

Glenwood South Canterbury Trust - Glenwood 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:	Glenwood South Canterbury Trust
Premises audited:	Glenwood Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); 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:	37

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Glenwood Home holds contracts with Health New Zealand to provide rest home and hospital level care (medical and geriatric) services. The service provides care for up to 45 residents. There were 37 residents in care at the time of the audit.

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

There has been a change in management since the previous audit. The general manager is supported by a clinical manager, team of registered nurses and an experienced team of healthcare assistants. There are quality systems and processes implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place that aims to provide staff with appropriate knowledge and skills to deliver care.

Eleven of thirteen shortfalls identified at the previous audit were addressed related to business planning, quality reporting, implementation of the quality system; staff competencies and training, annual appraisals; care-planning timeframes; care plan evaluations; medication management; annual review of the infection control programme; and outbreak documentation.

Improvements continue to be required to interventions in care plans, and monitoring of care.

This surveillance audit identified no additional improvements required.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

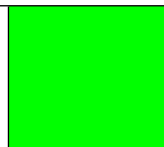
An electronic medicine management system is in place for prescribing, dispensing, and administration of medications. The general practitioner is responsible for all medication reviews. Medicines are safely and securely stored.

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

Transfers and discharges are managed in a safe manner.

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

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

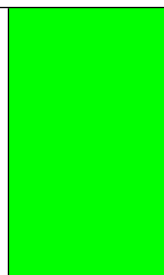


Subsections applicable to this service fully attained.

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

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

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



Subsections applicable to this service fully attained.

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

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

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. They were no outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The board and general manager are committed to eliminate restraint. There are policies and procedures for restraint minimisation and safe practice. Staff are trained in the least restrictive practice. During the audit there were two residents using restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	0	1	0	0
Criteria	0	47	0	0	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The business plan describes the service's commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing. Residents identifying as Māori had a care plan documented that reflect their values and cultural needs. There are clear processes to include tikanga in everyday practice and training for staff. Staff have completed training around Te Tiriti o Waitangi.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by</p>	FA	<p>The organisation has a Pacific Peoples Health plan that aligns with the requirements of Ngā Paerewa and Ola Manuia-Pacific Health and Wellbeing Action plan. This policy outlines how the service responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. The Glenwood Home education policy on cultural safety includes components of the Fonofale model of Pacific Health.</p>

<p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with information about the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumer Rights' (the Code). The general manager, clinical manager or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English, sign language and te reo Māori. Residents (three rest home and two hospital) and five family/whānau (three rest home and two hospital) confirmed they are aware of their rights and feel their rights are upheld at all times.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Staff sign an employee declaration related to the code of conduct and house rules statement, and this is included in the staff files reviewed. Police vetting is included as part of the employment process for all staff working at Glenwood Home.</p> <p>Residents and family/whānau, reported their property and finances are respected, and professional boundaries are maintained. The administrator/receptionist explained that the service follows a process of managing residents' finances through a voluntary comfort fund to ensure residents avoid handling cash.</p> <p>The general manager reported the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated residents are free from any type of discrimination, harassment, physical or sexual abuse or neglect, and feel safe. Staff completed training in abuse and neglect in October 2025.</p> <p>Interviews with the three board members, the management team (general manager and clinical manager), and eight staff (administrator/receptionist, two registered nurses {RNs}, four healthcare assistants, kitchen manager) stated that Glenwood Home provides safe services, free from abuse and</p>

		discrimination.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent documented for Glenwood Home. The resident files reviewed included general consent included in the residential admission agreement, and consent for influenza vaccinations if applicable, van outings, and use of photographs for media. These were appropriately signed by either the resident or the activated enduring power of attorney (EPOA). Residents interviewed could describe what informed consent was and their rights around choice. Where an EPOA is activated or a welfare guardian is in place, the appropriate documents were evident in the file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been six complaints made since the previous audit. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the HDC. There was a pattern identified of care related issues pertaining to one resident. All but one complaint have been closed off to the satisfaction of the complainant.</p> <p>One complaint was investigated and dealt with according to employment law and referred to by the board to Health New Zealand in February 2026 for further investigation related to a potential privacy breach. There were no complaints received from external agencies.</p> <p>The training schedule evidenced staff have completed training related to complaints management in 2025. The complaints audit completed annually</p>

		<p>evidence complaints management is compliant with the policy requirements.</p> <p>All residents and family/whānau interviewed stated they were provided with information on the complaints process, would feel comfortable making a complaint, and that the service would support them throughout the process. Residents and family/whānau interviewed stated that they feel confident that they are listened to and the general manager is approachable and visible.</p> <p>The general manager was aware of the preference for face-to-face communication with people who identify as Māori and the importance of involving family/whānau. Residents and family/whānau interviewed confirm the management are open and transparent in their communications.</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>The Glenwood South Canterbury Trust Board owns and operates Glenwood Home. Glenwood Home is certified to provide rest home and hospital (geriatric and medical) levels of care for up to 45 residents. There are 13 dedicated rest home beds, and 32 beds certified as dual purpose. There were no double or shared rooms.</p> <p>At the time of the audit there were 37 residents. This included 13 residents at rest home level care and 24 residents at hospital level care. There were three residents on individual funding (mental health) and one resident funded by the Accident Compensation Corporation (ACC). There were no residents on respite care. All other residents were under the age-related residential care (ARRC) contract.</p> <p>Three board members (chair of the board, member with legal portfolio and member for cultural portfolio) were interviewed and confirmed the governance structure. The Governance Board consists of six board members and the chairperson, each with their own expertise. All board members have completed cultural training and governance training as part of their induction (Board) training day to their roles. The board members stated they are knowledgeable around their responsibilities to ensure compliance with legislative, contractual, and regulatory requirements.</p> <p>The boards te ao Māori strategy incorporates the principles of Te Tiriti o Waitangi principles, including partnership in recognising all cultures as partners and valuing each culture for their contributions. A cultural advisor is one of the board members and is providing advice on actions to address</p>

	<p>barriers and provide equitable care for Māori accessing care and employment at Glenwood home. The member of the board explained how barriers to health equity are identified, addressed and services delivered that improve outcomes for Māori. The Board meets monthly and follows a comprehensive agenda including reviewing operational and clinical reports. There is a business plan for 2025 documented and reviewed in July 2025. A new business plan was developed in conjunction with the appointment of the new general manager; new goals were developed from July 2025- December 2026. The goals are reported on monthly and documented in the general manager's report to the board. The previous finding related to criterion # 2.1.2 has been addressed.</p> <p>The general manager took position in July 2025 after the previous audit. There have been changes in the clinical manager role (in May 2025, September 2025 and again in February 2026). Health NZ were notified of management changes.</p> <p>The general manager oversees the day-to-day operations of Glenwood Home and provides support to the clinical manager related to clinical governance of Glenwood Home. The general manager is supported by the newly appointed clinical manager at Glenwood Home. The general manager (a registered nurse) has extensive experience in manager roles and has 21 years' experience in aged care. The clinical manager (CM) is a registered nurse new to a clinical manager role but worked at Glenwood Home for the past three years. They are supported by RNs and an experienced care team. The general manager and clinical manager meet monthly with the board to facilitate the link between management and governance and more often if required. The general manager and clinical manager each submits a report that is included in the monthly board documents. Board reports reviewed include updates and discussions on the quality and risk management programme, including meetings; training; health and safety; infection prevention and control; restraint, adverse events; internal audits; complaints (if any); and health and safety. The previous finding related to criterion # 2.1.4 has been addressed. There is clinical representation on the Board who strengthen the clinical governance support for Glenwood Home.</p> <p>The general manager stated they received support from Health New Zealand with the provision of a new developed resource on management of an aged residential care facility. They have maintained at least eight hours annually of professional development activities related to managing an aged care facility within the last year, through attending regular aged residential care forums and</p>
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		<p>online training in their previous role. The general manager also completed interRAI and syringe driver training to support clinical oversight.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>At the time of the previous audit the facility was still in the process of transitioning from one electronic resident management system to a new resident management system. A project was developed with clear milestones to ensure a swift implementation of the new resident management system, which include a quality and risk system and a human resource component. The new system was fully implemented by end of July 2025 with assistance of the newly appointed general manager and support from the aged care consultant. Documentation control and policy management has been streamlined, and a new suite of policies and forms have been introduced. There was evidence of regular audit processes to ensure the documents are embedded within service delivery. At the time of this audit, all related documents, processes and systems were being implemented. Regular mini-internal audits were completed throughout 2025 to ensure the system and documents in use are compliant.</p> <p>Glenwood Home has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. The quality and risk management systems include performance monitoring through internal audits, surveys and through the collection of clinical indicator data.</p> <p>Monthly quality meeting (called operations meeting), monthly staff meetings, monthly clinical meetings provide an avenue for discussions in relation to (but not limited to); quality data, internal audits, benchmarking, health and safety, infection control/pandemic strategies, restraint use, complaints received, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions related to clinical data and audits followed up on and signed off when completed. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and displayed for staff on the noticeboards. Benchmarking occurs in 'real time' as part of the electronic resident system. Opportunities for improvement are identified. Quality goals documented for 2026 are to continue to embed the policies within service delivery.</p> <p>Residents and staff contribute to quality improvement through feedback on</p>

		<p>quality data, complaints, and internal audit activities. The outcomes from the resident and family/whānau satisfaction survey conducted in June 2025 demonstrated satisfaction with service delivery. Any adverse individual responses made were addressed by the board and a resident advocacy group “Friends of Glenwood.” The previous audit finding related to the implementation of key aspects of the quality and risk plan criterion # 2.2.2 has been addressed.</p> <p>A health and safety system is in place with an annual review of the programme completed and health and safety is discussed as part of the quality meetings and staff meetings. An up-to-date hazard and risk register was sighted. The health and safety representatives have completed formal training related to their responsibilities. The noticeboard in the staffroom keeps staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries reported since last audit. Staff have access to workplace counselling and support services.</p> <p>Electronic incident and accident reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in five accident/incident forms reviewed. Incident and accident data is collated monthly and analysed (including falls, medication errors, skin tears, bruising, behaviour related incidents). Corrective actions are developed, implemented, and signed off when completed for any clinical indicators out of the expected benchmarking ranges. Staff interviewed stated the completed training in reporting of adverse events and falls prevention and management in 2025.</p> <p>Discussions with the general manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 related to a flood, planned fire system outage and medication management system outage. The change in clinical manager(s) was appropriately notified. There were Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) completed for two residents with a fracture following falls and a pressure injury. There have been no outbreaks since the last audit.</p>
Subsection 2.3: Service management	FA	There is a staffing policy and procedure that describes rostering and staffing

<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>rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week (24/7).</p> <p>Glenwood Home adjusts staffing levels to meet the changing needs of the residents. a review of the current rosters showed shifts were covered by experienced healthcare assistants. There are two full time registered nurses (excluding the facility manager) who work in the mornings. In the absence of the general manager the clinical manager will assume responsibilities for facility operations with support from the board. Medication competent healthcare assistants assist with medication administration. There is a first aider on each shift.</p> <p>Staff reported that short term absences are always covered. The general manager and clinical manager provide after hours clinical support.</p> <p>There are dedicated activities, maintenance, and housekeeping (laundry and cleaning) staff supporting service delivery.</p> <p>There is an annual education and training schedule documented, completed for 2025, documented and being implemented for 2026. Staff interviewed stated the training topics are delivered in house, face to face with internal and external educators. The education and training schedule lists compulsory training, and training completed includes code of rights; sexuality and intimacy; privacy and confidentiality; cultural safety and awareness; nutrition and hydration; pressure injury management and skin management; infection control basics and outbreak planning; continence management; management of behaviour that challenge; restraint management; spirituality; falls prevention and management; food safety training; chemical safety training; fire safety/emergency management; palliative care; dementia care and management of diabetes. A review of the training records shows compliance with the completion of the required training to be consistently above 95%. All completed training is recorded on attendance sheets and in staff training records on an electronic register /and individual staff files. The previous finding related to criterion # 2.3.4 has been addressed.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Glenwood Home supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 31 healthcare assistants employed in total, with 23 having achieved a relevant</p>
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		<p>NZQA qualification level 3 and above.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Healthcare assistants who have completed NZQA level 4 and have undertaken extra training, complete many of the same competencies as the registered nurse staff (such as medication administration, controlled drug administration, and insulin administration, simple wound management, and completion of neurological observations). Review of the records confirms that staff have current competencies in place. The previous finding related to criterion # 2.3.3 has been addressed.</p> <p>Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Eight of the 11 registered nurses are interRAI trained (including the general manager and clinical manager). Registered nurses are provided with opportunities to attend training through Health New Zealand and hospice. All registered nurses complete training in clinical documentation and care planning, palliative care fundamental series, deep dive into MDRO and outbreak management. A record of competency is maintained on the electronic register.</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>	<p>FA</p>	<p>Five staff files were reviewed. All regulated staff and contracted providers had proof of current registration with their regulatory bodies. A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, dietitian, general practitioners, pharmacists, physiotherapist, and podiatrist. The register includes the scope of practice for health professionals.</p> <p>Staff who have been employed for over one year have all had an annual appraisal completed. The previous finding related to criterion # 2.4.5 has been addressed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. Completed orientation records are recorded as being completed in employee files.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five resident files were reviewed: three on hospital level care and two on rest home level care. The files sample was extended to include management of behaviour for one resident under a mental health contract and to review the suite of assessments/care plan for the resident on ACC.</p> <p>Before admission, the clinical manager undertakes a pre-admission assessment to ensure staff are aware of residents' needs and the equipment they require is in place. Registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment, care planning, and review processes, and resident files show evidence of resident and family/whānau involvement.</p> <p>Cultural assessments are completed for all residents by activities staff who have been trained to do so. The registered nurses in collaboration with residents and family/whānau completes a cultural assessment for Māori. For residents who identify as Māori, a Māori care plan is developed that includes their specific cultural needs and preferences. Specific requirements for Māori are interwoven throughout the long-term care plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files have up to date interRAI assessment and long-term care plan completed. The files reviewed confirmed the initial interRAI assessments and initial and long-term care plans were completed in a timely manner and within the required timeframes. The previous audit finding related to criterion 3.2.1 has been addressed.</p> <p>The care plan of the resident on a mental health contract includes activities to promote independence, management of behaviour and includes management of specific wellbeing needs. The care plan notes key support people involved in their care. The resident on ACC had a suite of assessments completed on admission including a social and cultural assessment. Assessments and the care plan identified specific needs including (but not limited to) medical and non-medical needs.</p> <p>The long-term care plans reviewed for residents under an ARRC agreement did not always include detailed interventions to manage all risks, early warning signs, and guide care delivery. The previous finding related to criterion# 3.2.3</p>

	<p>remains.</p> <p>The service actively reviews the InterRAI outcome scores for each resident and compares with the previous interRAI in the clinical review meeting. The registered nurses use this tool to discuss if there are any other interventions that might be helpful if interRAI scores have changed. InterRAI assessments and care plan evaluations are completed at least six-monthly or when residents' needs changed. The previous audit finding related to timeframes of evaluations criterion# 3.2.1 has been addressed. Evaluations document the progress towards the individual's goals and if they are met or unmet. Short term care plans are documented for acute issues, updated and interventions include the required monitoring. Short term care plans are evaluated. The previous finding (criterion #3.2.5) related to progress towards goal setting and short-term care plans has been addressed.</p> <p>There is one general practice with the majority of residents however residents have a choice of general practitioners they can use. The general practitioner(s) ensures residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly, with visits from the main practice weekly. The general manager and the clinical manager share on call for clinical advice and decision making as required. When interviewed, one general practitioner expressed satisfaction with the standard of care and the registered nurses' competence at Glenwood Home. They confirmed they are available after hours for the group of residents they look after.</p> <p>Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The service has a referral process to a physiotherapist. A continence advisor, hospice specialists, mental health team for older people, and wound nurse specialist are available as required. A podiatrist visits six-weekly.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and healthcare assistants. There is evidence in the progress notes of timely escalation of issues to the registered nurses. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following general practitioner(s) visits or changes in</p>
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		<p>health status.</p> <p>Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the general practitioner. Family/whānau stated they are notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There was a total of ten wounds, including two stage two pressure injuries (lower limbs), skin tears, chronic lower leg ulcer, and chronic lesions. Wound documentation was reviewed and there were comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. Staff confirmed they can access a wound nurse specialist for input to the management of wounds if needed. The healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions required for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart, blood pressure, weight, food and fluid intake, pain, behaviour, blood glucose levels, and repositioning. Wound monitoring and implementation of post fall neurological observations were completed according to policy however, not all instances of when monitoring of care is required, were fully implemented. Therefore, the previous audit finding related to the criterion # 3.2.4 remains.</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</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in blister packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro</p>

<p>practice guidelines.</p>		<p>re nata (prn) medications is consistently documented in the progress notes and in the medication system. There is one medication room. Medicines were seen to be stored in locked trolleys, the locked medication room, and a medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants. All staff administering medications are required to pass competency test annually, all competencies were completed and current. Medication errors are reported in the electronic resident file system and appropriate investigation. The controlled drug register is checked monthly; all entries evidenced two signatures and six monthly stocktakes were consistently completed. The previous finding related to criterion # 3.4.1 has been addressed.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. The general practitioner(s) review the medication charts three monthly. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There were no residents self-administering their medications. There are policies in place that guide staff in the assessment procedure for those residents that wish to self-administer their medications. There are no standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their</p>	<p>FA</p>	<p>Residents’ nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The kitchen manager interviewed could provide copies of individual dietary profiles held in the kitchen folder.</p> <p>The food control plan is current to 28 August 2026.</p>

health and wellbeing.		
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transition to a different level of care, transfer to another facility or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current warrant of fitness that expires on 1 May 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the grounds.</p> <p>At the time of the audit two rooms were being refurbished due to a flood caused by a burst pipe. The area was cordoned off and did not impose on other resident's freedom of movement. The signage identified risks.</p> <p>Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings, as viewed on the day of audit.</p> <p>The maintenance person was not available to be interviewed. The planned maintenance schedule includes testing and tagging of electrical equipment and this has been completed within the last 12 months. Calibration, and testing of clinical equipment has been completed within the last 12 months. Hot water temperatures have been tested and recorded in resident rooms. Hot water temperatures were within safe recommended ranges of below 45 degrees</p>

		Celsius in residents' rooms.
<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>	FA	<p>The infection control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training, and education of staff. Policies and procedures are developed and reviewed by an external consultant in consultation with the general manager and infection control coordinator (clinical manager). The infection prevention and control programme were reviewed for 2025. The previous audit finding related to criterion # 5.2.2 has been addressed. The infection prevention and control programme links to the quality programme. Data on infections is collated monthly, analysed, and reported to the clinical manager. Infections and significant events are reported monthly to the board.</p> <p>The infection control policy states the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. The procedures related to single use items, handwashing, personal protective equipment, and associated competencies are implemented. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated during outbreaks.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality, clinical and staff meetings. Reports are provided monthly to the board. Meeting minutes and graphs are displayed for staff. There were no outbreaks since the last audit. The clinical manager is knowledgeable around the role requirements, the requirements to document, report and discuss outbreaks when it happens. The</p>

		<p>previous audit finding related to criterion # 5.4.4 has been addressed.</p> <p>The service receives regular notifications and alerts from Health New Zealand. Staff confirmed resources, including PPE, are plentiful. Resources are checked regularly for expiry date; the task is overseen by the infection control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to eliminate restraint. This is supported by the directors, management, and staff. At the time of the audit, there were two residents using restraint (lap belt when in a wheelchair). Restraint data and strategies to eliminate restraint is included in the monthly reports to the board. Restraint use and strategies to eliminate restraint is discussed with staff at various meetings.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This</p>	<p>PA</p> <p>Moderate</p>	<p>All long-term care plans reviewed had completed cultural assessments included in the resident record. Each section of the long-term care plan had individual goals documented. Any allied health professionals that are involved in the care of the resident are documented with their instructions integrated in the care plan.</p> <p>Long term care plans include detailed guidance and interventions to manage behaviour, pain, falls risk, individual equipment needs, and nutritional needs. However, guidance to manage continence needs, cardiorespiratory guidance related to medications and management of diabetes in four of five files (three hospital and one rest home) needs improvement. Noting that the affected residents care</p>	<p>(i). One hospital level resident’s long term care plan did not have early warning signs documented for the management and prevention of recurrent urinary tract infections.</p> <p>(ii). One resident cardiorespiratory plan did not include interventions related to high-risk medication.</p> <p>(iii). One rest home level resident did not have detailed interventions documented related to the management of a recent continence change (catheter).</p>	<p>(i)-(iv). Ensure that early warning signs and the management of risks that may adversely affect the resident’s wellbeing are clearly documented to provide guidance in care.</p> <p>30 days</p>

<p>includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>plans were updated to reflect the required interventions. The shortfall identified at the previous audit remains. The risk rating remains at a moderate however the timeframe to address the shortfall has been reduced from 60 to 30 days.</p>	<p>(iv). Two hospital level residents' diabetes management plans did not provide sufficient guidance in the management of hyperglycaemia spikes.</p>	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments</p>	<p>PA Moderate</p>	<p>Residents and family/whanau interviewed stated they are informed of any changes to care. Wound documentation was reviewed and there were comprehensive wound assessments, wound management plans, monitoring, and documented evaluations, including photographs to show healing progression. Where required short term care plans were used for minor wounds, infections, changes in medications, changes in weight with the appropriate follow up and monitoring required.</p> <p>Healthcare assistants and registered nurses complete monitoring charts, including bowel chart, blood pressure, weight, food and fluid intake, pain, behaviour, blood glucose levels, and repositioning. Not all required monitoring was completed for three of five files</p>	<p>(i). One hospital level resident with a significant change in weight (increase) due to fluid overload did not have their weight monitored more frequently than monthly.</p> <p>(ii). Two hospital level resident did not have evidence of commencement of investigation/ a fluid charts when blood sugar levels were more than 15mmol/l (as per the diabetes policy and resource).</p> <p>(iii). One hospital level resident pulse rate has not been consistently completed and documented prior to administration of digoxin; the</p>	<p>(i). -(iii). Ensure monitoring of care is implemented where required.</p> <p>60 days</p>

<p>are an ongoing process and that any changes are documented.</p>		<p>reviewed. The shortfall identified at the previous audit remains. The risk rating has been raised from low to moderate and the timeframe to address the shortfall has been reduced from 90 to 60 days.</p>	<p>same resident`s. blood sugar was not regularly monitored when corticosteroids were added to the medication regimen.</p>	
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.