

Presbyterian Support Otago Incorporated - Enliven CastleWood

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Presbyterian Support Otago Incorporated

Premises audited: Enliven CastleWood

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 23 April 2026 End date: 23 April 2026

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 20

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Enliven Castlewood is part of the Presbyterian Support Otago (PSO) organisation. The service is certified to provide rest home level of care for up to 24 residents. At the time of the audit, there were 20 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts 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, general practitioner, management, and staff.

The facility manager is an experienced registered nurse working in the aged care industry and is supported by an experienced clinical manager, quality advisor, and the wider senior management team at PSO. There is a focus on delivering person centred care for all residents, encompassing the Enliven Philosophy in all aspects of service delivery.

This certification audit identified shortfalls related to education and interRAI timeframes.

Ō tātou motika | Our rights

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

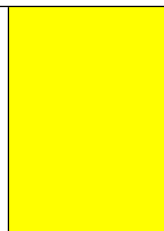


Subsections applicable to this service fully attained.

A Māori health plan is documented for the service. The service works to embrace, support and encourage te ao Māori of health and provide high-quality and effective services for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. A Pacific health plan is documented and available for residents who identify as Pasifika. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. Documentation supports staff who stated residents and family/whanau are kept informed. The rights of the resident and/or their family/whanau to make a complaint is understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

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



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

The strategic plan and business plan documents include a mission statement and operational objectives. Both include strategies to provide equitable care for all residents and identify any barriers to care and services. Presbyterian Support Otago has effectively implemented quality and risk management systems in place that take a risk-based approach. These are implemented at Enliven Castlewood to meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Health and

safety is appropriately managed to ensure the safety of residents and staff. A role specific orientation programme and regular staff education and training are in place. Staff complete annual competencies related to their roles. There is safe storage of staff and resident information.

Ngā huarahi ki te oranga | Pathways to wellbeing

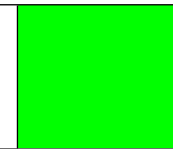
<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned. There is an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and healthcare assistants responsible for administration of medicines have completed annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Residents' food preferences and dietary requirements are identified at admission. The meals are transported to Enliven Castlewood from the sister site (Ranui Home and Hospital) which is situated close by. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs. The service has a current food control plan.

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

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

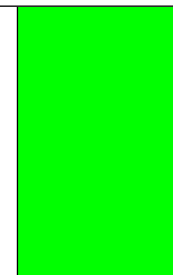


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of tangata whaikaha (residents with disabilities). The facility vehicle has a current registration and warrant of fitness. There are appropriate emergency equipment and supplies available. An approved evacuation scheme is in place, and fire drills are conducted six monthly. Each shift has a staff member who holds a current first aid certificate. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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 control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level. All staff have completed education in relation to infection control and Te Tiriti o Waitangi. Resources in te reo Māori are available. Antimicrobial stewardship is monitored. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to

identify opportunities for improvements. Housekeeping and laundry services are provided seven days a week. There have been no outbreaks reported since the last audit. There were plentiful supplies of personal protective equipment around the facility including face masks and hand gel.

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.
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The restraint coordinator is the clinical manager. The service is committed to a restraint free environment, and there are no residents using restraint. Restraint elimination and safe practise training is included as part of the orientation process and included in the annual mandatory training plan. The service considers least restrictive practices, implement diversion, de-escalation techniques, and alternative interventions, and would only use 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	25	0	2	0	0	0
Criteria	0	166	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and associated best practice cultural policies are documented and available to staff. Te Tiriti o Waitangi is central to the identity of Presbyterian Support Otago (PSO) and their commitment to partnership. Presbyterian Support Otago acknowledges and is committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person’s culture is acknowledged, respected and maintained. The strategic plan includes strategies of how the organisation evidences the implementation of Te Tiriti o Waitangi through all levels of service delivery. Presbyterian Support Otago has affiliations with nine local iwi and seeks regular input from stakeholders to ensure culturally safe service provision.</p> <p>There is evidence of regular engagement and whakawhanaungatanga between PSO and Te Rūnanga o Ngāi Tahu. Te Whare Tapa Wha Māori model of health, the importance of the Te Tiriti o Waitangi and the principles of partnership, protection and participation are part of staff training and enacted in the work with residents. Elements of this are woven through other training as appropriate. The Enliven philosophy and approach means each person’s cultural needs are considered individually. There were residents who identified as Māori on the days of the audit. Family/whānau confirmed during interviews that any cultural preferences were documented during the admission</p>

		<p>process.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. There were staff who identified as Māori at Enliven Castlewood. Staff were interviewed including; one registered nurse (RN), three healthcare assistants (HCA), one activities assistant, one kitchen assistant, one maintenance person, and the facility manager, clinical manager, quality advisor confidently described how culturally appropriate care is provided to all residents in relation to their roles.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health plan was developed by the organisation in consultation with Pasifika advisors from Health New Zealand - Southern. The plan focuses on achieving equity and efficient provision of care for Pasifika and is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in several different languages according to individual resident need. At the time of the audit, there were no residents who identified as Pasifika.</p> <p>Presbyterian Support Otago has several staff from a variety of cultures and relevant staff are consulted to assist with identifying the appropriate linkages in the community as needed. There were staff members who identified as Pasifika employed at Enliven Castlewood. The organisation actively recruits for representation from Pasifika peoples at a governance level. Presbyterian Support Otago have linkages through staff contacts with local Pasifika community groups. All residents have their personal preferences and cultural needs identified on admission in the 'getting to know me' assessment. Family/whānau are routinely invited to be included in the care planning process.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori, this also available in a</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>variety of different languages as required. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau on admission to the service. The facility manager, clinical manager or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the resident/family/whānau meetings. Five residents and three family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available to residents.</p> <p>There are links to spiritual supports. Church services are held. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy and this is reinforced through the education sessions held. The organisation is in the process of reviewing the Enliven philosophy to strengthen resident focused aspects of service delivery which will in turn, encourage and support Māori mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Enliven Philosophy ensures the support of person-centred care, the values and beliefs of individual residents and staff. Residents interviewed stated they have choice. Residents reported they make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents are supported and encouraged to have control over all aspects of their lives and are involved in their care planning. Satisfaction surveys reviewed evidenced a high level of satisfaction, that residents felt they had choice, contributed to the service, and were treated with respect. On the day of the audit, it was observed residents were treated with dignity and respect and staff were observed using person-centred and respectful language with residents. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy</p>

		<p>policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place. The organisation has changed terminology in the quality plan, Māori health plan, policies, training resources, and wording in internal audits to common te reo Māori words and phrases. As an organisation PSO is weaving te ao Māori into all aspects of service delivery. Te Tiriti o Waitangi and tikanga Māori is encompassed through the Enliven philosophy training and online training sessions. Te ao Māori is also incorporated into the activities programme.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The education plan includes abuse and neglect prevention sessions. Staff interviewed could describe signs and symptoms of abuse and neglect and reported they would report any such concerns to the registered nurses, clinical manager, or facility manager. Organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities and holds cultural days to assist in celebrating diversity. The PSO code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff are educated on how to value older people showing them respect and dignity. The residents and family/whānau interviewed confirmed staff are caring, supportive, and respectful.</p> <p>Police vetting checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and included in orientation and through professional responsibility sessions held as part of the ongoing education plan. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and</p>

		<p>responsibilities. A strengths-based and holistic model is prioritised through the Enliven philosophy encompassing; respect (whakaute), relationships (whanaungatanga), security (whakahaumarū), choice (kowhiri), contribution (whai wahi), and activity (ngā mahi te rēhia). There is a focus on promoting and supporting all residents to be as independent as they can be.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about Enliven Castlewood is provided to residents and family/whānau on admission as confirmed on interview with residents and family/whānau. Regular resident meetings identify feedback from residents and follow up by the facility manager. There are policies and procedures relating to adverse events (accident/incidents), complaints, and open disclosure which inform staff of their responsibility to notify family/whānau of any adverse event that occurs. All correspondence with family/whānau and members of the multidisciplinary team is recorded in the residents' electronic file. Adverse event forms reviewed identified family/whānau are kept informed, and where residents have declined the family/whānau notification, this is documented.</p> <p>Family/whānau interviewed stated they are kept informed when their family/whānau member's health status changes and are also updated on what is happening around the facility. The service has access to interpreter services when/if required and this is described in policy.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The facility manager, or clinical manager engage with other health professionals that are involved with the resident such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Policies are in place for informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five electronic resident files were reviewed with signed general consents sighted for outings and photographs as part of the admission process. Specific consents had been signed by resident and families/whānau for procedures such as influenza and Covid-19 vaccines and boosters. The admission agreement is appropriately signed by the resident or the enduring power of attorney. The service welcomes the involvement of family/whānau in decision-making where the person receiving services wants them to be involved.</p> <p>Advance directives and shared goals of care for healthcare, including resuscitation status, had been completed by residents deemed to be competent. There was documented evidence of discussion with the enduring power of attorney. Family/whānau expressed they are engaged as partners in decision-making processes that affect their family member's care and daily experience. Discussions with the HCAs confirmed staff understand the importance of obtaining informed consent when providing personal care and accessing residents' rooms. Training has been provided to staff around the Code of Rights, informed consent, and enduring power of attorney. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care, as evidenced in the residents' files reviewed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The PSO complaints procedure is provided to residents and family/whānau on entry to the service. Complaint forms are accessible in the facility, with advocacy services information provided at admission and as part of the complaint resolution process. The facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC). There have been no complaints since the last audit. At interview the facility manager, clinical manager and registered nurses were all able to describe how any complaints would be managed in accordance with guidelines set by the HDC.</p>

		<p>Residents and family/whānau reported the facility manager and clinical manager are always available and responsive to any query before the issue escalates to a complaint. The residents and family/whānau all reported they felt comfortable raising any issues or concerns with either the registered nurses, facility manager, or clinical manager. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose, which may include representation from Māori. The facility manager maintains an open-door policy. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication. The complaint policy demonstrates equitable processes for residents and whānau identifying as Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Presbyterian Support Otago Enliven Castlewood is situated in Alexandra. They provide rest home care for up to 24 residents. All beds are certified for rest home level care. At the time of the audit, there were 20 residents, including one resident on a short-term Accident Compensation Corporation (ACC). There were no double or shared rooms at the time of the audit.</p> <p>Enliven Castlewood is one of seven PSO aged residential care homes in Otago. The organisation is governed by a board of eight representatives and has a constitution to have up to 12 who meet monthly. Every board meeting including a strategy review session built into the agenda where there is an item of strategic importance discussed. The strategic plan is set for a three-to-five-year period with annual reviews and a roadmap for operationalisation. All board members complete an orientation as per policy. There is a wide range of skills and expertise on the board including a minister from a Presbyterian Church. There are two sub-committees (finance and the audit and risk committee). Each board member is required to be a member of one of these sub-committees based on their expertise. Reports from these sub-committees are discussed at the board at the monthly meeting.</p> <p>Reports from the facility managers are collated and reported through</p>

	<p>the clinical governance advisory group to the board. The clinical governance advisory group (CGAG) has a wide range of expertise including (but not limited to) the CEO, the Enliven general manager, quality advisor, clinical nurse advisor, designated residential manager (annual rotating position – this currently is the Ranui/Enliven Castlewood Manager), a designated senior RN (annual rotating position). The CGAG meet quarterly and start with karakia. All aspects of quality are discussed including (but not limited to) benchmarking, new initiatives, external complaints, certification, policy development and review, and staffing. Meeting minutes are documented and reported to the Board, managers meetings and the wider staff through facility meetings. All quality data includes ethnicity which is used to improve services and outcomes for residents.</p> <p>There is a documented 2025- 2028 plan strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. The annual business plan links to the overall strategic plan and links to the quality plan. A business plan for each facility is created annually with quarterly reviews and annual reporting to the board on outcomes. The quality plan (2025-2026) states that “As part of our strategic plan, PSO has embarked on a journey to fully embrace Te Tiriti o Waitangi and its principles into all aspects of our organisation and the services we provide”. The quality plan is comprehensive and encompasses all areas of Presbyterian Support services. The quality plan includes organisational leadership and management, health, safety and risk, quality improvement, restraint, infection prevention control, staffing, and development. Each facility has site specific annual quality and wellbeing goals for 2025-2026.</p> <p>The Director of Family Works has the responsibility for supporting cultural development within PSO, they have recently restarted the Rōpū (cultural group) which meets quarterly and will review cultural matters within the organisation. There is a current focus on incorporating te reo Māori and phrases into all organisational documents. There is a Māori Health plan in place. A selection of the board members have expertise in Te Tiriti o Waitangi, health equity, and cultural safety. A process to identify and address barriers for Māori for equitable service delivery is ongoing, with additional expertise sought from Māori. There is Māori representation on the board. Tāngata whaikaha provide feedback around all aspects of the service</p>
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		<p>through annual satisfaction surveys and regular resident meetings. The clinical governance (CGAG) committee and board review this feedback to identify barriers to care and improve outcomes for all residents. Input from stakeholders is available and the cultural advisor will also provide feedback and advice around provision of equitable services and minimising barriers to services.</p> <p>Enliven Castlewood is managed by a facility manager who has considerable experience working in the aged care industry. The facility manager is supported by an experienced clinical manager who has been in the role for four and a half years. The management team are supported by the quality advisor, clinical nurse advisor and the senior management team based at head office in Dunedin. The facility manager and clinical manager have exceeded the expected eight hours of education in relation to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The quality programme is implemented by the facility manager with additional support provided by the quality advisor. An annual planner/schedule is implemented that includes timeframes for the completion of internal audits and education. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to NZS 8134:2021. A document control system is in place. Policies are regularly reviewed and include words in te reo Māori. Internal audits are completed as scheduled and signed off by the facility manager. Any non-conformity or where a re-audit is required is completed as scheduled. There are a range of meetings held within the facility including (but not limited to) quality and wellbeing (includes health and safety and infection prevention and control, and staff meetings. Any matters outstanding from previous meetings are addressed and closed off. Meetings include the Enliven Philosophy which includes a principle for the month.</p> <p>The Enliven Philosophy is person centred and promotes health equity providing excellent high quality individualised services for all residents. Quality data is collated for all key performance indicators (KPI). Data includes ethnicity and is analysed and benchmarked between PSO and all other national Presbyterian Support organisations and aged</p>

	<p>care providers nationally. Benchmarking data is reported at all meetings and reported to the board through the CGAG meetings. The results of the quality data is used to improve health outcomes for residents. As an organisation, PSO benchmarking results evidence the organisation is consistently below benchmark for all KPIs. Enliven Castlewood's quality goals include ensuring that all residents have shared goals of care documented. In April 2026 they have achieved 100% of residents with a shared goal of care document. Resident and family/whānau satisfaction surveys are completed annually and the latest surveys were completed in September 2025. The surveys reflected high levels of satisfaction around privacy, environment accessibility, personalisation of resident room, safe/secure environment. The results also showed the respondents would recommend the facility to others. Results were analysed and a summary report was shared with staff, residents and family/whānau. Corrective actions were implemented and completed around the food service.</p> <p>All resident incidents, accidents and near misses are entered onto the electronic resident management system. The electronic adverse event reports reviewed were fully completed, with opportunities to minimise risks identified and implemented. Reports are generated and included in KPI data. Health and safety policies are implemented, and a current hazard and risk register was reviewed. Staff incident, hazards, and risk information is collated at service level, reported to the general manager and a consolidated report and analysis of all facilities is then provided at the CGAG meeting and reported to the board. A health and safety representative (RN) interviewed confirmed that the health and safety committee meet bi-monthly to review any onsite incidents and hazards. External contractors complete an orientation and sign a health and safety agreement prior to undertaking work at the facility.</p> <p>Discussions with the facility manager, clinical manager and quality advisor evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications since the previous audit. There has been one serious adverse event (SAC) report notified to the Health Quality and Safety (HQSC) appropriately regarding a resident's fall resulting in a fracture.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>The organisational policy outlines on-call requirements, skill mix, staffing ratios, and rostering for facilities. The facility manager works full-time, and the clinical manager works four days per week, across both Enliven Castlewood and PSO sister facility, Ranui Home and Hospital. The clinical manager and facility manager spend at least one day each per week at Enliven Castlewood and are available at any time for support and guidance.</p> <p>There is a RN at Enliven Castlewood who works 35.5 hours per week from Monday to Friday. In addition, four RNs from the sister site - Ranui Home and Hospital, assist at Enliven Castlewood part time over four days with clinical oversight, documentation and support for HCAs.</p> <p>Staff and residents are informed when there are changes to staffing levels and care requirements are attended to in a timely manner, as evidenced in staff interviews. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. The HCAs interviewed reported the RNs are supportive and approachable. Interviews with residents and family/whānau indicated that overall, there are sufficient staff to meet the resident needs.</p> <p>There is an annual education and training schedule. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. Presbyterian Support Otago (PSO) have adopted an online training platform (Altura) which provides a wide range of training sessions for staff. Enliven Castlewood staff have completed their mandatory competencies. A comprehensive orientation programme is also provided at employment or when staff from the sister site come to work at Enliven Castlewood. Records of attendance and completion of all training including orientation are maintained; however, not all files reviewed were fully compliant, as one RN and one HCA had not completed all required mandatory education and three files did not have their completed orientation programmes on file. The Enliven philosophy education sessions cover key aspects of all cultures and relates to all areas of service delivery. Cultural training includes te reo Māori, tikanga Māori, education on racism and reflection on individual bias and how these</p>

		<p>impact working practices.</p> <p>Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information. All staff are encouraged and supported to achieve New Zealand Qualification Authority (NZQA) qualifications through Careerforce. There are 10 HCAs in total, six have achieved a level 4 New Zealand Health and Wellbeing certificate. The registered nurses are supported to attend external education and complete annual competencies, including interRAI and syringe driver training.</p> <p>A focus of the health and safety committee includes staff wellness. A wide range of activities were described of ways the service promotes staff wellbeing. Employment Assistance Programme is available to staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held electronically and are password protected. Five staff files reviewed, including one clinical manager, one RN, two HCAs, one cook and one activities assistant, evidenced implementation of the recruitment process. All roles had job descriptions and role specific orientation packages available to complete; however, not all files had a completed orientation on their personal file (link 2.3.4). All letters of offer contain the employment agreement, job description, and code of conduct, which were evidenced as being signed by the facility manager and the employee. All staff who have been employed for more than 12 months have annual appraisals completed as scheduled.</p> <p>Staff ethnicity data is collected and reported as required. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually. There was evidence of staff feedback and discussions held around staff queries and concerns in the meeting minutes reviewed. Staff interviewed felt supported and stated the facility and clinical managers are approachable and were</p>

		aware of the employee assistance programme. Debrief sessions were included in meeting minutes.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>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.</p>	FA	<p>All resident records are held securely in the electronic resident management system which is password protected. Each staff role has limited access to information on the electronic system. Staff no longer working within the organisation have their passwords, logins and access to electronic and online systems disabled. Payroll ensure the staff member has been removed from generic PSO system. All paper-based records are archived and stored securely for 10 years.</p> <p>Electronic systems are backed up regularly and the medication electronic system has battery back up in the event of emergencies.</p> <p>The service is not responsible for the registration of National Health Index numbers.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>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.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>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.</p>	FA	<p>Enliven Castlewood has clear, transparent, and equitable processes guiding staff to manage entry and decline to the service. All prospective residents meet with either the facility manager or clinical manager prior to admission, and initial enquiries may also be facilitated by the administrator. Information packs are available for prospective residents and their family/whānau to support informed and timely decision-making. The administrator records all enquiries on the facility's waiting list, which is jointly managed with the facility manager. Information collected and recorded includes ethnicity data for the analysis of entry and decline rates. Review of resident files confirmed admission to the service complied with the documented entry criteria.</p> <p>InterRAI assessments, needs assessment and coordination service (NASC) and Accident Compensation Corporation (ACC) authorisations, and documentation confirming the appropriate level of care were present in all files reviewed. Admission agreements aligned with contractual and legislative requirements, including clearly documented service exclusions. Residents and family/whānau interviewed reported that they received sufficient information prior to and on entry to the service, and that the process was respectful, well-coordinated, and responsive to their needs. Admission criteria are</p>

		<p>based on assessed need and the service level under which the facility operates. The facility manager or clinical manager is available throughout the admission process to respond to enquiries and support decision-making.</p> <p>Where the service is unable to accept an admission (such as when service cannot meet the assessed level of need or if there is no bed is available), the prospective resident and family/whānau are informed of the reason for decline, and alternative options are provided. Residents and family/whānau are kept updated where there is a delay in entry to the service. The service has established links with local iwi, who provide cultural advice and support for residents and staff. Information is available in both English and te reo Māori. The service demonstrates a commitment to recognising and celebrating tāngata whenua through partnership, staff education, culturally responsive care, and support for whānau involvement. When a resident is accepted for admission, staff facilitate a welcoming and mana-enhancing transition into the service. Orientation includes introductions to staff, guidance on routines, call bell use, and familiarisation with the environment.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five resident files were reviewed, including one resident funded under ACC. Registered nurses complete an initial assessment and admission care plan for all residents on entry to the service.</p> <p>The service has implemented a comprehensive “Getting to Know Me” assessment and care planning tool. The tool integrates holistic assessment and care planning into a single process, addressing physical, cognitive, sociocultural, and medical domains of wellbeing. It incorporates interRAI CAP triggers, outcome scores, and interRAI scales, supporting clinical reasoning and strengthening the link between assessment findings, identified needs, and long-term care planning. The “Getting to Know Me” assessment has been adapted to include respite and short-term admissions where interRAI assessment is not required, ensuring a consistent and comprehensive approach across all admission types. Where respite residents transition to long term care, the assessment is reviewed and updated accordingly.</p> <p>Review of documentation confirmed resident and family/whānau</p>

	<p>involvement in assessment processes, including interRAI assessments and the development of long-term care plans where applicable. All resident files reviewed evidenced completion of care plans within required timeframes. InterRAI reassessments and long-term care plan reviews were completed six monthly, or earlier in response to changes in residents' health status. Initial interRAI assessments are required to be completed within 21 days of admission. The "Getting to Know Me" assessment is reviewed approximately six weeks post admission; however, not all initial interRAI assessments were completed within the required timeframe.</p> <p>Barriers that prevent whānau and tāngata whaikaha from independently accessing information are identified, with strategies documented in residents' care plans. A Māori health plan and cultural awareness policy supports Māori and family/whānau to identify and achieve their own pae ora outcomes within care planning.</p> <p>Care plans documented within the electronic resident management system were resident focused and individualised. Long term care plans identified assessed support needs, resident goals, and planned interventions to manage identified health conditions and risks. Evaluation of goals was evident, with progress documented and care plans updated in response to changes in residents' needs and health status. All residents had the "Getting to Know Me" assessment completed on admission, and the care plan reflected their goals, aspirations, independence, and ongoing community involvement.</p> <p>Relevant clinical information, including discharge summaries, medical and allied health documentation, and records of consultation with residents and family/whānau or significant others, was available within residents' electronic files, supporting an integrated approach to care planning.</p> <p>The service accesses local general practitioner practices (GP), and residents may remain with their existing GP on admission, supporting continuity of care. Local GP practices provide after hours medical cover through an alternating on call roster. Where escalation is required, residents are transferred to Dunstan Hospital for acute assessment and management. The GP interviewed reported satisfaction with the standard of care, including the quality of clinical assessments and appropriateness of referrals and transfers. The</p>
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	<p>clinical manager or RNs are available 24/7 for clinical advice and decision making.</p> <p>Allied health support includes physiotherapy services for two hours per week and monthly podiatry visits. Additional allied health and specialist services, including speech language therapy, dietetics, continence advisory services, hospice input, and wound specialist services, are accessed as required. Allied health interventions were documented and integrated into residents' care plans.</p> <p>Short term care plans for infections, wounds, and acute health issues were consistently utilised and completed within required timeframes, with interventions transferred appropriately into long term care plans. Short term care plans were also implemented following GP and allied health recommendations, ensuring timely management of identified needs.</p> <p>Healthcare staff commencing duty participate in a comprehensive verbal handover process at the start of each shift, observed during the audit. Progress notes were completed each shift by HCAs, and weekly RN reviews included documentation of incidents, GP visits, changes in health status, and other relevant clinical updates.</p> <p>Residents and family/whānau interviewed reported care needs were being met and confirmed they were informed of changes in health status, including infections, incidents, GP reviews, and medication changes. This was supported by consistent documentation in progress notes.</p> <p>The wound register contained detailed wound assessments, management plans, evaluations, and photographic evidence demonstrating healing progression. At the time of audit, two residents had active wounds, including chronic ulcers nearing resolution and a surgical wound. There was no pressure injuries identified. District nursing input supported the management of chronic ulcers, with appropriate external clinical collaboration evident.</p> <p>Nutritional interventions were incorporated where indicated to support wound healing, including additional protein supplementation for residents with slow healing or chronic wounds, aimed at optimising nutritional status and tissue repair. The service has trialled protein supplementation as a clinical intervention, informed by assessment</p>
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		<p>and multidisciplinary input. This approach is monitored across several PSO services for residents with chronic or non-healing wounds and contributes to organisational evaluation of clinical effectiveness.</p> <p>Care plans reflected required monitoring interventions, and staff completed monitoring records including bowel charts, vital signs, weights, food and fluid intake, pain assessments, behaviour monitoring, blood glucose levels, repositioning, and restraint monitoring where applicable. Neurological observations were completed for unwitnessed falls and suspected head injuries in accordance with policy.</p> <p>Staff interviewed confirmed that sufficient wound care and continence products, as well as appropriate equipment, are available to support the delivery of care.</p>
<p>Subsection 3.3: Individualised activities</p> <p>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.</p>	<p>FA</p>	<p>Enliven Castlewood provides a structured, meaningful, and individualised activities programme that supports residents to participate in activities reflecting their interests, identity, culture, and stage of life. The programme promotes social connection, independence, wellbeing, and community engagement. The activities programme is delivered by two designated activities assistants, with support from the PSO Ranui activities team and PSO head office, enabling access to shared resources and programme development. Activities are provided for approximately six hours daily, with flexibility to extend coverage on weekends for special events and community-linked activities.</p> <p>Activities are planned, varied, and delivered daily through structured morning and afternoon sessions. Activity calendars reviewed for 2025 and 2026 evidenced a diverse programme incorporating cognitive, physical, social, recreational, creative, and music-based activities. The programme includes both group activities and one to one engagement, including room visits for residents who prefer or require individualised support, ensuring inclusion regardless of ability or preference.</p> <p>The activities programme reflects seasonal, cultural, and commemorative events, supporting residents' identity and connection to meaningful occasions. Events observed included New Year</p>

	<p>celebrations, St Patrick’s Day activities, Easter celebrations and church services, Anzac Day commemorations, and culturally themed reminiscence and armchair travel sessions.</p> <p>Enliven Castlewood maintains strong community links that are embedded within the activities programme. Residents are supported to engage with the wider community through visits from schools, community groups, entertainers, and volunteers, shared activities with other PSO services, and organised outings.</p> <p>On admission, residents complete a social assessment (“This is my life”) that captures personal history, cultural identity, interests, and preferences. This information informs the activities component (social, cultural, spiritual, and lifestyle) of the care plan, ensuring activities are tailored to the individual. Care plans are reviewed regularly, and activities are adapted in response to changes in residents’ needs, preferences, and health status.</p> <p>The service supports cultural responsiveness and inclusion. Activities reflect residents’ cultural identities and preferences, including opportunities to participate in te ao Māori through recognition of significant events such as Waitangi Day, Matariki, and Māori Language Week, and the incorporation of cultural elements meaningful to residents.</p> <p>Residents are supported to access their communities of choice where possible through organised outings and external engagement. The programme allows flexibility, with scheduled free time, particularly on weekends, and activities adapted as required. Monthly birthdays are acknowledged, supporting residents’ identity, celebration, and social connection.</p> <p>Residents and family/whānau are encouraged to provide feedback through informal discussions and resident meetings. Feedback obtained during the audit confirmed the activities programme is meaningful, enjoyable, and responsive to residents’ preferences.</p> <p>The physical environment supports activities delivery, with multiple communal spaces and access to outdoor areas enabling both group and individual engagement. Residents were observed participating in activities and interacting socially during the audit.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The service maintains a comprehensive medication management system aligned with legislative requirements and safe medication practice guidelines. Policies and procedures guide all aspects of medication management, including prescribing, storage, administration, monitoring, and documentation. Medications are stored securely within a locked nursing station and administered using a lockable medication trolley. The medication cabinet was inspected and confirmed to be secure, organised, and of sufficient size to support safe preparation and storage. The medication cabinet and medication fridge temperatures are monitored daily and were within acceptable ranges at the time of audit.</p> <p>The service uses an electronic medication management system. All regular medications are supplied in robotic packs, and PRN (as required) medications are supplied in unit dose packs. Medications are checked against the electronic medication chart on delivery, with discrepancies reported to the supplying pharmacy. All medications, including stock items, are checked monthly. Medications with a short shelf life, including eye drops, were appropriately dated on opening and discarded in accordance with manufacturer instructions.</p> <p>All staff administering medications, including RNs and medication-competent HCAs, complete annual medication competency assessments. Ongoing education supports safe practice. Observations confirmed medications were administered safely and in accordance with policy, and staff interviewed clearly described their roles and responsibilities.</p> <p>Ten medication charts were reviewed and included current resident photographs and documented allergy status. Charts evidenced regular three-monthly general practitioner reviews. Standing orders are not in use, and vaccines are not stored onsite.</p> <p>As required (PRN) medications were administered in accordance with prescriptions, and effectiveness was consistently documented in the electronic medication system. Medication-competent staff sign for each medication administered. Over-the-counter medications, vitamins, supplements, and alternative therapies are overseen by the</p>

		<p>general practitioner and charted in the electronic system.</p> <p>The service supports residents to self-administer medications where appropriate. One resident was assessed as competent to self-administer, with three-monthly competency reviews completed by the GP. Secure medication storage was sighted in the resident's room.</p> <p>Residents and family/whānau are informed of medication changes, including rationale and potential side effects, with communication documented in progress notes. Registered nurses and the clinical manager described working in partnership with residents and family/whānau to support understanding of medications, promote safe use, and achieve positive health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Food at Enliven Castlewood is prepared on the PSO sister site Ranui. Interview with the chef provided information regarding how the management of dietary requirements and menu occurs for Enliven Castlewood. A dietary register was sighted, which clearly documents resident allergies, intolerances, texture-modified requirements, dislikes, and special dietary needs, including pureed and soft diets. This supports accurate communication of dietary requirements and consistency of meal provision. The seasonal four-week menu is reviewed by an organisational registered dietitian. Meals are transported to Enliven Castlewood in temperature-controlled hot boxes. On arrival, food temperatures are checked and recorded prior to service, and meals are placed in a warmed bain-marie to maintain safe serving temperatures. Temperature monitoring records sighted evidenced checks on receipt and prior to service.</p> <p>Enliven Castlewood has a fully functional kitchen used for reheating (as required), and serving meals, with meals plated on site. A kitchen assistant is present during lunch and dinner service to support meal service, alongside HCAs. Staff involved in food service confirmed completion of food safety training. Snacks, including fruit and sandwiches, are available 24 hours a day. Residents can choose where they dine, including communal areas or in their rooms.</p> <p>Fridge temperature monitoring records at Enliven Castlewood were</p>

		<p>sighted and were within acceptable ranges at the time of audit. Decanted food items were appropriately labelled. Cleaning schedules are maintained. Staff were observed wearing appropriate personal protective equipment, and chemicals were stored safely.</p> <p>The service ensures residents' nutritional and hydration needs are assessed, monitored, and met. All residents undergo a nutritional assessment on admission, and this information is used to inform care planning and food service delivery. Nutritional requirements, including allergies, intolerances, cultural preferences, and texture-modified diets, are documented in the resident's "Getting to Know Me" assessment and long-term care plan, which is reviewed regularly as part of ongoing clinical review processes.</p> <p>Residents' cultural needs are supported through engagement with residents and their family/whānau to accommodate preferences and requests where possible. Cultural values and beliefs are considered in menu provision.</p> <p>Residents are weighed monthly, or more frequently when clinically indicated, with results recorded and trended in the electronic resident management system. Nutritional needs, including swallowing difficulties and food and fluid texture requirements, are documented in care plans. Residents with identified nutritional risks are followed up through clinical review processes, including referral to a dietitian as required.</p> <p>Residents and family/whānau interviewed expressed satisfaction with the quality, variety, and presentation of meals. Feedback is sought through resident meetings and informal discussions.</p> <p>The dining environment was observed to be safe and supportive of resident dignity. Staff were observed assisting residents appropriately during mealtimes, and residents were supported to maintain independence where possible.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>residents is undertaken in a timely and safe manner. The resident and family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The Clinical Manager and RN could explain the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires 30 May 2026. The environment is inclusive of peoples' cultures and supports cultural practices. The contracted maintenance person works 16 hours a week at Enliven Castlewood with flexibility for additional work as required. There is a maintenance request book for repair and maintenance requests located in the nurse's station. This is checked and signed off when repairs have been completed. There is a monthly, six monthly and annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/ trades services are available 24 hours as required. Testing and tagging of electrical equipment was completed in May 2025. Medical equipment, hoists, and scales were last checked and calibrated in March and April 2026. The facility vehicle has a current registration and warrant of fitness.</p> <p>Enliven Castlewood has 20 single bedrooms of adequate size to support safe care delivery and mobility equipment use. Doorways allow safe transfers, and residents were observed moving freely with mobility aids. Rooms are personalised, supporting comfort and belonging. There are eight rooms with shared ensuite and communal bathroom facilities are located close to bedrooms, with appropriate fixtures and flooring. Corridors are unobstructed and promote safe movement. Communal spaces include multiple lounges, dining areas, a sunroom, and seating alcoves, enabling social engagement, supervision, and activities. Outdoor courtyards and gardens are safely accessible, with seating, shade, and ramp access for mobility aids. All areas have adequate natural light, ventilation, and heating, with individual heaters</p>

		<p>in bedrooms and heat pumps in communal spaces.</p> <p>The environment supports cultural identity and practices, with organisational processes ensuring Māori aspirations and design considerations are incorporated into any refurbishment or development. A contracted maintenance person provides 16 hours per week at Enliven Castlewood, with flexibility for additional work as required. There is a main dining room with separate lounge and activities room for main and group activities. There are seating alcoves throughout the facility. There is electric wall heating in all resident rooms which can be individually adjusted and heat pumps in the communal areas throughout the facility. The heat pump in the lounge has been updated. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. All bedrooms and communal areas have ample natural light and ventilation.</p> <p>There are no plans for building projects, or further refurbishments; however, if this arises, PSO have procedures in place to utilise their Māori contacts to ensure aspirations of Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Enliven Castlewood provides a planned and safe environment for residents, staff, and visitors through comprehensive emergency management and security systems, aligned with PSO Enliven policies. Emergency management policies, including the pandemic plan, clearly outline staff roles and responsibilities and procedures to support a safe and timely response to fire, civil defence, health, and other emergency events.</p> <p>An approved Fire and Emergency New Zealand evacuation scheme dated 6 December 2022 is in place. Fire evacuation drills are conducted at least six monthly, with the most recent drill completed on 25 November 2025. A current resident register, including mobility status, is maintained to support evacuation planning and ensure residents requiring assistance are identified.</p> <p>Emergency preparedness includes civil defence planning and resource management. The service maintains a 5,000-litre water supply, ensuring provision of at least three litres per person per day for a minimum of seven days. Food supplies are maintained for a minimum</p>

		<p>of five days, with contingency planning in place to support extended emergency situations. Civil defence kits containing emergency equipment, including radios and torches, are stored on site and checked regularly. In the event of loss of utilities, the service has battery powered emergency lighting and a documented arrangement with a local provider for generator access. Alternative cooking methods, including a gas hob and barbecue, support continuity of meal provision during power outages.</p> <p>Staff are trained to respond effectively to emergency and security situations. Emergency management education is included in staff orientation, contractor induction, and ongoing training programmes, including fire safety and evacuation procedures. A minimum of one staff member with current first aid certification is always on duty. Staff interviewed demonstrated knowledge of emergency procedures and their responsibilities in maintaining safety.</p> <p>An effective call bell system is available throughout the facility, including residents' rooms, ensuites, communal toilets, and lounge and dining areas. Observations confirmed that call bells were accessible to residents. Residents and family/whānau interviewed reported that call bells are answered in a timely manner, supporting prompt access to assistance.</p> <p>Security arrangements are appropriate to the setting and resident needs. The facility is secured after hours, with regular staff checks supported by an external security service.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>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.</p>	<p>FA</p>	<p>The infection prevention and control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. Infection prevention and control is discussed in the combined quality forum group. The group has representation from each facility and includes the PSO clinical nurse advisor who provides support as the infection prevention coordinator across the group. The service also engages with infection prevention and control (IPC) team from Health New Zealand - Southern for additional support if needed.</p>

		<p>Infection rates are presented at staff meetings and discussed at quality meetings and CGAG meetings. The board receives reports on progress of quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources, and costs associated with infection control and AMS two-monthly, and any significant infection events. The service has access to infection prevention and control support from Health New Zealand. Outbreaks and significant infection prevention and control events are reported to the facility manager immediately, who notifies PSO head office.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The IPC manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the IPC team and training and education of staff. Policies and procedures are reviewed on a regular basis in consultation with the IPC coordinators. Policies are available to staff via the intranet. The organisational infection control programme is reviewed annually as part of the quality plan. Infection surveillance data is collated monthly and is included in the benchmarking data. An outbreak management plan is in place. Adequate supplies of personal protective equipment were sighted, and staff had implemented good isolation precautions. The IPC coordinator is the clinical manager who oversees infection control and prevention across the facility. The IPC coordinator has attended external IPC education.</p> <p>Infection prevention and control is discussed at all facility meetings. There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and disinfected after use, prior to next use. Cleaning, IPC, and environmental audits are completed to safely assess, and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. The quality advisor and the IPC coordinator have input into the procurement of good quality personal protective equipment (PPE), medical and wound care products, and would be involved if there were any major refurbishments or building projects. Expiry dates of equipment and infection control stock are regularly checked. There is good external</p>

		<p>support from the GP, laboratory, and the PSO quality advisor.</p> <p>The IPC policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. The service has hand hygiene posters which incorporate te reo Māori into IPC information for Māori residents and visitors. The organisation can source educational resources in te reo Māori information around IPC for Māori residents. The clinical manager and facility manager explained how they will ensure participation in partnership with Māori for the protection of culturally safe practice in IPC and acknowledge the spirit of Te Tiriti o Waitangi.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>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.</p>	FA	<p>The organisational antimicrobial use policy and procedure is in place. The IPC coordinator monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. The IPC coordinator has adopted the 'guide to improving the use of antibiotics in the management of urinary tract infections' published by the Health Quality and Safety Commission. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at quality meetings. The management team are working alongside the pharmacies and GPs to reduce polypharmacy</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</p>	FA	<p>Infection surveillance is an integral part of the IPC programme and is described in the IPC policies. Monthly infection data is collected by the clinical manager from the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a facility monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection prevention and control surveillance is discussed at facility</p>

<p>drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>meetings, clinical forum meetings, and the CGAG meetings. Ethnicity data is included in surveillance data captured around infections and this is included in the meeting minutes. Meeting minutes and graphs are available for staff at all meetings. Action plans are required for any infection rates of concern.</p> <p>Annual internal IPC audits and biennial five movements of hand hygiene audits are completed, with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. No outbreaks have occurred at Enliven Castlewood since the last audit. Appropriate isolation precautions were in place, and all staff were wearing appropriate PPE as per policy. There are outbreak kits and PPE were plentiful and easily accessible.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>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.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies are in place regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturers' labels and stored in locked areas. The cleaning trolley was kept secure when not in use and are stored in a locked cupboard, with stock cleaning chemicals. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and staff were observed to be wearing appropriate PPE as they carried out their duties on the days of audit. Sluice rooms have infection control posters displayed prominently on walls. There are stainless steel benches, separate handwashing facilities with flowing soap and paper hand towels. There is a sanitiser in each sluice room. Plentiful supplies of PPE are easily accessible.</p> <p>Housekeeping and laundry services is provided seven days a week. The clinical manager (IPC coordinator) interviewed carries out education with the housekeeping staff regarding infection prevention control practices and the laundering infectious linen. Laundry has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. Clean linen is returned to linen cupboards on trolleys while personal laundry is returned in individual</p>

		<p>baskets. The linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. Surveys evidenced residents and family/whānau across the service levels were satisfied with the cleanliness of the facility and laundry services provided. Environmental and IPC audits are completed to ensure compliance. These are monitored and reviewed by the infection control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>At the time of the audit, no residents were using restraint. Enliven Castlewood has a restraint minimization and safe practice policy that outlines the process for restraint assessment, approval, monitoring, review, and reporting. The policy includes requirements for holistic assessment, cultural and historical considerations, identification of alternatives and de-escalation strategies attempted, risk assessment, and GP involvement in the approval process. The clinical manager is the restraint coordinator and provides oversight of restraint processes, including maintaining the restraint register, coordinating reviews, and supporting staff. The staff interviewed, including the restraint co-ordinator, RNs and HCAs were familiar with the restraint policy and their roles.</p> <p>The restraint coordinator confirmed any restraint consideration would involve the resident, family/whānau, and the multidisciplinary team, with decisions for Māori made in partnership with whānau in a mana-enhancing manner. The policy requires only the least restrictive option is approved when restraint is used. Restraint data, if any, would be reported through quality and staff meetings and to the organisation's CGAG. Governance oversight of restraint elimination was confirmed by the quality advisor. Restraint elimination is included in staff orientation and annual training, with competencies required.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</p> <p>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.</p>	PA Low	A comprehensive education plan is in place to deliver the compulsory topics to all staff to ensure ongoing learning and development for staff to ensure they are able to provide high-quality safe services. A comprehensive orientation is completed by all staff; the facility manager and clinical manager were sure these had been completed, however; these were not on the file.	<p>(i) Not all compulsory education topics have been completed by RNs and HCAs as per the education plan</p> <p>(ii) Orientations are not filed on three of the five staff personal files.</p>	<p>(i) Ensure all compulsory topics are provided and records updated as per the education plan.</p> <p>(ii) Ensure all completed orientations are held on staff files.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>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</p>	PA Low	The resident’s clinical record evidenced that an initial assessment and interim care plan were completed on admission, with RN input to guide immediate care needs and ensure continuity of services. InterRAI assessments were completed and informed long-term care planning; however, review identified that not all interRAI	Three out of five files reviewed showed that the InterRAI initial assessments were completed between sixty to ninety days from the date of admission.	Ensure all interRAI initial assessments are completed within 21 days of admission in line with ARRC D16.2 requirements.

receiving services requests this.		assessments were completed within the required 21-day timeframe following admission, as required under ARRC D16.2. Care plans reviewed reflected residents' assessed needs, including clinical conditions and support requirements, and demonstrated resident involvement, with whānau engagement occurring in accordance with resident preference.		90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.