# Arran Court Limited - Arran Court Rest Home and Hospital

## Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

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| **Legal entity:** | Arran Court Limited |
| **Premises audited:** | Arran Court Rest Home and Hospital |
| **Services audited:** | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care |
| **Dates of audit:** | Start date: 30 April 2026 End date: 1 May 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:** 95

# 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 |
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| | 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 |
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| | 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

Arran Court provides are for up to 102 residents at rest home, hospital (medical and geriatric), dementia and residential disability (physical) levels of care. On the day of the audit there were 95 residents.

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

The facility manager is a registered nurse with extensive experience in managing aged care and residential disability facilities. They are supported by a clinical manager, a clinical coordinator and a team of registered nurses, healthcare assistants and other staff.

The previous shortfall identified in the last certification audit relating to care planning has now been corrected. This audit identified no shortfalls.

## Ō tātou motika | Our rights

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| 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. |

Arran Court provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan implemented. The service aims to provide high-quality and effective services and care for all residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Arran Court provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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| 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. |

Arran Court is privately owned by two directors. Both are onsite most days and are always available by telephone. The business, quality and risk management plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings,

and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations. Clinical governance is overseen by the facility manager in collaboration with the clinical manager, general  practitioner and speciality teams at Health New Zealand.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented, and the directors have overall responsibility for health and safety with the administration manager having daily oversight. Staff incidents, hazards and risk information is reported to the directors.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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. |

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 general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and have been reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. All residents' transfers and referrals are coordinated with residents and families/whānau.

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

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| 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

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| 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 control programme is suitable for the size and scope of the service. There is a comprehensive pandemic plan. The infection prevention and control programme is implemented and provides information and resources to inform staff.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are collated and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings and education sessions. Outbreak response plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak of infection since the last audit and this was effectively managed.

## Here taratahi | Restraint and seclusion

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| 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 had one resident using restraint at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses 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) |
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| **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) |
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| **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 |
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| Subsection 1.1: Pae ora healthy futures<br>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.<br>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | A Māori health plan is implemented. This document and the Arran Court business plan acknowledge Te Tiriti o Waitangi as a founding document for New Zealand. The service recruits and employs staff who identify as Māori. During the audit there were residents who identify as Māori. Staff receive ongoing training in Te Tiriti o Waitangi, cultural awareness, and Te Whare Tapa Whā model of care, to ensure that barriers for Māori are removed and mana motuhake is upheld. There is signage throughout the facility in te reo Māori. Interviews with the chief executive officer, facility manager, clinical manager, administration manager, three healthcare assistants, four registered nurses, a diversional therapist and cook included examples of providing culturally safe services in relation to their roles. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa<br>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.<br>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.<br>As service providers: We provide comprehensive and | FA | A Pacific health plan is in place. The plan acknowledges the importance of respectful relationships, valuing family/whānau and providing high quality healthcare for all people. During the audit there were staff who identified as Pasifika. Staff receive ongoing training in cultural safety and awareness as part of the in-service education schedule that includes recognising the world view, cultural and spiritual beliefs of Pacific people. During the audit there were residents who identify as Pacific people. Residents interviewed (two hospital, four rest home and two young person disabled [YPD] level) and five |

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| equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | | family/whānau (one hospital, two rest home and two dementia level) expressed staff are respectful of their cultural needs and religious practices. |
| Subsection 1.3: My rights during service delivery<br><br>The People: My rights have meaningful effect through the actions and behaviours of others.<br>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).<br>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | The policies and procedures for Arran Court align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Residents interviewed understood their rights and expressed the service upholds their rights and the rights of their loved ones. |
| Subsection 1.5: I am protected from abuse<br><br>The People: I feel safe and protected from abuse.<br>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br>As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Arran Court has policies and procedures that express a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code of residents' rights. Policies reflect acceptable and unacceptable behaviours. Staff receive ongoing training on elder abuse and prevention as part of the annual mandatory training programme and, when interviewed, could describe the process of reporting any suspected abuse or neglect.<br><br>Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.<br><br>Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of residents' possessions within the resident's signed service agreement. The service implements a process to manage residents' comfort funds. |
| Subsection 1.7: I am informed and able to make choices | FA | There is an informed consent policy in place. Six resident files reviewed |

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| 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.<br>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,<br>keep well, and live well.<br>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. | | included informed consent forms signed by either the resident, enduring power of attorney (EPOA) or welfare guardian. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. |
| Subsection 1.8: I have the right to complain<br><br>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.<br>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.<br>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 | There is a policy and procedures for complaints that are communicated to residents and family/whānau. The facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The facility manager maintains a complaints' register. Concerns and complaints are discussed at relevant meetings.<br><br>Since the last audit there have been seven internal complaints in 2026 and 11 in 2025. Documentation showed complaints were acknowledged, investigated and resolved within the required timeframes. Complainants were informed of the outcome of the investigations and complaints were resolved to the satisfaction of the complainants. The complaints were of a minor nature and no themes were identified. Since the last audit there have been no external complaints received.<br><br>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication. |
| Subsection 2.1: Governance | FA | Arran Court is located in West Auckland and provides care for up to 102 |

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| The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.<br>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.<br>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. | | residents at rest home, hospital (medical and geriatric), dementia and residential disability (physical) levels of care. On the day of the audit there were 95 residents: 29 rest home level (two on long-term support chronic health conditions [LTS-CHC]); 43 hospital level (three on LTS-CHC and two funded by the Accident Compensation Corporation [ACC], one of whom was on respite); four YPD (three hospital and one rest home level); and 19 dementia level of care. Aside for the residents funded by YPD, LTS-CHC and ACC all others were under the age-related residential care contract (ARRC). The hospital and rest home level beds are all dual purpose. All rooms are singly occupied; there are no double or shared rooms.<br><br>Arran Court is privately owned by two directors; one is the facility manager and the other is the chief executive officer (CEO). Both are onsite most days. The facility manager and CEO are the governors of the organisation and ensure the organisation is compliant with legislative, contractual and regulatory requirements. The CEO is a kaumatua of Ngāpuhi descent (a direct descendant of Hone Heke). The CEO is on the Waitangi Tribunal, is fluent in te reo Māori and has a deep understanding of tikanga and kawa. The facility manager has completed training around Te Tiriti o Waitangi, cultural safety, tikanga, equity and bias in healthcare.<br><br>There is a current business, quality and risk management plan (2026) in place with clear goals to support their specified vision, mission and values. This plan is reviewed on an ongoing basis as actions are completed. Evidence of review and progress in meeting the goals was sighted. Quarterly management meeting minutes show the directors oversee all aspects of the quality and risk management system including health and safety, clinical indicators, restraint practice, infection prevention and control and service delivery. The facility manager confirmed the business, quality and risk management plan, is reflective of collaboration with Māori that aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. There are community links that provide advice to the directors in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Arran Court are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community, as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.<br><br>Clinical governance is overseen by the facility manager, who is a registered |

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| | | nurse with a current practicing certificate and master's degree in nursing, and also the clinical manager. Both have extensive experience in aged care and residential disability. They collaborate with the contracted general practitioner and various speciality teams at Health New Zealand such as infection control. The facility and clinical manager have completed at least eight hours annually of professional development related to managing an aged care and residential disability facility. |
| Subsection 2.2: Quality and risk<br><br>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.<br>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.<br>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. | FA | A quality and risk management programme is in place that allows Arran Court to track their progress against the quality goals. Quality goals are documented and progress towards quality goals is reviewed regularly at staff meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors and staff injuries. The service actively looks for opportunities to improve through quality initiatives, complaints and feedback and analysis of clinical indicator data. The service is currently focussing on training and upskilling of staff, including ongoing development of a resident-first culture.<br><br>Meetings are held monthly for all staff, registered nurses and infection prevention team. There are regular resident and family/whānau meetings. Residents and family/whānau interviewed stated they could approach the facility manager and clinical manager at any time to raise concerns. Staff meetings include (but are not limited to): tabling the previous minutes, matters outstanding, incidents and accidents, clinical indicators, internal audit reports, corrective actions, human resources, education, compliments and complaints, policy updates, results of satisfaction surveys, general business and actions going forward.<br><br>Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are communicated to staff in the meetings. Resident and family/whānau surveys were completed in December 2025 with overall a high degree of satisfaction with all aspects of the service. |

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| | | There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.<br><br>A health and safety system is in place with identified health and safety goals. The administration manager maintains oversight of the health and safety system and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.<br><br>All resident's incidents and accidents are reported, collated and categorised. Ten incident forms were reviewed, this evidenced immediate action taken and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. The adverse event reporting policy is in accordance with the national adverse event reporting policy.<br><br>Discussion with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were section 31 reports to HealthCERT since the last audit relating to the appointment of the clinical manager as a permanent position, incidents of Covid-19 and scabies. There have been no reports to the Health Quality and Safety Commission since the last audit. Since the last audit there has been one outbreak of gastroenteritis. This was appropriately reported to Public Health. |
| Subsection 2.3: Service management<br><br>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a | FA | There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. |

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| whole person.<br>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.<br>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | | The facility manager is onsite most days and the clinical manager is onsite five days per week. The facility manager and clinical manager share after-hours on-call. There is always a registered nurse on duty. The CEO is available for maintenance and property related calls.<br><br>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the facility manager and clinical manager provide good support.<br><br>Review of the rosters evidenced that any gaps in staffing due to absences have been covered by casual or regular staff picking up extra shifts. Residents and family/whānau interviewed reported there are adequate staff numbers.<br><br>The annual training programme exceeds eight hours annually and is aligned with Ngā Paerewa. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All senior healthcare assistants and registered nurses have current medication competencies. Registered nurses, senior healthcare assistants, activities staff, and kitchen staff have a current first aid certificate.<br><br>Healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 44 healthcare assistants in total and 28 have achieved NZQA level three or above. There are 24 healthcare assistants working in the dementia unit. Of these 22 have completed the required dementia unit standards and two are in progress.<br><br>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, monitoring blood glucose levels, insulin competencies and management of syringe drivers. At the time of the audit there were nine registered nurses including the facility and clinical manager. Four have completed interRAI training. Staff have completed training that covers equity/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care and residential disability nursing. |

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| Subsection 2.4: Health care and support workers<br><br>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.<br>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.<br>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 | A register of current annual practicing certificates was sighted and included all registered nurses, podiatrists, physiotherapist, pharmacists and general practitioner. The scope of practice for registered health professionals and healthcare assistants is validated prior to employment.<br><br>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and new staff are buddied with experienced staff until they are confident and competent in their role.<br><br>Six staff files were reviewed including two registered nurses, two healthcare assistants, diversional therapist and a cleaner. The files included evidence of completed orientation, training and competencies, and professional qualifications on file where required. Job descriptions include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. |
| Subsection 3.2: My pathway to wellbeing<br><br>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.<br>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.<br>As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Six resident files were reviewed: three hospital level, including one resident fully funded by the accident compensation corporation (ACC) and two on age related residential care contract; two rest home level resident files: one resident on a residential disability -physical (YPD) and one resident on a long-term support chronic health contract (LTS- CHC) and one dementia level resident. The registered nurses (RNs) are responsible for all residents' assessments, care planning and evaluation of care.<br><br>Initial assessments and long-term care plans are completed for residents, detailing needs, and preferences. In the resident files reviewed, interRAI assessments (done for all residents except the ACC resident), reassessments, long-term care plans, and evaluations have been completed within expected timeframes. An initial assessment is undertaken by a registered nurse on admission, and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system, which includes the use of various validated assessment tools and was completed for the resident under the ACC contract. The long-term care plans (LTCPs) are individualised and developed with information gathered |

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| | | during the initial assessments and the interRAI assessment. The LTCPs are developed by RNs and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial, cultural needs and aspirations, and interventions to address medical conditions in sufficient detail to guide staff. The previous audit shortfall (HDSS:2021 #3.2.3) around ensuring care plans document the risks and care interventions needed for each resident has been addressed.<br><br>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.<br><br>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.<br><br>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits weekly (for approximately eight hours) and as required. Medical documentation and records reviewed were current. The GP was interviewed at the time of audit who expressed satisfaction with the clinical care at the service. The contracted GP is also available on call after hours for the facility. A physiotherapist visits the weekly for a total of eight hours and on request, to review residents referred by the RNs. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand.<br><br>An adequate supply of wound care products was available at the facility. A |

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| | | review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Evaluations were completed at each dressing change and discussed with the clinical manager and GP when necessary. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were ten active wounds, and one stage one sacral pressure injury (non-facility acquired). The wound nurse specialist is involved with the management of chronic wounds as evidenced in the clinical record. Staff keep in regular contact with the wound nurse specialist and email progress with photos and measurements.<br><br>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls and completed as per policy. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; and fluid balance monitoring. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift. |
| Subsection 3.4: My medication<br><br>The people: I receive my medication and blood products in a safe and timely manner.<br>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br>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 | There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The RNs and medication competent health care assistants interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular medication, short course and ‘as required’ medications.<br><br>All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications are appropriately stored in the three medication rooms. The medication fridge and medication room temperatures are monitored daily. All stored |

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| | | medications are checked weekly. Eyedrops have been dated on opening. Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all residents' medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (prn) medications on the medication charts, including over-the-counter medications and supplements. The effectiveness of prn medications was consistently documented in the electronic medication management system and progress notes.<br><br>Policies and procedures for residents self-administering medications are in place, and this includes ensuring residents are competent, and safe storage of the medications. There were no residents self-administering medications on the day of the audit. No standing orders are used. 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. |
| Subsection 3.5: Nutrition to support wellbeing<br><br>The people: Service providers meet my nutritional needs and consider my food preferences.<br>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.<br>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate residents' requests. There is a verified food control plan expiring on February 2027. The residents and family/whānau interviewed were complimentary regarding the standard of food provided. |
| Subsection 3.6: Transition, transfer, and discharge<br><br>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.<br>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their | FA | There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. |

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| transition, transfer, and discharge.<br>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. | | |
| Subsection 4.1: The facility<br>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.<br>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.<br>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function. | FA | The buildings, plant, and equipment are fit for purpose at Aaron Court and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building warrant of fitness is current, expiring in December 2026. There is an annual maintenance plan 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. |
| Subsection 5.2: The infection prevention programme and implementation<br>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.<br>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.<br>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme has been approved by the directors. There is external support from the general practitioner, local laboratory, and a Health New Zealand infection control nurse specialist. The programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and the antimicrobial stewardship programmes are reviewed annually. The review for 2025 was sighted.<br>Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. |

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| Subsection 5.4: Surveillance of health care-associated infection (HAI)<br><br>The people: My health and progress are monitored as part of the surveillance programme.<br>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.<br>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. 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 on a monthly basis. Infection control surveillance is discussed at staff meetings onsite and communicated to the directors. Ethnicity data is included in infection surveillance. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a healthcare acquired infection. Since the last audit there has been one outbreak of gastroenteritis in December 2025 affecting eight staff and 52 residents. There were clear records of daily infection logs and communication with Public Health. Evidence of increased staff training was sighted in outbreak management. The outbreak was effectively managed. |
| Subsection 6.1: A process of restraint<br><br>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.<br>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.<br>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Maintaining a restraint-free environment is the aim of the service. The clinical manager and facility manager are responsible for the restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the quality and clinical/management meeting with the facility manager and CEO. At the time of the audit there was one hospital level resident using bedrails and a lap belt as restraint, this was at the family request. When restraint is used, this is a last resort when all alternatives have been explored. The designated restraint coordinator is a registered nurse who is responsible for the coordination of the approval of the use of restraints and the restraint processes.<br><br>Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed on orientation and annually for all staff. |

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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.

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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.