident management system. Residents who wish to self-administer medications have an appropriate competency assessment with secure storage available as guided by policy. At the time of the audit, there were no residents who were self-administering medications. Clinical records showed that residents and their family/whānau are

		routinely informed of medication changes, including reasons for changes and potential side effects. Medication-related incidents are reported, investigated, and followed up in accordance with policy. Registered nurses and the clinical nurse manager described proactive processes to work in partnership with Māori residents and whānau to ensure culturally responsive support, timely access to advice, and prioritisation of treatment to achieve equitable health outcomes.
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.	PA Low	All meals at Cashmere Home are prepared and cooked on site in the main kitchen. The meals are served directly from a bain marie to the residents in the dining room. For room service, trained kitchen staff plate the meals and place them on trays with insulated lids to maintain safe serving temperatures and presentation. A contracted dietitian supports menu development, reviews the nutritional value of meals, and oversees the implementation of the food control plan and related food service policies. Menus meet residents' nutritional needs and reflect their preferences, cultural practices, and dietary requirements, including vegetarian, gluten-free, and pureed diets. Alternative options are available for personal, cultural, or religious needs, and nutritious snacks are available 24 hours a day. The kitchen at Cashmere Home was clean, well-organised, and appropriately equipped to support safe food preparation and service. Cashmere Home operates under a current, approved food control plan. Nutrition management policies and a food services manual guide all aspects of food preparation, handling, storage, and service to ensure compliance with food safety legislation. Registered nurses maintain an up-to-date dietary register that records each resident's nutritional needs, preferences, and special requirements. This includes allergies, intolerances, dislikes, meal and dessert textures, drink consistency, serving size, and breakfast preferences. However, the food services team leader does not have access to the complete dietary/nutritional profiles either through the resident management system or in a folder in the kitchen.

		Food safety and hygiene practices are consistently implemented. The food services team leader maintains a daily food safety diary, including monitoring and documenting fridge, freezer, and cooked food temperatures, all of which were observed to be within safe limits. Cleaning schedules are current and consistently followed. Staff were observed adhering to organisational food safety protocols and wearing appropriate protective clothing. All food service staff have completed relevant training in food safety and hygiene. Residents and family/whānau provide feedback on the food service through resident meetings and satisfaction surveys. Feedback received during the audit was consistently positive regarding the quality, variety, cultural suitability, and presentation of meals. The dining environment at Cashmere Home was calm, well supervised, and culturally respectful. Staff supported residents' independence using adaptive equipment where required. Tikanga guidelines were understood and applied in everyday practice, reflecting the principles of tapu and noa in mealtime routines. Cashmere Home adopts a holistic and culturally inclusive approach to menu development. Menus respect cultural beliefs, food protocols, and values.
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, and transfers at Cashmere Home are carried out safely, efficiently, and in partnership with residents and their family/whānau. There were documented policies and procedures to guide discharge or transfer of residents to ensure these are timely, well-coordinated, and support continuity of care. The clinical coordinator and clinical nurse manager oversee the transfer and discharge process, ensuring comprehensive communication with receiving providers. Each transition includes a verbal handover and completion of the required transfer documentation which includes (but not limited to) advance directives, general practitioner notes, resident`s profile including next of kin detail, summary of the care plan and support they need.

		Reasons for discharge or transfer are discussed with residents and their family/whānau and documented, with any concerns recorded. Residents and family/whānau are provided with information on alternative services, including health, disability, social support, and Kaupapa Māori agencies, when relevant or requested
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.	PA Low	The buildings, plant, and equipment at Cashmere Home are fit for purpose and comply with all relevant legislative and regulatory requirements for health and disability services. A current Building Report and Declaration (B-Rad), 23rd of December 2025, is displayed in a public area. The environment is culturally inclusive and supports residents' identity, values, and practices. A maintenance person (not interviewed) oversees maintenance systems across all Cashmere Home and Cashmere Heights, supported by external lawn maintenance staff. Maintenance requests are recorded in the logbooks at the nurse's stations and attended to promptly, with all completed tasks signed off in accordance with organisational procedures. An annual maintenance programme is in place and includes routine electrical testing and tagging, calibration of medical equipment, call-bell checks, and monthly hot-water temperature monitoring. Any temperature variations outside expected parameters are documented and corrective actions implemented. Essential contractors such as electricians and plumbers are available as required to maintain safety and compliance. The physical environment is safe, accessible, and designed to support mobility and independence. Cashmere Home is an older two-storey character building. Staff room and training spaces are located on the upper level, while all resident areas are situated on the ground floor. The facility comprises of 40 single occupancy rooms built around two internal courtyards. Resident rooms are refurbished as they become vacant. The corridors are wide with handrails and promote safe mobility. Residents were observed moving freely around the areas with mobility aids. All outdoor areas have seating and shade. The facility

		is surrounded by landscaped grounds and there are also resident accessible raised garden beds. There is safe access to all communal areas including a walking track around the building. HCAs interviewed stated they have adequate equipment to safely deliver care for their residents. There are a mix of ensuite, shared ensuite and shared communal bathrooms/showers within the facility which have signage to show when vacant or occupied. All rooms have hand basins. There are also separate visitor and staff toilet facilities. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate any equipment required. All toilets and shower facilities have a vacant/engaged sign on the door. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Residents and family/whānau are encouraged to personalise bedrooms as viewed on the day of audit. There is stair access to the staff room and meeting room upstairs. There is a big main lounge where group activities are held, and small lounges with a TV, library, and activity resources. All communal areas are accessible and meet the relaxation, activity, and dining needs of the residents. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically adjusted underfloor heating. The service has no current plans to undertake new building construction; however, PSC has a centralised process which engages Māori representatives though their cultural advisor to form focus groups and ensure that consideration of how designs and environments reflect the aspirations and identity of Māori is achieved should any construction occur in the future.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider	FA	Cashmere Home has comprehensive emergency management policies and procedures, including an up-to-date pandemic plan, which outline staff roles, evacuation processes, and required

will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		actions during fire, civil defence, and other emergencies. These procedures ensure a safe, coordinated, and timely response. A Fire Evacuation Scheme is in place and fire evacuation drills occur every six months. Emergency management training is provided during staff and contractor orientation and reinforced through the ongoing annual education programme. A trained first aider is available on each shift and for all resident outings. Civil defence readiness is well established. Cashmere Home maintains on-site emergency water tanks within excess of 6000 litres and staff are trained in accessing and distributing stored water. The kitchen holds five days of emergency food supplies, supported by backup cooking facilities (portable stoves and a BBQ). There are two portable generators to ensure essential systems remain operational during power outages, and staff are trained in its safe use. Emergency clinical supplies are stored on site, including gloves, aprons, continence products, basic dressings, and yellow waste bags, with capacity for at least five days. A dedicated civil defence storage area contains essential supplies, with contents checked routinely to maintain readiness. Additional infection control supplies are securely stored for outbreak or pandemic response. All resident rooms, communal areas, and bathrooms are equipped with call bells linked to a central display panel. Residents were observed to have call bells or sensor mats within reach, and family/whānau confirmed staff respond promptly. The facility maintains a secure environment, and nightly security checks are performed by staff to ensure resident and building safety.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.	FA	The infection prevention programme and antimicrobial stewardship programmes (AMS) are appropriate to the size and complexity of the service, and they are approved by the audit and risk committee. The manager supports the infection prevention activities within the service.

As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.		Infection prevention is linked into the electronic quality risk and incident reporting system. The infection prevention programme is reviewed annually by the Presbyterian Support Central clinical advisors, clinical director, and infection prevention committees at each site. Infection prevention audits are conducted. Infection and AMS matters are raised at monthly clinical meetings and discuss with staff at staff meetings (link 2.2.2). Infection prevention data is also reviewed by the regional managers and benchmarked against other Presbyterian Support Central facilities and externally with other aged care groups. Infection prevention and AMS are part of the business and quality plans. The governing body receive reports on progress quality and business plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources, and costs associated with infection prevention and AMS monthly. Significant events related to infections and antibiotic use are reported to the audit and risk committee. The service also has access to an infection prevention clinical nurse specialist from Health New Zealand for advice and support.
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. 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.	FA	A registered nurse oversees the infection prevention programme and AMS across the service with support from the clinical nurse manager. The job description outlines the responsibility of the role. The infection prevention programme links to the quality programme, the Presbyterian Support Central strategic plan and the business plan. The programme is reviewed annually. The infection prevention coordinator has completed formal infection prevention training. On a national level, there is support from the organisation general practitioners, the clinical director, and the clinical advisors. There are outbreak kits readily available and personal protective equipment (PPE) to support management of a pandemic or outbreak. There are supplies of extra PPE equipment as required. Stock is regularly checked against stock numbers and expiry dates. The infection prevention coordinator is involved in procurement of high-quality consumables including PPE and wound dressing

		products. The infection prevention policy outlines an approach to antimicrobial stewardship, pandemic planning, infection prevention standards, and guidelines and includes defining roles, responsibilities and oversight, the infection prevention team and training and education of staff. Policies and procedures are reviewed by the Presbyterian Support Central clinical director in consultation with infection prevention coordinators and clinical advisors. Policies are available to staff. Healthcare assistants, registered nurses, and enrolled nurses ensure their interactions with residents are safe from the infection prevention standpoint through hand hygiene and the use of aseptic techniques to minimise the risk of healthcare acquired infections. Staff follow the policies and procedures in place around reusable and single use equipment and items. All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Single use items are not to be reused or remanufactured. The cleaning and environmental audits evidence the service assess that these procedures are carried out. The policies acknowledge importance of information around infection prevention for Māori residents and tikanga are implemented in relation to infection prevention practices. Information is available and accessible to staff to provide to residents when required. Information is available in te reo Māori. Culturally safe practices and cultural considerations are included in the infection prevention programme. The infection prevention policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention is part of staff orientation and included in the annual training plan. Family/whānau are kept informed and updated on any infections and the progress thereof. A process in place ensures early-stage consultations with the audit and risk committee and infection prevention consultation when changes occurred to the building and plant. There are hand sanitisers and flowing soap available for implementation of good hand hygiene

Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The service has anti-microbial use policy and procedures and provides guidance on monitoring of compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes of which the infection control coordinator has access to. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the clinical meeting and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antimicrobial use and the effectiveness is monitored by the Presbyterian Support Central General Practitioners and clinical pharmacist. The infection prevention coordinator and clinical nurse manager complete a quarterly AMS report. Any areas for improvement are identified, and the progress of AMS activities are evaluated.
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	Infection surveillance is an integral part of the infection prevention programme and is described in the Presbyterian Support Central infection prevention manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection surveillance is discussed at clinical meetings. Any infections of concern are discussed and escalated to the audit and risk committee. The service is incorporating ethnicity data into surveillance methods. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection prevention audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community infection concerns. All residents with infections have a documented plan with appropriate interventions documented. Residents and family/whānau are kept informed of the progress on any infections.

		There have been three outbreaks recorded since the previous audit. Outbreak reports and debrief meeting minutes sighted. All have been reported appropriately, risk management systems were put in place to minimise the exposure to other residents, staff, and public. Visitors are asked not to visit when unwell in the event of an outbreak.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and on the cleaning trolley. The cleaning trolley is locked away when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms with a stainless-steel bench, a sink for handwashing and eye protection was available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of all chemicals. All laundry is processed at Cashmere Home. A visual inspection of the laundry was completed. There is a laundry manual available. There is a clear clean and dirty flow within the laundry. Laundry chemicals are automatically dispensed. The machines and dryers are serviced by an approved contractor. The laundry service is provided seven days a week till 4.30pm by dedicated laundry staff and healthcare assistants are not required to perform any laundry duties as part of their tasks. A laundry assistant is responsible for the laundry process of dirty linen and the management of clean laundry. The linen cupboards were well stocked and linen sighted were in good condition. Cleaning and laundry services are monitored through the internal auditing system; the effectiveness of the outcomes is documented. Internal audits related to waste management, environmental cleanliness and laundry processes are completed with input and support from the infection prevention coordinator. The need for the

		infection prevention coordinator to provide support to maintain a safe environment during renovation and maintenance activities is well known.
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	Cashmere Home demonstrated organisational and governance commitment to restraint minimisation and elimination, consistent with Enlivens Safe Restraint (Herenga Haumaru) policy The policy states that Enliven aims for a restraint-free environment that upholds the dignity and mana of residents and directs that restraint is to be used only when clinically indicated and only after all other strategies have been trialled and found ineffective. This commitment is supported by Presbyterian Support Central governance structures, including organisational benchmarking, and annual review by the resident safety Group. At the time of the audit, there were no residents using restraint. The clinical director provides executive leadership and operational oversight for ensuring the organisation's actions, training, monitoring, and review processes align with restraint minimisation and elimination goals. The clinical coordinator is the designated restraint coordinator and demonstrated knowledge of the Safe Restraint policy, legislative responsibilities, and Enliven-wide expectations. The restraint coordinator is supported by the clinical director. Restraint minimisation, cultural safety, and de-escalation are mandatory components of staff orientation and ongoing education.

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 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Low	There is a documented quality programme policy for PSC. Staff, quality, and RN/clinical meetings are scheduled to be completed monthly and resident meetings are six-monthly. Meetings did not always occur as per the planned schedules.	Staff, quality, RN/clinical, and resident meetings have not been completed as per the required schedule/policy. Not all agenda items, discussion points and corrective actions have been documented, followed up, and signed off when resolved.	Ensure that staff, quality, RN/clinical and resident meetings and are completed as per the planned schedules. Ensure that agenda items, discussion points and corrective actions have been documented, followed up, and signed off when resolved. 90 days
Criterion 3.5.1 Menu development that considers food preferences, dietary needs, intolerances,	PA Low	Registered nurses maintain an up-to-date dietary register that records each resident’s nutritional needs, preferences, and special requirements. This includes allergies,	There is not a formal process for the food services manager to access the completed dietary/nutritional	Ensure the kitchen staff have access to each resident`s current dietary/nutritional profile.

allergies, and cultural preferences shall be undertaken in consultation with people receiving services.		intolerances, dislikes, meal and dessert textures, drink consistency, serving size, and breakfast preferences. However, the food services team leader does not have access to the complete dietary/nutritional profiles either through the resident management system or in a folder in the kitchen. A registered nurse was observed to promptly notified the food services team leader of changes through a “sticky note.” The food services team leader stated they have worked for PSC for the last 12 months and know the residents “very well”. Visual inspection of the kitchen evidence that residents likes/dislikes, food consistencies and allergies are noted on a wipeable whiteboard in the kitchen. There were two respondents in the 2025 survey making comments related to their dislikes not always catered for; however, the overall satisfaction related to food was rated as high.	resident profile in the patient management system.	90 days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.	PA Low	The buildings, plant, and equipment at Cashmere Home are fit for purpose and comply with all relevant legislative and regulatory requirements for health and disability services. A current Building Report and Declaration (B-Rad), 23rd of December 2025, is displayed in a public area. A BWOF was not provided due to the mechanical ventilation 12 A form not being signed off in a timely manner (note the 12 A was issued later).	The building was issued with a B-Rad and not a BWOF due to the mechanical ventilation 12 A form not signed off in a timely manner (note the 12 A was issued later).	Ensure a current building warrant of fitness is obtained for the next period. 365 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.