

Presbyterian Support Services (South Canterbury) Incorporated - Wallingford Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Presbyterian Support Services (South Canterbury) Incorporated
Premises audited:	Wallingford Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 April 2026 End date: 22 April 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	30

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Wallingford Rest Home is certified to provide for rest home level of care for up to thirty-two residents. There were thirty residents in care on the days of audit.

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

There have been changes in management since last audit. A clinical coordinator and the general manager support the recently appointed nurse manager.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

There were no areas of improvement to follow up from the previous certification audit.

This audit identified that the service meets the standard.

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.

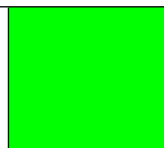
There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana Motuhake and this is reflected in the Māori health plan and business plan.

A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Wallingford Rest Home demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries.

There are established systems to facilitate informed consent, and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. There are processes to ensure that complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Wallingford Rest Home has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes.

There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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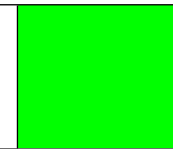
The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted nurse practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education. The electronic medicine charts reviewed met prescribing guidelines and were reviewed by the nurse practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals occur in a coordinated manner.

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

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



Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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



Subsections applicable to this service fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at governance level. Infection control education is provided to staff at the start of their employment, and as part of the education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been outbreaks recorded and reported on since the last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. The facility is restraint free. Strategies to remain restraint free is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and will only use an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Wallingford Rest Home utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service recognises Māori mana Motuhake and this is reflected in the Māori health plan. At the time of the audit the service had residents who identified as Māori. There were no staff who identified as Māori. Presbyterian Support Services (South Canterbury) employs a cultural advisor who has a key role in fostering cultural understanding and inclusivity.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service has a Pacific Health Plan, developed in partnership with the local Pacific Aoraki service. The plan addresses the Ngā Paerewa Health and Disability Standard 2021 and is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. At the time of the audit there were no residents and staff that identified as Pasifika.</p> <p>Eleven staff interviewed (four caregivers, two registered nurses, infection control coordinator, maintenance supervisor, maintenance person, cook, and housekeeper) could confirm that they have received training related to cultural safety which informed them about Pacific peoples, their worldviews, cultural and spiritual beliefs and staff feel equipped with knowledge on how to support</p>

		residents who identify as Pasifika should they be admitted.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commission's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The nurse manager and clinical coordinator (both interviewed) demonstrated how the Code is also provided within welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with two family/whānau and five residents, confirmed they are informed of their rights and their choices are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Wallingford Rest Home policies aim to prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. Interviews with management (general manager, property manager, nurse manager, and clinical coordinator) confirmed that all staff at Wallingford Rest Home are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary</p>	FA	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Admission agreements and consent forms were appropriately signed by the resident or the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file. Staff have been trained around the Code of Rights and informed consent.</p>

<p>to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Complaints forms are located at the entrance to the facility or on request from staff. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. The general manager maintains a record of all complaints, both verbal and written by using the complaints register. There were no internal complaints documented since the last audit in May 2024. There were no complaints from external agencies.</p> <p>Interview with the general manager demonstrated awareness of complaints process and documentation in line with guidelines set by the Health and Disability Commissioner (HDC). The complaints register evidence complaints can be allocated a theme. The general manager stated they are confident in investigating and providing of a root cause analysis when they do receive serious complaints.</p> <p>Residents and family/whānau confirm during interview that management is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person if they choose. Information about the support resources for Māori is available to staff to assist Māori (when required) in the complaints process. Interpreters contact details are available. The general manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p> <p>Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the registered nurse and staff meetings.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Wallingford Rest Home is located in Temuka and is part of the Presbyterian Support Services (South Canterbury) organisation who have three other facilities in the area. The service is certified to provide rest home care for up to thirty-two beds including two dedicated respite beds. There are no double/shared rooms. At the time of the audit there were thirty rest home level of care residents in total including two residents on respite care, one under the Older Persons Mental Health (OPMH) contract and one resident under a private contract. All other residents were under the Age-Related Residential Care (ARRC) agreement.</p> <p>There is a governance body (Board) for Presbyterian Support Services (South Canterbury) comprising of up to ten members. The Board provides strategic guidance and effective oversight to the Presbyterian Support Services (South Canterbury) senior leadership team. There are terms of reference for the Board and a position description for board members. The Board has developed a bi-cultural statement which states that Presbyterian Support Services (South Canterbury) will advocate for and deliver support services that meet the Hauora (wellbeing) needs of Māori. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The Board and the senior leadership team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety.</p> <p>The chief executive officer (CEO) is responsible for the overall leadership of the senior leadership team. The weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. Ethnicity data is captured electronically at facility level, and ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity, and outcomes for all residents including Māori. Clinical governance is overseen by the general manager (a registered nurse) who provides regular quality, compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.</p> <p>The service is managed by a nurse manager (RN) who has been in the role for three weeks. They have previously held a senior clinical position for the</p>
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		<p>organisation before moving into this role. The nurse manager is supported by a clinical coordinator who has been in the role since December 2025, administration support/care supervisor and the Presbyterian Support Services (South Canterbury) senior leadership team, including the general manager and chief executive officer (CEO). The nurse manager reports to the general manager. The general manager was present at the time of the audit.</p> <p>The nurse manager has completed the required training hours related to the management of a care facility including (but not limited to) their role specific orientation (which was underway), Enliven Liaison Forums, guidelines for Te Whatu Ora nurse manager.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Wallingford Rest Home is implementing a 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. Monthly organisational continuous quality improvement meetings, three monthly registered nurses, three monthly health and safety, and three-monthly staff meetings provide an avenue for discussions in relation to (but not limited to); quality goals (key priorities), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place and corrective actions are always discussed and signed off when completed. Quality data and trends in data are posted for staff in staff areas. Data is benchmarked against other Presbyterian Support Services (South Canterbury) facilities and Presbyterian Support facilities nationally and a large national benchmarking group which includes other aged care national providers.</p> <p>The resident and family/whānau satisfaction survey was completed in 2025 for Wallingford Rest Home and evidenced an overall satisfaction of 96.5% and 100%, respectively. There were no corrective actions required for the resident and family/whānau surveys. Results have been communicated to residents and family/whānau as part of resident's meetings. A health and safety system is in place. There is an organisational health and safety committee that meets quarterly. Hazard identification forms are completed, and an up-to-date hazard and risk register was last reviewed in February 2026. Electronic reports are completed for each incident/accident and immediate action is documented with any follow-up action(s) required as evidenced in the ten accident/incident</p>

		<p>forms reviewed. Results are discussed in the facility meetings and at handover. Incident and accident data is collated monthly and analysed. The electronic system escalates alerts to Presbyterian Support Services (South Canterbury) senior team members depending on the risk level.</p> <p>Discussions with the nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 and Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) reported. These include reporting related to change in management and fall related fractures. There have been one outbreak since the previous audit which was reported appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The roster provides sufficient and appropriate staffing to ensure the effective delivery of care and support. The clinical coordinator works full-time, Monday to Friday. The nurse manager oversees two sister facilities and is on site at Wallingford Rest Home at least fortnightly, with daily contact maintained with the clinical coordinator. Staff absences and sick leave are managed through mutually agreed extended hours or the use of casual staff. Reviewed rosters evidenced adequate staffing levels. A registered nurse is rostered on duty each day from Monday to Saturday. The number of caregivers allocated to each shift is appropriate to the acuity of residents and the layout of the facility, enabling safe and timely care delivery across all shifts. Residents interviewed confirmed that their care needs are met promptly. The clinical coordinator and registered nurses provide on-call support, with escalation to the nurse manager as required, depending on risk.</p> <p>A two-year education and training plan is being implemented. The schedule includes compulsory training, covering learning essentials, clinical topics, and cultural awareness. Training resources encourage staff participation in education that promotes understanding of Māori health outcomes, inequities, and health equity. External training opportunities are available through Health New Zealand and hospice services. Wallingford Rest Home supports staff to complete the New Zealand Qualifications Authority Careerforce Certificate in Health and Wellbeing. Of the nineteen caregivers employed, fourteen have achieved Level 3 or higher qualifications.</p> <p>All staff complete competency assessments as part of orientation. Level 4 caregivers complete competencies similar to those of registered nurses,</p>

		<p>including: medication administration, blood glucose and insulin administration, and wound management. Registered nurse-specific competencies include syringe driver management and interRAI assessments. The service employs four registered nurses, including the clinical coordinator, all of whom are interRAI trained and syringe driver competent.</p> <p>Registered nurses are encouraged to attend in-service and external training and have completed education in infection prevention and control, effective communication, diabetes management, dementia care, and emergency planning. Caregivers complete annual competencies in: restraint, hand hygiene, correct use of personal protective equipment (PPE), cultural safety, Te Kete competency, and moving and handling. Records of training and competency completion are maintained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files (one clinical coordinator, one housekeeper, one cook, one registered nurse, and one caregiver) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals including (but not limited to): registered nurses, nurse practitioner, podiatrist, physiotherapist, and pharmacists.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. There is a staff performance appraisal policy, with all staff who have been employed for a year or more having a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori</p>	FA	<p>Five resident files were reviewed, including one resident receiving respite care, one under the Older Persons Mental Health (OPMH) contract, and one privately funded resident. Registered nurses (RNs) are responsible for resident assessments, care planning, and evaluation. Care plans are informed by data collected during initial nursing assessments, including (but not limited to):</p>

<p>and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>dietary needs, pressure injury risk, falls risk, pain, skin integrity, social history, and pre-admission information.</p> <p>Initial assessments and long-term care plans (LTCPs) were completed within set timeframes and reflect residents' needs and preferences. LTCPs are developed using information from initial assessments and interRAI assessments. For the respite resident and the resident under the OPMH contract, comprehensive assessments (including dietary needs, pressure injury risk, falls risk, and social history) informed care planning in place of interRAI. All sampled interRAI assessments were completed within three weeks of admission. Documented interventions and early warning signs aligned with assessed needs. Activity assessments include cultural assessments, and this information is used to inform individualised activity care plans.</p> <p>Short-term care plans are developed for acute conditions such as infections, wounds, and weight loss. Resident care is evaluated each shift, with updates communicated at handover and documented in progress notes. Any changes in condition are escalated to the RN. LTCPs are formally evaluated six-monthly in conjunction with interRAI reassessments, or earlier if there is a change in condition. Evaluations are completed by registered nurses and include progress toward goals and outcomes. Residents confirmed that assessments are conducted according to their needs and in a manner that respects privacy.</p> <p>Care plans reviewed demonstrated family/whānau involvement in care planning and ongoing communication regarding changes in health status. The service has policies and procedures to support access to services and information, including advocacy for residents with disabilities. Allied health services are available as required, including: weekly physiotherapy visits, podiatry, continence specialists, dietitian, speech-language therapy, OPMH services, palliative care, and other medical specialists through Health New Zealand.</p> <p>Initial medical assessments are completed by nurse practitioners (NPs) within required timeframes following admission. Residents receive regular reviews and are reassessed when their condition changes. The service contracts two NP providers who visit weekly and are available during working hours. After-hours medical cover is provided by an after-hours service and the local hospital. Documentation reviewed was current. The NP interviewed confirmed timely communication from the service and spoke positively about staff clinical assessment and management.</p>
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		<p>Wound care resources were adequate. Wound care plans evidenced timely assessment, regular review, and appropriate documentation, including photographic records where required. Specialist input was sought when indicated. At the time of audit, there were two active wounds for one resident being managed appropriately. There were no pressure injuries.</p> <p>Progress notes are maintained within integrated records. Routine monitoring, including monthly weight and blood pressure, was current. Neurological observations are completed following unwitnessed falls or suspected head injury. A range of monitoring charts is utilised, including blood pressure, weight, behaviour, bowel records, blood glucose levels, food intake, and fluid balance. These were completed in accordance with care plan instructions. Staff interviews confirmed familiarity with resident needs and access to appropriate resources. Handover processes were observed and effectively support continuity of care.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medicines have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication management. The service currently uses blister packs for regular, pro re nata (PRN) and short course medication. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are appropriately stored. The medication room and medication fridge temperatures are monitored daily and within acceptable standards. Eyedrops and creams have been dated on opening.</p> <p>Ten medication charts were reviewed. The medication charts reviewed identified that the nurse practitioner had reviewed the resident medication charts three-monthly, and all drug charts had photo identification and allergy status identified. Indications for use were documented for pro re nata medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of pro re nata medications was consistently documented in the electronic medication management system and</p>

		<p>progress notes.</p> <p>There were three residents self-administering medications. All had competency assessments completed and reviewed three monthly. Safe storage for these medications is provided in each resident's room. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The nurse practitioner reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the clinical coordinator and registered nurses.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are included in the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Food preferences and cultural preferences are encompassed into the menu. Dislikes and special dietary requirements are accommodated, including food allergies. The cook, interviewed, reported they accommodate residents' requests, and that the service prepares food that is culturally appropriate to different cultures.</p> <p>There is a verified food control plan which expires 21 September 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring of residents is coordinated with the management of appropriate risks. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. The service uses a standardised transfer form that includes the resident's profile, family/whānau contact numbers and medication chart.</p>

<p>service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Wallingford Rest Home and comply with legislation relevant to the services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building warrant of fitness is current, expiring on 1 June 2026. Interview with the maintenance person confirmed that any maintenance requests are entered into the maintenance book. This is checked and signed off when the maintenance person has completed repairs. Equipment failure or issues are also recorded in the maintenance book. There is a planned maintenance programme that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges. The maintenance supervisor and property manager confirmed this.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an established infection, prevention, and antimicrobial programme implemented. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed two yearly, with consultation with infection control committee members from each facility, a general practitioner, the senior nurse's leadership group, the general manager, and the cultural advisor. Policies are available to staff.</p> <p>The infection control programme is reviewed quarterly by the Presbyterian Support Services (South Canterbury) infection control committee members and infection control audits are conducted by the registered nurse or the infection control coordinator (interviewed on the day) and are as per the internal audit schedule.</p>

		Staff education includes (but is not limited to): standard precautions; isolation procedures; hand hygiene; and donning and doffing personal protective equipment (PPE).
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Infection Prevention and Control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Infection and antimicrobial data are monitored and analysed for trends, monthly and annually. Comparison of data occurs with other Presbyterian Support Services (South Canterbury) facilities. External benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality meetings and staff meetings. Results are reported to the Board monthly and also at the quarterly Board meetings. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement (as applicable). The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks are reported and reviewed, so improvements can be made to reduce healthcare acquired infections. There has been one outbreak (Covid-19) in June 2025 reported since the last audit. The outbreak was well managed and reported appropriately. Outbreak meetings, reviews of practice and support from Public Health and Health New Zealand occurred during the outbreak.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards and is approved by governing body. Restraint minimisation is included as part of the training plan and orientation programme. Staff attend training in behaviours that challenge and de-escalation techniques.</p> <p>Restraint use is discussed during the quality meetings. Restraint data is benchmarked externally with Presbyterian Support partners.</p> <p>At the time of the audit, there were no residents using restraints. Interview with</p>

use of restraint in the context of aiming for elimination.		the restraint coordinator (general manager) described the organisations commitment to maintaining a restraint free environment.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.