Oceania Care Company Limited - Elderslea Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Elderslea Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 14 April 2026 End date: 15 April 2026

Proposed changes to current services (if any): The dual-purpose bed numbers documented in the audit report of 2023 (68) and the dual-purpose bed numbers confirmed by HealthCERT for this facility (104) is incorrect. The provider stated there were no changs made to the facility since the previous audit. his report reflects the correct dual purpose bed numbers based on the physical count of rooms at the time of the audit (103 dual purpose beds and 20 secure dementia beds) and as confirmed by the provider.

Total beds occupied across all premises included in the audit on the first day of the audit: 110

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Elderslea Rest Home is part of Oceania Healthcare Limited. The facility can provide services for up to 123 residents requiring rest home, hospital level care (medical and geriatric), and dementia level of care. There were 110 residents in the facility on the days of the audit.

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

There has been a change in management since the last audit. The day-to-day operations of Elderslea Rest Home are overseen by an experienced general manager, who is supported by a clinical manager, team of registered nurses and experienced healthcare assistants. Residents and family/whānau interviewed responded positively about the care and support provided.

This audit identified shortfalls related to staff training, staff performance appraisals, assessment and care planning timeframes, care interventions, implementation of care, review of care, medication management, and accessibility to a generator or similar in the event of an emergency.

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.

Elderslea Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights according to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) and these are upheld.

The service has connections with a local iwi. Cultural advisory committee monitors cultural safety and responsiveness of the organisation. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers.

Policies are in place around the elimination of discrimination, harassment, and bullying. The informed consent process is well understood and implemented by staff. Complaint processes are equitable with complaints promptly resolved in collaboration with family/whānau.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.

There is an Elderslea Rest Home business plan that includes a mission statement, philosophy, and objectives of the service. There is an implemented quality and risk management system, with internal audits and meetings occurring as scheduled.

Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs.

The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Elderslea Rest Home has an admission package available prior to, or on entry to the service. The registered nurses are responsible for each stage of service provision. The general practitioner and nurse practitioner visit on a regular basis, and consultation notes are available in resident files. Referrals are made appropriately to allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner or nurse practitioner.

There is an interesting and varied activities programme that includes cultural celebrations which the diversional therapist and activity coordinators implement. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

The registered nurses identify residents' food preferences and dietary requirements on admission. All food is prepared and cooked on-site in the kitchen. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. The service has a current food control plan.

Transfers and discharges are coordinated between services.

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

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single occupancy. There are adequate shared facilities. The communal shower rooms and toilets have privacy signs. Resident rooms are personalised.

There is a planned annual maintenance programme in place. There are documented policies for essential, emergency, and security services. There is always a staff member on duty with a current first aid certificate. There is a call bell system that is appropriate for residents to use and staff to access support when required.

The dementia unit is secure. A fire drill is conducted six-monthly. Security is maintained. The facility is secure after hours.

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

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

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the clinical governance steering group, and integrated into the quality improvement system. There is a documented pandemic and outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained.

The registered nurse oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

Here taratahi | Restraint and seclusion

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

The restraint policy is in place and is supported by the governance group. The restraint coordinator is a registered nurse. At the time of the audit, the service was restraint free. Restraint education is conducted as per education 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)
Subsection	0	22	0	3	2	0	0
Criteria	0	160	0	3	5	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There is a Māori health plan that describes Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Elderslea Rest Home has established connections with local iwi and Orongomai marae. A cultural advisory committee monitors cultural safety and responsiveness within the organisation. The business plan reviewed evidenced a leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policy includes provision of an equitable recruitment process. The general manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. At the time of the audit there were residents who identified as Māori. Staff receive training on Te Tiriti o Waitangi, Māori health policy, tikanga practices, and te reo Māori. There were current staff members who identified as Māori at Elderslea Rest Home. Self-determination, cultural values, and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations within the facility. Interviews with management (one general manager, one clinical manager, head of learning and

		development , national clinical quality manager and the regional quality business partner), and 33 staff including one administrator, 16 healthcare assistants (HCAs), six registered nurses (RNs) including a charge nurse, one diversional therapist (DT), three activities coordinators, one kitchen manager and four housekeepers (two laundry assistants and two cleaners), and maintenance officer confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Established links with Pacific communities are in place. Ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented on admission to the service. At the time of the audit there were no residents who identified as Pasifika. There were current staff members who identified as Pasifika at Elderslea Rest Home. Interviews with the managers and staff confirmed that they understood the equity issues faced by Pacific peoples. The service partners with Pasifika organisations to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. There are equitable recruitment and education processes to recruit and upskill Pacific staff.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with six residents (rest home) and five family/whānau (one rest home, two dementia and two hospital) confirmed that staff are respectful and considerate of residents' rights in line with the Code. The general manager confirmed the involvement of independent advocacy when

		required. The service actively supports and encourages family/whānau engagement and welcomes visits. Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights. The general manager and clinical manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake which was confirmed by staff interviewed.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Resident files reviews, and interviews with staff, residents and family/whānau confirmed that Elderslea Rest Home is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language, and mana motuhake. Māori cultural days are celebrated and include Matariki and Māori language week. The service continues to incorporate training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. A sexuality and intimacy policy is in place with training included as part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified, church services are held, and spiritual support is

		available. The registered nurses and HCAs interviewed explained how the service meets the residents cultural and spiritual needs. Te reo Māori signage is visible throughout the facility and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident and family/whānau interviews or in the reviewed documentation. Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. A policy related to resident's belongings and finances is implemented. The service follows a process of managing residents' finances through invoicing. Internal audits of the Code and cultural values were conducted to ensure compliance. The policy outlines the process to be taken to manage residents' property and residents are encouraged to bring in personal belongings to enable the residents to continue to live in a home-like environment. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. Police vetting is completed before considering employment or engagement of individuals in their roles. Managers address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented ensuring wellbeing outcomes for Māori are achieved when Māori are in care.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my	FA	Information related to the service and what to expect when entering the service is provided to residents and family/whānau on admission. Residents and family/whānau are informed prior to entry

wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.		of the scope of services and any items that are not covered by the agreement. The facility has implemented a range of improvement initiatives related to satisfaction of communication. Residents and family/whānau receive a monthly newsletter, residents meetings occur monthly and family/whānau meetings occur quarterly. The general manager is visible and accessible to residents as reviewed on the audit days. Friday happy hours provide an opportunity for family/whānau to have an informal catch up with the general manager. Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective and noted an improvement within the last six months. A review of adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the enduring power of attorney (EPOA) are kept current, with a secondary contact noted if the EPOA is unavailable. A nurse practitioner (GP) interviewed confirmed timely communication and appropriate follow ups. The clinical manager described an implemented process around providing family/whānau with time for discussion around care, time to consider decisions and opportunities for further discussion, if required. The delivery of care includes a multidisciplinary team review and family/whānau are communicated to with regard to services involved (link 3.2.5). At the time of the audit there were residents who could not speak or understand English. Staff explained processes to effectively communicate with the residents using cue cards. Elderslea Rest Home has access to interpreting services when or if required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that	FA	There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Resident files were reviewed and written general consents were sighted for outings, photographs, release of medical information, medication management, and medical cares. The consent forms are signed as part of the admission process. Specific consent has been signed by the resident or their enduring power of

individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		attorney (EPOA) for procedures such as influenza, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. An advance directive and EPOA policy is in place and is implemented. Advance directives for health care, including resuscitation status, have been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussions with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the HCAs, RNs and the clinical manager confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, including informed consent. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The clinical manager has a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable	FA	The complaints procedure 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 18 complaints made in 2024/2025 since the previous audit in October 2024. There were three complaints made in 2026. Trends identified are related to care implementation and communication (link to 2.2 for action plans not

system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.		embedded into practice). Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the HDC. The complaints management process links to advocacy; complaints procedure documented the satisfaction of the complainant (or not). The HDC complaints documented at the previous audit have been closed by HDC. It has been determined that there were no breaches of the Code. Education related to pain management and pain assessments have been implemented and completed. Further complaints were made through HDC (one in May 2024, one in June 2024, one in December 2024 and one in April 2025). There were multiple care related themes raised in the complaints. This audit has identified issues related to care planning, care interventions, care monitoring, and review of care (link 3.2.1,3.2.3,3.2.4 and 3.2.5). Education related to care planning documentation, falls prevention, incident management and responding and recognising deterioration in the older adult have been completed by all registered nurses. The documents requested by HDC were submitted within the required timeframes. Staff are informed of any complaints (and any subsequent corrective actions) in staff meeting minutes sighted. One complaint was referred to Health New Zealand in October 2025 to address with the provider. The provider has taken actions to address the concerns raised and the complaint was closed Jan 2026. This audit has identified a shortfall related to the completion of the required formal dementia training (link 2.3.4). Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Service feedback forms are easily accessible at the entrance to the facility. The general manager described their understanding that Māori prefer to have in person communications. There is a complaints/concerns form available for residents and family/whānau to make a complaint and express a concern. Residents are updated at the monthly resident meeting. Residents confirmed this when interviewed, and meeting minutes reflected discussions with residents around what is going well and what could be improved. Residents and family/whānau making a complaint can involve an

		independent support person in the process if they choose
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Elderslea Rest Home is located in Upper Hutt and is certified to provide rest home level care, hospital level care (geriatric and medical), and dementia level of care for up to 123 residents. There are 103 dual purpose beds across four wings and a 20-bed secure dementia unit. On the days of the audit there were a total of 110 residents: 44 rest home residents; 49 hospital level residents including one resident on Accident Compensation Corporation funding (ACC) funding and 17 residents in the secure dementia unit. All other residents were on the age related residential agreement (ARRC). All rooms were single occupancy and there are no shared/double rooms. There is an organisational structure that supports operations and clinical governance. The Board has ultimate responsibility for the strategic direction of Oceania and its subsidiary companies, and for monitoring Oceania's management for the benefit of stakeholders. There are six sub-committees to the Board including the two governance bodies (Clinical and Health and Safety Committee and Clinical Governance Steering Group [CGSG]). The Clinical and Health and Safety Committee provide a specific governance focus on strategic and operational clinical and health and safety risks. The Clinical Governance Steering Group is Chaired by the Director of Clinical and Care Services ((DCCS), supported by two national clinical quality managers (NCQM) and provides strategic oversight, assurance and leadership in the delivery of quality and safe clinical care aligned to equitable, person and whānau centred aged residential care services at Oceania Healthcare. The Steering Group ensures clinical systems support continuous quality improvement and best practice, aligned with Ngā Paerewa Health and Disability Services Standards (NZS 8134:2021), Te Tiriti o Waitangi obligations, and consumer safety. The Oceania Māori Health Plan was developed with contributions from external cultural advisors, and an internal Cultural Advisory Committee support the strategic direction and ensure that the Board

		and management team have cultural competencies. Elderslea Rest Home has a 2025-2026 business plan that includes a mission statement, philosophy, and objectives of the service. The business plan reflects the Oceania Strategy document and the clinical excellence strategy document. The general manager and regional operations manager review the business plan regularly against set goals. The management team have an understanding in Te Tiriti o Waitangi and health equity and supports meaningful inclusion of Māori and ensures Elderslea Rest Home`s values and goals reflect the needs of Māori. Interviews with the general manager, clinical manager, and regional quality business partner (QBP) confirmed the analysis of internal processes, business planning and service development that improve outcomes and achieve equity for Māori and Tangata whaikaha. A process is in place to identify and address barriers to the provision of equitable service delivery. Māori consultation ensures policies and procedure represents Te Tiriti partnership. There has been a change in management since the last audit. The general manager is responsible for the day-to-day operations of the facility and has been in their role since November 2025. The general manager is a registered nurse with many years' experience in management roles (and 10 years in aged care). They are supported by a clinical manager who has been at Elderslea Rest Home for three years and in their current role since January 2025. The management team are also supported by a regional quality business partner who works in partnership with the care facilities in their region and provides clinical coaching/training. Site operations are supported by a regional operations manager. The general manager meets regularly with the regional manager. There is a weekly and monthly reporting structure between the management team and national team to support governance. Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys, and monthly resident meetings. The general manager undertakes professional development activities related to managing an aged care facility. The general

		manager and clinical manager stated they had a comprehensive orientation to their role.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Elderslea Rest Home has implemented a quality and risk management programme that includes performance monitoring through internal audits and the collation of clinical indicator data. A meeting schedule is implemented and there is evidence of staff participation in the quality programme. Internal audits are conducted according to the schedule, and any corrective actions identified are resolved with improvements used to enhance service delivery. Internal audits schedule includes clinical audits which include monitoring against policy and contractual requirements. Resolved issues are signed off and discussed at the various monthly meetings (quality, health and safety meeting, infection, registered nurse/clinical). Clinical audits related to care plan documentation evidence a compliance rate of below 75 percent; although reaudits were completed, corrective action were implemented but not embedded in practice. This audit has identified issues related to care planning (link 3.2.1, 3.2.3, 3.2.4 and 3.2.5). The clinical manager provides a report to the regional quality business partner and general manager each month. A quarterly clinical indicator report is completed where trends are analysed, and improvements are identified to minimise future risk. Quarterly benchmarking reports are provided by the National Clinical Quality Manager who compares data between Oceania facilities as well as against other aged care providers. Quality improvement projects are documented, evaluated, and discussed with staff. Elderslea Rest Home participates in the national Oceania initiative of reducing falls. The project is ongoing with positive outcomes evidenced for Elderslea Rest Home. Post falls assessments were consistently completed with falls alerts on files (where applicable), staff training were completed related to falls, clinical escalation, recognising deterioration and effective resident incident management. The three-monthly audits related to falls and resident incident management were fully compliant. Family/whānau satisfaction surveys are conducted annually with the

		May 2025 results indicating high levels of satisfaction with the service. A corrective action plan was implemented around communication. Policies and procedures are current and reflect good practice. The policies and procedures are embedded throughout service delivery and maintained in electronic format, and staff have confirmed they can access these documents as needed. Cultural safety is reflected within the quality programme with collation of ethnicity data related to adverse events and infections. The process provides for critical analysis of organisational practices to improve health equity. Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori. Each incident/accident is documented in the resident management system. Adverse event forms reviewed indicated that the forms are completed in full and signed off by a registered nurse (RN) or clinical manager. Incident and accident data is collated monthly and reported at meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a registered nurse. Opportunities to minimise future risks are identified by the clinical manager and RNs. Health and safety meetings occur monthly, and issues are reported and discussed at the quality/ staff meetings. There are health and safety representatives who monitor hazards and risks. Hazards and risks are documented and addressed. There is a current hazard and risk register in place. Staff receive education related to hazard management and health and safety at orientation and annually. The meetings minutes evidence a leadership commitment to health and safety and staff wellbeing. An external provider manages staff return to work processes following an injury. Discussions with the general manager, regional quality business partner and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. The change in general manager was appropriately notified to HealthCERT. There were four outbreaks reported under section 31 and to Public Health. Other events occurred (including

		pressure injuries, missing person) that required notification either as a Section 31 notification or to the Health Quality and Safety Commission. These were completed appropriately and in a timely manner and included reporting related to `learning from harm`. The changes to the management team have been notified to HealthCERT. The infection control coordinator and clinical manager notified the CGSG in a timely manner of serious events occurring.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	PA Low	There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. A national roster review took place in December 2025 reviewing the workforce. There was mixed feedback responses from staff related to the workload. Staff reported that short term absences are being replaced by their own staff, casual pool or agency and replacement of shifts can be challenging. The clinical manager is on-site fulltime from Monday to Friday. In addition, there are two full time charge nurses on morning (am) and one in the afternoon shifts (pm) to cover the roster including weekends. Further to this, there are five RNs on am shift, three on pm shift and two on night shift. There are 23 hours per week RN hours allocated to the dementia unit. When the clinical manager is not on-site, staff have access to an on-call RN contact number. The general manager is available for non-clinical issues after hours. The general manager uses Oceania`s clinical matrix tools and roster analysis tool to measure staffing levels, occupancy numbers, residents level of care, and acuity. The tool was reviewed and evidence the current occupancy numbers. The HCA and RN roster evidence the `current roster hours per shift` aligns with the `guidelines daily hours per shift`. The number of HCAs allocated to the dementia unit and dual-purpose units were sufficient. At the time of the audit, active recruitment was taking place with further four applicant HCAs waiting for their employment agreements. The

		registered workforce is stable. During the absence of the general manager, the clinical manager is in charge of the facility. A sufficient number of HCAs are allocated to ensure residents needs are met. Staff and family/whānau are informed when there are changes to staffing levels, as evidenced in staff, resident and family/whānau interviews. Residents and family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs. An activities team provides activities from Monday to Friday. There is a physiotherapy assistant that works three days a week. There are separate kitchen staff, laundry staff, housekeepers to perform cleaning duties, a separate activities team and maintenance staff. There is an annual education and training schedule in place, this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. The regional quality business partner provides HCA study days weekly to ensure that all staff within the region attends. Registered nurses reported they are provided with training through an online platform. Registered nurses are also supported to attend external training on request. Mandatory training topics are included in the face-to-face study days and attendance are recorded. Attendance records evidence compliance. Staff training records showed that they have completed training related to Māori health outcomes and disparities and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing. Registered nurses complete training on an electronic platform. Topics include clinical documentation and care planning; recognising and responding to deterioration in the older adult (including early escalation); dementia (delirium and behaviour management), end of life care, falls management skin and pressure injury management and wound management; learning from harm. The regional quality business partner provide on-site coaching and mentoring to the RNs. There are 15 RNs employed, and eight are interRAI trained. Staff reported a positive work environment, and an employee assistance

		programme is available to staff when required. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 30 HCAs employed in total with 80 percent of HCAs having achieved level three or four qualification. There are 13 HCAs that regularly work in the dementia unit. Five of the 13 HCAs have completed the required dementia standards; nine of the HCAs that work regularly in the dementia unit are enrolled to complete their dementia standards. However, all have been enrolled for more than 18 months. All staff are required to complete competency assessments as part of their orientation that includes hand hygiene, correct use of personal protective equipment (PPE), restraint, and manual handling and transfer. Staff training records showed that they have completed training related to Māori health outcomes and disparities and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing. Staff reported a positive work environment, and an employee assistance programme is available to staff when required.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	PA Low	An electronic platform is use for maintaining staff files and related competencies. There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Eleven staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Individual records are placed on an electronic platform. Elderslea Rest Home demonstrated that the

		orientation programme supports the RN and HCAs to provide a culturally safe environment to Māori. Staff performance appraisals are scheduled as they become due. Not all performance appraisals for 2025 were completed or available in the staff files. All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. Staff stated communication and teamwork are positive and the general manager reported that debrief and discussions occur following any incidents. An external agency (AON) assists and supports staff to return to work following a staff injury.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Resident records are electronic, and staff files are electronic (two electronic platforms). The medication management is electronic. The medication management system is secure and requires user identification and passwords to access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Archived files related to residents and staff are securely stored in a locked room and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The general manager is the privacy officer, and they oversee all requests related to health information. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.	FA	Residents who are admitted to Elderslea Rest Home are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The general manager and clinical manager screen prospective residents prior to admission. In

Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.		cases where entry is declined, there is liaison between the service and the referral team. The prospective resident would be referred back to the referrer. The management team described reasons for declining entry would only occur if there were no beds available, or Elderslea Rest Home is unable to provide the service the prospective resident requires, after considering staffing and resident needs. There have been no residents declined entry to Elderslea Rest Home. The general manager and clinical manager keep records of how many residents and family/whānau have viewed the facility, admissions and declined referrals. The service collects ethnicity information at the time of inquiry and admission from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. Review of the current residents admitted to Elderslea Rest Home evidence diverse ethnicity including those who identify as Māori. The service has established links to Orongomai marae, local Māori health practitioners, and Māori health organisations to improve health outcomes for Māori residents. There is an information pack relating to the services provided at Elderslea Rest Home, which is available for family/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Health New Zealand service agreements. Services that are not provided by Elderslea Rest Home are included in the admission agreement. Elderslea Rest Home identifies and implements supports to benefit Māori and family/whānau. The service has information available for Māori, in English and in te reo Māori.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and	PA Moderate	Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. There are policies documented in relation to the requirements of care plan documentation. There is a clinical escalation pathway for responding and recognising deterioration in the older adult. Registered nurses interviewed stated they are familiar with the policies and the

whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		implementation thereof. Eleven resident files were reviewed: four dementia level care resident files, four rest home level care resident files including one resident on the Accident Compensation Corporation (ACC) respite care, and three hospital level care resident files. The remainder of the files were for residents under the age-related residential care (ARRC) agreement. Initial care plans reviewed are developed with the residents and the residents' Enduring Power of Attorney (EPOA) consent. The initial assessments were not always completed within 24 hours of admission. Care plans are based on data collected during the initial nursing assessments, which include those related to dietary needs, pressure injury risk, falls risk, behaviour, continence, skin, activities, pain, and information from pre-entry assessments completed by the NASC or other referral agencies. However, residents who required competency assessments to self-administer their medications did not have an assessment completed within the required timeframes. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment (with the exception of the resident on ACC respite care). Initial interRAI assessments and the development of long-term care plans have not consistently been completed within three weeks of admission. For the ACC resident specific assessments that informed the care plan include (but not limited to) those related to nutrition, pain, transfer and mobility, skin, continence, pressure injury risk, cultural, behaviour and social history. The initial care plans were detailed to provide guidance to care staff in the delivery of care. Long-term care plans do not consistently have detailed interventions to guide staff in the delivery of care around identified medical and non-medical needs. There are behaviour assessments, behaviour monitoring charts and care plans documented for residents in the dementia unit. Behaviour management care plans included a 24-hour reflection of close to normal routine; however, the identified triggers, occurrence of behaviour and strategies related to the managing / diversion of behaviours were not always documented. There are policies and procedures for use of short-term care plans

		for issues such as infections, weight loss, and wounds with sign off when resolved or moved to the long-term care plan. Short term care plans have not been completed consistently for short term needs. Interviews with the clinical manager and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit. The registered nurses interviewed describe removing barriers, so all residents have access to information and services required to promote independence and collaborating with residents and family/whānau when developing care plans to meet residents' own pae ora outcomes. The initial medical assessment is undertaken by the nurse practitioner and general practitioner within the required timeframe following admission. There is documented evidence of the exemption from monthly nurse practitioner and general practitioner visits when the resident's condition is considered stable. The service contracts a local medical practice with the general practitioner visiting the facility in person weekly and the nurse practitioner visits in person three times a week for clinics. After hours on call cover 24/7 is provided by the practice. The nurse practitioner and general practitioner have access to the resident records including the medication system. The nurse practitioner interviewed stated that there was good communication with the service and that the registered nurses were experienced and demonstrated good clinical assessment and decision-making skills. The nurse practitioner commented that they were informed of concerns in a timely manner. A physiotherapist visits the facility for four hours a week and they are supported by a part time physiotherapist assistant. They both review residents referred by the registered nurse. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services including (but not limited to) speech language therapist, wound care specialist, and continence specialists available as required through Health New Zealand. There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were

		assessed in a timely manner and reviewed at appropriate intervals. There were sixty-nine active wounds from thirty-eight residents. The wounds reviewed included lesions, abrasions, skin tears, surgical, lacerations, chronic ulcers, and five pressure injuries (three unstageable pressure injuries and two stage 1 pressure injuries). Wounds were dressed as scheduled with documentation that included, assessments, photographs, management plans, and evaluations evidencing progress towards healing. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans. Policies and protocols are in place to ensure continuity of service delivery. Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by healthcare assistants, and registered nurses. When a resident's condition alters, the registered nurse initiates a review with the nurse practitioner or general practitioner. Registered nurses also undertake assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required to capture a change in health care needs. There is evidence the registered nurse has added to the progress notes when there was an incident and changes in health status; however, instructions from specialists have not always been clearly documented in resident records and behaviour incidences were not always reflective in the progress notes. Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner or nurse practitioner reviews, medication changes, and any changes to health status. However, resident and family/whānau have not always been included in the six-monthly case conference reviews. 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. Care plans reflect the

		required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose level checks. Repositioning and behaviour monitoring charts have not been consistently completed as required. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed. Resident care is evaluated on each shift and reported at handover. 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. However, interRAI re-assessments and care plan evaluations have not been consistently completed as scheduled. The care plan evaluations do not include the degree of achievement towards meeting desired resident goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	A team of eight activities staff including three qualified diversional therapists provide a programme covering five days a week in the dual-purpose areas and seven days a week in the dementia unit. Resources are available to enable healthcare assistants to run activities during weekends and after-hours. The activity programme is planned monthly based on head office guidelines and includes culturally themed events, celebrating the backgrounds of both residents and staff. The activity programme is underpinned by Oceania Healthcare philosophy of "five ways of wellbeing" that include to give, be active, keep learning, connect and take notice. Copies of the monthly and daily programme are displayed in communal areas on noticeboards showing daily

		activities, and individual copies are delivered to residents' rooms in advance. The programme is designed to meet residents' cognitive, physical, intellectual, and emotional needs. During interview, four activities team members explained how the programme is tailored to the needs of residents across rest home, dementia, and hospital-level care. The focus is on maintaining independence, building on residents' strengths, skills, and interests, and fostering connections with the wider community. For residents who prefer to remain in their rooms or are unable to join group activities, one-on-one sessions are offered. These may include manicures, hand massages, walks and technology-based activities. The team also incorporates opportunities to engage with te reo Māori and te ao Māori. This includes using the Māori language in entertainment, singing, and crafts, and celebrating events such as Māori Language Week, Waitangi Day, and Matariki, along with other culturally focused activities. All group activities are conducted in the communal lounges. Each resident has a social and cultural profile developed upon admission, which includes their hobbies, interests, likes and dislikes, career background, and family/whānau connections. A social and cultural care plan is created on admission and reviewed every six months, alongside the resident's long-term care plan (link 3.2.1). Residents are encouraged to participate in activities that are meaningful and appropriate to them. Attendance is recorded for all activities, outings, and entertainment. Activities offered include (but are not limited to): exercise sessions, newspaper reading, music and movement, crafts, games, quizzes, entertainers, pet therapy, art classes, flower arranging, music sessions, board games, hand pampering, housie, happy hour, gardening, and cooking. Regular van outings are organised, including visits to parks, the beach, and local attractions such as a Dahlia farm and the botanical gardens. Residents also enjoy regular visits from entertainers and interdenominational church services. Resident meetings are held monthly. These meetings provide a structured opportunity for feedback on the activities programme.

		Meeting minutes confirm that these are held as scheduled and are well attended. Family/whānau are welcome to participate in these meetings. Additional feedback is gathered one on one with the residents and through satisfaction surveys. Residents and their family/whānau interviewed, consistently reported that the activity programme is engaging and meaningful and appropriate for their needs.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	Oceania Healthcare has organisational policies documented around safe medicine management that meet legislative requirements. All clinical staff responsible for administering medications undergo annual competency assessments, and education on safe medication administration is provided regularly. Registered nurses have also completed training in the use of syringe drivers. During observation, staff were seen administering medications safely. Both registered nurses and healthcare assistants interviewed demonstrated a clear understanding of their roles and responsibilities in medication administration. The facility uses an electronic medication management system alongside robotic packaging for medications. Upon delivery, all medications are checked against the resident's medication chart, and any discrepancies are promptly reported to the pharmacy. Medications are stored securely in four designated medication areas and in locked trolleys. A daily monitoring system is in place for medication room and fridge temperatures; however, records show this has not consistently been completed as scheduled. Systems are in place to regularly check medication stock for expiry dates and quantity. Eye drops and topical creams are labelled with opening dates. A total of 22 electronic medication charts were reviewed. These confirmed that the nurse practitioner and general practitioner review each resident's medication chart every three months, and each chart includes a photo for identification. Allergy and sensitivity status was recorded across all reviewed charts. Over-the-counter medications are prescribed and charted electronically.

		Two residents were identified as self-administering medications. All had initial competency assessments completed by a registered nurse and the general practitioner or nurse practitioner; however three-monthly competency reviews were not consistently completed (link 3.2.1). Safe storage for these medications is provided in each resident's room. Pro re nata (PRN) medications are administered by staff deemed competent in medication management. These were administered as prescribed; however, the effectiveness was not consistently documented in the electronic medication system or progress notes. All administered medications are signed off by the responsible healthcare assistant or registered nurse. There are no vaccines stored on site. Standing orders are not used. Residents and their family/whānau are kept informed of any medication changes, including reasons for the change and possible side effects. These discussions are documented in the progress notes. The clinical manager and registered nurses also described how they collaborate with Māori residents and their family/whānau to ensure culturally appropriate support is provided. This includes timely access to advice, prioritisation of treatment, and a focus on achieving equitable health outcomes.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. A current food control plan was in place, expiring 28th March 2027. Where dry ingredients were decanted into containers for ease of access there is evidence of a decanting and/or expiry date. A dietitian has reviewed the four-weekly seasonal menu. The are two cooks and kitchen hands supporting the kitchen manager. Kitchen staff have completed safe food handling. There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the clinical manager and registered nurses and is notified of any changes to dietary requirements and/or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes,

		dislikes, and special dietary requirements. Residents' profiles (sighted) had been reviewed in line with their six-monthly reviews and updated if required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Staff interviewed could describe tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen manager maintains records for fridge, freezer, and chiller temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Evidence was provided of cleaning schedules being maintained. Meals are served directly from the kitchen for the residents on level one and into hot boxes for residents in all areas. Residents were observed enjoying their meals. Staff were observed supporting residents with meals in the dining area as required. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident and family/whānau meetings, through resident surveys and on an ad hoc basis with any staff member. There is adequate food supply available for each resident for minimum of three days.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and	FA	Planned discharges or transfers are coordinated in collaboration with the residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form, copies of medical history, form with family/whānau contact details, resuscitation form, medication charts and last nurse practitioner or general practitioner review records and a transfer envelope. The residents and family/whānau are involved for all transfers to and from the service, including being given options to access other

coordinate a supported transition of care or support.		health and disability services – tāngata whaikaha, social support or Kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents' records and any instructions integrated into the care plan as applicable. The clinical manager and the registered nurses advised that a comprehensive handover occurs between services.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The buildings, plant, and equipment are fit for purpose at Elderslea Rest Home and comply with legislation relevant to services being provided. The building holds a current warrant of fitness, which expires 29 August 2026. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance officer oversees day to day maintenance requirements for the facility. There are contractors who look after the grounds, gardens, and lawns with weekly visits. Maintenance requests are logged in maintenance request books at reception and in the village community lounge. These are checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing (with identified checks for specific items next due in May 2026) and the checking and calibration of medical equipment, hoists, and scales (next due July 2027). Staff interviewed reported that all equipment required to meet residents' needs is available. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. Hot water temperatures are scheduled to be monitored monthly, and these have been completed as scheduled since last audit. Records reviewed evidence that temperature readings were within accepted ranges and there is a process for referral to a plumber for any that required attention as needed. The service has 103 dual purpose beds with 25 care suites in the Redwood wing, 35 in the Moonshine wing, eight rooms in Golders wing and 35 in Rosewood wing. The Lavender wing is a secure twenty bed dementia unit. The Rosewood dual-purpose wing is located upstairs. The levels are connected by two lifts at reception. All the rooms are single occupancy. There is a combination of rooms

		with care suites having full ensuites and most others with shared ensuites (Jack and Jill). There is sufficient communal toilets and bathrooms throughout the facility. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. All communal bathrooms allow for mobility equipment. There are appropriately placed handrails in the bathrooms and toilets. Fixture's fittings and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contain flowing soap and paper towels. The resident rooms are large enough to provide care and allow for the safe use and manoeuvring of mobility aids. All resident rooms are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. There are outdoor ramps with handrails, outdoor seating, shaded areas, and garden beds. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Group activities occur in the lounges and residents interviewed stated they were able to use alternative spaces if they did not wish to participate in the group activities. The building is appropriately heated and ventilated with radiators operating off a central boiler. The radiators are in the process of replacement. There are radiators in all resident rooms except for the care suites which have individual heat pumps. In addition to the radiators, there are heat pumps in the communal areas providing heating and cooling when required. There is plenty of natural light in the rooms with each room having an external window. The facility has a designated smoking area for residents. The healthcare assistants interviewed stated there was sufficient equipment to safely conduct the resident cares as documented in care plans. Currently the service does not have plans for further development; however, managers stated that they will utilise their links with staff, local kaumātua and iwi to ensure that consideration has been made

		of how designs and environments reflect the aspirations and identity of Māori
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	PA Low	The organisational and site-specific disaster and emergency management policies and plans outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly. Civil defence supplies are stored in each nurse's station and are checked monthly. The facility does not have alternative essential energy and utility sources available, in the event of the main supplies failing. A gas barbeque is available on site for additional means of cooking if required. There is adequate food supply available for each resident and staff for minimum of three days. There is a gravity fed, 20,000 litre tank which is always full. There is 1750 litres of stored water in hot water cylinders, two 150 litre tanks of potable water and 1600 litres of bottles water. There is a total of 23,650 litres of water available in the event of a civil defence emergency, sufficient for ten litres per person for three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors in the care suites and panels in hallways in all other areas to alert staff of who requires assistance. The testing of call bells is included monthly within the annual maintenance plan. Documentation reviewed confirmed these are performed as scheduled with any anomalies addressed as required. The facility is secure after hours with staff conducting security checks at pre-determined times in the evening, checking all doors and windows are safe and secure. Visitors and contractors are instructed to sign

		in and complete visiting protocols. The dementia unit is secure.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	The infection prevention and control (IPC) programme and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, is approved by the CGSG. The infection control programme and AMS programme links to the quality improvement plan and business plan. The national clinical quality manager holds the national IPC role. There is a monthly IPC lead report at the CGSG meeting that tracks all outbreaks, IPC practice, and AMS issues and actions. The clinical manager (identified as the IPC coordinator) provides monthly indicator report that includes infection surveillance activities to the general manager and regional quality business partner. Any trends, actions required and significant events are reported at various facility meetings. Documented evidence showed infections were reviewed with the GP and appropriately managed. The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality improvement system and reported on annually. The clinical manager is the infection prevention and control coordinator and oversees the infection control and prevention programme. There are clearly documented roles and responsibilities related to the infection control coordinator role. The infection prevention and control coordinator (a registered nurse) has completed external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. The infection prevention and control policies have been developed by an external expert. The procedures and policies reflect the requirements of the Standard and are based on current accepted good practice. The infection prevention and control coordinator has

		input into clinical policies that may impact on HAI risk. Staff become thoroughly familiar with policies through comprehensive training provided during orientation and ongoing education sessions and demonstrate adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly residents who independently undertake community visits. Single use medical devices are not reused and were seen to be safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines. Adherence to policy is audited to ensure its safe working state and regular decontamination. The pandemic plan includes the management of unwell residents, management of staff and visitors, food, and laundry services. There is a framework for communicating significant events through monthly combined meeting. An outbreak response is documented, and the pandemic plan has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly. The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control. The clinical manager and IPC coordinator understand the process of involvement, should there be plans for development and ongoing refurbishments of the building. The infection prevention and control coordinator procures all equipment and consumables with support from the general manager and regional quality business partner.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to	FA	The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The antimicrobial stewardship (AMS) programme had been approved by

responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.		the CGSG. The clinical manager, general practitioner, and nurse practitioner monitor compliance with antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. Action plans are developed when necessary to improve AMS activities.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and quarterly. Infection control surveillance is discussed at meetings. A registered nurse oversees the infection surveillance programme with support from the clinical manager. Infection prevention and control data, along with any relevant issues, and progression of infections are communicated to residents and family/whānau as needed. Interviews with the infection prevention and control coordinator evidenced that communication processes are culturally safe. Infection prevention and control data is shared with facility staff, and any recommendations from the GP/NP are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed. There have been four outbreaks since the previous audit (including Covid-19, gastroenteritis, a confirmed norovirus, and respiratory Influenza A). Elderslea Rest Home staff adhered to its outbreak management plan and processes to notify appropriately. There is sufficient PPE stored, and training sessions include outbreak management. Staff reported the outbreaks were well managed and

		additional support were added to the roster.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Linen and personal clothing is laundered on site including the laundry from another Oceania`s facility. The laundry assistants explained the processes to separate the laundry for the two facilities. The laundry facility is operational till 9pm. Linen is laundered daily. Mopheads and kitchen linen are cleaned in separate washing cycles. There is a housekeeper allocated to receive and deliver clean linen and personal clothing. There is a clean and dirty flow within the Elderslea Rest Home`s laundry space with a separate area for folding and hanging. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management; any issues are reported to the infection control coordinator. Linen cupboards had enough linen and towels. There are appropriate number of sluicing facilities within the facility, each with a sanitizer. Appropriate PPE is available and separate hand-washing facilities within the sluices. Chemicals were stored securely, and a closed chemical dispensing system is used. Material safety and data sheets are available. All relevant staff have completed chemical training. The cleaners interviewed stated the weekly cleaning schedules are adhered to. Cleaners are allocated to the roster seven days week. The cleaner’s trolley is stored securely when not in use. Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported that there were no issues with the laundry and cleaning services, noting that the facility is consistently very clean. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provides support to maintain a safe environment during construction,

		renovation, and maintenance activities.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	There is an organisational governance commitment for restraint elimination as documented in Oceania Healthcare Clinical Excellence Strategy. The service's restraint elimination and safe practice policy includes the definitions of restraint, which aligns with the HDSS:2021 standard and confirms that restraint consideration and application must be done in partnership with EPOA, and the choice of device must be the least restrictive. At all times when restraint is considered, the facility would work in partnership with Māori, to promote and ensure services are mana enhancing. The policy covers elimination of restraint, evaluation, and restraint procedures (including emergency restraint). At the time of the audit the service was restraint free. The restraint coordinator is a registered nurse, who is conversant with restraint policies and procedures and is part of the national Restraint Group. An interview with the restraint coordinator described the organisation's commitment to restraint elimination which is achieved using proactive de-escalation strategies and alternatives. All staff receive education in restraint as part of mandatory training and restraint competencies are completed annually. The service considers least restrictive practices, implementing de-escalation techniques, alternative interventions, and only uses an approved restraint as the last resort when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. Where restraint is used, data is to be collated, analysed, and reported along with the quality data which is reported to Oceania Healthcare Clinical Governance Committee. A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required) includes the general practitioner, nurse practitioner, restraint coordinator, EPOA and clinical manager. The restraint programme is discussed as part of

		the facility meetings and three monthly as part of Oceania Healthcare national restraint group.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.	PA Low	Healthcare assistants completed a range of range of dementia related topics including behaviour management, escalation of care to the registered nurse, recognising changes in mood and behaviour. Training records show staff are provided with training opportunities and attend training when required. Staff observed on the day of the audit were skilful in deescalating behaviour. There are registered nurses allocated to the dementia unt to support HCAs. A national dementia specialist and regional quality business partner provide coaching and mentoring. The ARRC clause E4.5.f states “You must ensure that each Care Giver directly involved in caring for Residents	Five of 13 HCAs have completed the required dementia standards; nine of the HCAs that work regularly in the dementia unit are enrolled to complete their dementia standards; however, not within the required timeframe of their appointment.	Ensure staff complete the required dementia standards no later than 18 months after their appointment. 90 days

		in your Dementia Unit achieves the following unit standards (or any unit standards registered in accordance with the Education and Training Act 2020 on the national qualification framework in substitution for a listed unit standard) no later than 18 months after their appointment". Not all HCAs have completed the required dementia training within 18 months of their appointment.		
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	The management interviewed explain a process to schedule performance appraisals for staff. Staff performance appraisals are scheduled as they become due. Not all performance appraisals that should have been completed for 2025 were available in the staff files.	Six of 13 staff did not have evidence of a 2025 performance appraisal on file.	Ensure performance appraisals are completed annually for staff. 90 days
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Moderate	Registered nurses are responsible for completing all the assessments and care plans in collaboration with residents and family/whānau. InterRAI assessments are in place for residents; however, these have not been competed as per policy. Initial assessments and care plans reviewed were not consistently completed within the first 24hrs of admission. Care plan evaluations and resident competency re-assessments were not completed within the required timeframes. The service has well documented policies and procedures that	(i). Four InterRAI assessments (one dementia, one hospital and two rest home) have not been completed within three weeks of admission; one dementia resident's initial assessment was not completed within the required timeframe; five initial long-term care plans (one dementia, two rest home and two hospital) were not developed within the required time frames. (ii). Three dementia level care resident's interRAI reviews and care plan evaluations have not	(i). Ensure that initial assessments, interRAI assessments, long term care plans are completed within the required timeframes as per policy. (ii). Ensure that interRAI reviews and care plan evaluations are completed within the required timeframes. (iii). Ensure that

		meet the requirements of the standard and contracts.	been reviewed six monthly. (iii). One rest home resident self-administration of medication competency has not been reviewed three monthly as per policy.	resident medication competencies are completed as per policy. 90 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly	PA Moderate	The service has comprehensive policies related to assessment, support planning, and care evaluation. Registered nurses are responsible for completing assessments (including InterRAI), developing resident centred care interventions, and evaluating the care delivery six monthly or earlier as residents needs change. The outcome of assessments inform the long-term care plans with appropriate interventions to deliver care. However, interventions in long term care plans reviewed were not detailed to provide guidance for staff in the delivery of care. These included interventions related to pressure injury management, seizures, pain, undernutrition, delirium, and recognition of early warning signs. Observations, supplementary documentation reviewed and interviews with residents, family/whānau, and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care.	(i). Three resident files reviewed (one hospital and two dementia) showed that there are no detailed interventions documented to provide guidance for staff in the delivery of care related to pressure injury management, seizures, and pain. (ii). There were no documented triggers or management strategies for a dementia level care resident with episodes of challenging behaviour. (iii). Two resident files reviewed (one hospital and one dementia) did not have detailed interventions related to undernutrition and delirium as per interRAI CAP triggers. (iv). Two residents (one rest home and one hospital) with recurrent urinary tract infections did not have early warning signs or strategies to prevent recurrence of urinary tract infections in the care plans.	(i). Ensure that there are detailed interventions to provide guidance for staff in relation to assessed needs, CAP triggers, and recognition of early warning signs. (ii) Document triggers or management strategies for a resident with episodes of challenging behaviour. (iii). Document interventions related to undernutrition and delirium as per interRAI CAP triggers. (iv). Document early warning signs or strategies to prevent recurrence of urinary tract infections in the care plans.

documented and communicated; (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; (h) People's care or support plan identifies wider service integration as required.				60 days
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (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; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes	PA Moderate	Staff seek multidisciplinary input as appropriate to the needs of the resident. There is evidence of referral letters and review letters from general practitioner, nurse practitioner, specialist services from Health New Zealand and allied health professionals. However, instructions from specialists have not always been updated in the resident records. Staff interviews confirmed they are familiar with the needs of all residents in the facility and complete required health monitoring interventions for individual residents. However, review of monitoring records showed that these were not consistently completed. Short term care plans were not always completed for short term needs. It was confirmed with the registered nurse that it is required as part of the resident management process for acute issues to have a plan of care developed, goals set, implemented, and evaluated. Progress notes are maintained and	(i). Two resident files reviewed (one hospital, one rest home) showed that there are no short-term care plans completed as per policy in relation to unexpected weight loss, infections, and wound care plan for a pressure injury. (ii). One hospital resident with a current pressure injury did not have a repositioning chart in place. (iii). Episodes of challenging behaviour observed on the day of the audit and discussed at handover for one dementia level care residents were not documented in progress notes or on behaviour monitoring charts. (iv). Two dementia files reviewed show that specialist instructions have not been documented in progress notes or updated in the care plan.	(i). Ensure that short term care plans are developed as per policy for short term needs. (ii)-(iii). Ensure monitoring charts are completed. (iv). Ensure input from specialists is documented and care plans updated 60 days

are documented.		written daily on each shift by staff.		
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.	PA Moderate	The registered nurses are responsible for the development of the care plan. Alerts are indicated on the resident care plan and include but not limited to high falls risk and pressure risk. The clinical manager and registered nurses interviewed understand their responsibilities in relation to care planning. There are comprehensive policies in place related to assessment and care planning; however, resident care evaluations do not demonstrate the degree of progress towards meeting the resident goals. As part of the six-monthly assessment and care plan reviews the service completes case conferences that provide opportunity to review and evaluate resident care plans in collaboration with residents and family/whānau. However, review of the case conferences does not consistently demonstrate that the residents and/or family/whānau have been involved in care review. Healthcare assistants are knowledgeable about the care needs of the residents and report any changes to the registered nurses for further assessment and management.	(i). Seven of seven resident care plans reviewed (three hospital, one rest home, three dementia) do not demonstrate evaluations that record the degree of achievement against the resident goals and aspirations. (ii). Case conferences which provide opportunity to review and evaluate resident care plans in collaboration with residents and family/whānau did not demonstrate that residents and/or family/whānau were part of the conferences or communicated with regarding them in five files (one dementia, two hospital and two rest home).	(i). Ensure care plan evaluations evidence the degree of achievement against the resident goals and aspirations. (ii). Ensure there is evidence of resident and/or family/whānau involvement in case conferences. 90 days
Criterion 3.4.1 A medication management	PA Moderate	There are policies and procedures available for safe medicine management	(i). Effectiveness of administered pro re nata (PRN) medicines has	(i). Ensure that effectiveness of pro re

system shall be implemented appropriate to the scope of the service.		that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Medications were appropriately stored in the four medication rooms and locked trollies. There is a process in place to ensure that medication fridges and medication room temperatures are monitored daily. However, there is no evidence that temperature monitoring and recording has been completed daily for two of the four areas. Review of the last six months records indicate periods where temperature readings were not recorded. When completed the temperature records reviewed showed that the temperatures were within acceptable ranges or corrective actions implemented when out of range. Pro re nata (PRN) medicines were appropriately prescribed with indications clearly documented. Pro re nata (PRN) medicines are administered by staff deemed competent in medication management. These were administered as prescribed; however, the effectiveness was not consistently documented in the electronic medication system or progress notes.	not been consistently documented in the medication management system or progress notes. (ii). Medication room and fridge temperature monitoring has not been consistently monitored as per policy in two of the four medication areas.	nata (PRN) medicines is consistently documented. (ii). Ensure medication room and fridge temperature monitoring is completed as per policy 60 days
Criterion 4.2.7 Alternative essential energy and utility sources shall be available, in the event of the main supplies	PA Low	The organisational and site-specific disaster and emergency management policies and plans outline the specific emergency response and evacuation requirements, as well as the	At the time of the audit, the service did not have a contingency plan in place in the event of a power outage.	Ensure there is essential energy sources available in the event of the main

failing.		duties/responsibilities of staff in the event of an emergency. At the time of the audit there was no evidence to demonstrate that the facility had alternative essential energy and utility sources available, in the event of the main power supplies failing. In addition, the service did not have documentation to evidence that in an emergency the facility would be prioritised for supply of essential energy alternative such as a generator, for business continuity for the vulnerable residents and staff.		power supplies failing. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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