Karaka Court Limited - Woodlands of Feilding

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:	Karaka Court Limited
Premises audited:	Woodlands Of Feilding
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 July 2024 End date: 18 July 2024

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: 72

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Woodlands Of Feilding is certified to provide hospital (medial and geriatric), and rest home levels of care for up to 80 residents. There were 72 residents on the days of audit.

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

The service is managed by an appropriately qualified clinical manager who is supported by the administration manager. The company director also plays a role in management. Residents and family/whānau interviewed responded positively about the care and support, specifically highlighting the cleanliness and spaciousness of the facility.

This audit identified that the service meets the intent of Ngā Paerewa Standard.

Ō tātou motika | Our rights

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

Residents and their family/whānau are informed of their rights according to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

Woodlands of Fielding has strong connections with Orangi Marae through staff, and with Kauwhata and Poupatatē marae through residents. A Pacific People's Health Plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. The informed consent process is well understood and implemented by staff. Complaint processes are equitable, with complaints promptly resolved in collaboration with family/whānau.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

Woodlands of Fielding has a documented business plan, mission, philosophy, and objectives. It has implemented quality and risk management systems with internal audits and meetings occur as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes.

Residents and families/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.

There is an admission package available prior to or on entry to the service. The clinical manager and 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/or 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.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities coordinator provides and implements an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Opportunities are facilitated to participate in te ao Māori.

Residents' food preferences, cultural needs and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Transfer and discharges occur in a coordinated manner in collaboration with the resident, family/whānau, and other service providers to ensure continuity of care.

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

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

The building holds a current warrant of fitness. An implemented maintenance plan ensures the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are spacious.

All rooms have full ensuite, dual purpose and for single occupancy. Rooms are personalised with ample light and adequate heating.

Documented systems are in place for essential, civil defence, emergency, and security services. There is always a staff member on duty with a current first aid certificate.

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

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

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the directors, and integrated into the quality improvement system. There is a documented outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained. The clinical manager oversees infection surveillance, sharing infection control data with staff, and ensures that GP and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

Here taratahi | Restraint and seclusion

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

The service aims to eliminate restraint. This is supported by the policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were hospital and rest home residents using restraint at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions. Staff complete restraint competencies. Restraint elimination strategies are discussed at various meetings. Restraint is benchmarked.

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	29	0	0	0	0	0
Criteria	0	176	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to the Treaty of Waitangi. Woodlands of Fielding has established connections with Orangi Marae through staff members and with Kauwhata and Poupatatē marae through current residents. Additionally, the service is supported by a kaumātua who resides within the facility. The owner/director, who is Māori, mentioned in an interview that they can access cultural support and guidance from these established relationships with local marae. The recruitment policy includes provision of an equitable recruitment process. The clinical manager and administration manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were staff identifying as Māori at the time of the audit, including members of management. Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. Staff members who identify as Māori reported in interviews that their right to Māori self-determination is recognized and they feel culturally safe in the workplace. Interviews with staff confirmed that manu motuhake is respected and they are well-equipped to deliver equitable services. Māori residents are also

		supported by a Māori GP who is fluent in te reo Māori.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	There is a Pacific people's health plan is in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pasifika communities is being assisted by a Pacific staff member. Interviews with the clinical manager and the staff confirmed that they understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. At the time of the audit, there were no residents who identified as Pasifika.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with residents (two hospital and four rest home level care), family/ whānau (four hospital and one rest home level care) and staff (five caregivers, two RNs, two activities staff, one cook, one maintenance and one laundry staff) confirmed that staff are respectful and considerate of residents' rights in line with the Code. The clinical manager confirmed the involvement of independent advocacy when required. Regular resident meetings provide a valuable platform for residents to voice their preferences regarding various aspects of the home including food and activities. An independent advocate conducts resident meetings, and the meeting minutes and residents' wishes are conveyed to management. Documented evidence shows that follow-ups are completed. The service actively supports and encourages whānau engagement and welcome visits. Residents and whānau interviewed reported being made aware of the

		Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights. During the audit, the service had three Māori residents. The clinical manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake, which was further confirmed through interviews with a Māori resident and a Māori staff member.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Resident file reviews and interviews with staff, residents and family/whanau confirmed that Woodlands of Fielding is responsive to resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room with full ensuite facilities. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal priorities are supported, which was observed during the audit and reflected in individualized care plans. In interviews, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language, and mana motuhake when they have Māori residents. A staff member and a contracted GP speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week. Staff received training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. Staff welcomed auditors using Māori greetings and described their practice of incorporating common te reo Māori phrases in daily interactions with Māori residents and for everyday greetings. Te reo

		Māori signage was visible throughout the facility, and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident, or whānau interviews, or in the reviewed documentation. Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported that their property is respected, and professional boundaries are consistently maintained. The service follows a process of managing residents' finances through invoicing. Residents maintain a comfort account to avoid handling cash. Internal audits of the Code of Rights and cultural values were conducted to ensure compliance. The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Additionally, the staff satisfaction survey revealed high levels of satisfaction with communication, a safe work environment, and the absence of a bullying culture. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. The audit confirmed that a strengths-based and holistic model is prioritized to ensure wellbeing outcomes for Māori residents. At the time of the audit, residents who identified as Māori had care plans with sections designed to capture relevant cultural information, in line with the four cornerstones of Te Whare Tapa Whā model of health and

		wellbeing.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Residents and whānau interviewed provided positive feedback, noting that communication is open and effective, and they felt listened to. They expressed comfort in raising concerns with staff and management, and consistently felt heard and understood. Review of twelve incident and accident reports (five hospital and seven rest home level care) confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the Enduring Power of Attorney (EPOA) were kept current, with a secondary contact noted when the EPOA was unavailable. Additionally, access to cultural advisers was documented in residents' files when needed. A GP interview confirmed timely communication and appropriate follow ups. A review of residents' meeting minutes confirmed that residents can raise issues with staff or their independent advocate. These concerns are followed up, and any issues are addressed promptly. Information is provided to residents and relatives on admission. Three-monthly resident, and six-monthly family meetings identify feedback from residents and subsequent follow up by the service. The registered nurses described an implemented process around providing residents and families/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Woodlands of Fielding has access to interpreter services and cultural advisors/advocates when required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access	FA	There are policies around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Nine electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. Specific consent has

and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		been signed by resident or their enduring power of attorney (EPOA) for procedures such as influenza, Covid vaccines and other clinical consent. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated a medical certificate for incapacity is on file. An advance directive policy is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code including informed consent. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The RNs and the clinical manager have a good understanding of the organisational process to ensure Māori residents involved the family/whānau for collective decision making. Support services for Māori are available.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and	FA	The management team interviewed stated they have a good understanding of including residents and family/whānau in decision making. The clinical manager maintains a complaints file containing all appropriate documentation. There have been no complaints in 2024. In 2023, two complaints were

their care and support. 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.		received; these were formally acknowledged, investigated, and reported back to the complainant with documented resolutions. Complainants were informed of their rights to appeal, including how to access advocacy services and escalate the issue to the Health and Disability Commissioner (HDC). One of these complaints was escalated to the HDC; however, the HDC took no action. Staff are informed of complaints in the quality /staff meetings. Documentation demonstrated that complaints are being managed in accordance with guidelines set by the HDC. The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and family/ whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. The complaints process is equitable for Māori. The clinical manager was aware of the preference for face-to-face communication with people who identify as Māori. In an interview, a Māori resident stated that they had no issues to raise and were aware of the process for doing so. Residents and whānau interviewed confirm the management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Woodlands of Fielding holds contracts with Te Whatu Ora Health New Zealand -Te Pae Hauora o Ruahine o Tararua Mid-Central to provide rest home and hospital services. The service provides care for up to 80 residents across two service levels (rest home and hospital) in two 40-bed units (Karaka and Totara) which are further divided into two wings. All rooms are dual-purpose however, the service has chosen to split the facility into a rest home and hospital of 40 beds each. On the day of audit there were 72 residents in the facility with 52 rest home residents (12 of those were in the hospital unit) and 20 hospital residents. There was one resident on ACC pathways (hospital level care), one resident under hospital level respite care, one resident under age of 65 (YPD contract, hospital level care) and two rest home residents were not

		assessed and privately funded. Woodlands of Feilding is the trading name of Karaka Court Limited - a privately owned company with two directors. Karaka Court Limited has a 2024-25 business contingency plan that includes a mission, philosophy and objectives of the service. The owner / director who is Māori is connected to Ngāti Ruanui. The owner /director possesses a deep understanding in Te Tiriti and health equity and supports meaningful inclusion of Māori and ensures the organization's values and goals reflect the needs of Māori. Interviews with owner/director confirmed that they focus on improving outcomes for Māori and people with disabilities, ensuring equity in all aspects of the service works. The administration manager, fluent in Māori, acts as the primary point of contact for Māori residents, ensuring the delivery of equitable services. This has been confirmed through staff and Māori resident interviews. The clinical manager is an experienced RN with over 10 years' experience in aged care and reports to the owner/director who lives locally and has a regular presence at the facility. The clinical manager collaborates closely with a clinical manager from their sister company in Palmerston North. She is supported by the owner /director and administration manager. There is a weekly meeting with the owner/director related to day-to-day operational activities and reporting on the quality and risk management programme including meetings, training, health and safety, infection prevention and control, staffing, internal audits, complaints If any), cultural safety and survey results. Auditors observed the owner/director actively interacting with residents and families, demonstrating her thorough understanding of the daily operations of the service. The clinical manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility through attending regular aged residential care forums and online training.
Subsection 2.2: Quality and risk	FA	Woodlands of Fielding has implemented a comprehensive quality and risk management programme that includes performance monitoring

The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.		through internal audits and the collection of clinical indicator data. Policies and procedures are up to date. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Resolved issues are signed off and discussed at staff meetings. Quality data on infections, restraint use or lack of it, incidents, and wounds is collected, analysed, and reviewed at staff meetings. Resident and family satisfaction surveys are conducted annually, with the 2023 results indicating high levels of satisfaction with the service. Policies and procedures are maintained in hard copy, and staff have confirmed they can access these documents as needed. Each incident/accident is documented in hard copy. Twelve accident/incident forms reviewed for May – June 2024 indicated that the forms are completed in full and signed off by the clinical facility manager. Incident and accident data is collated monthly and reported in the staff meetings. Health and safety meetings occur as part of the integrated staff/quality meetings. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation and annually. Oxygen was stored securely, and appropriate signage was displayed. The hazard register was reviewed in 2024. Discussions with the clinical facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT of a pressure injury and an absconding resident in 2024 and three notifications in 2023 includes RN shortage (one shift), a trespass notice and a pressure injury. There were two COVID-19 outbreaks in September and November 2023. These were appropriately notified, managed, reported to Public Health and staff were debriefed after the event to discuss lessons learned. There are established connections with number of marae through staff and residents. Additionally, a kaumātua residing within the facility offers invaluable cultural support and guidance. The owner/director has highlighted that these relationships with local marae provide essential cultural support and guidance, ensuring culturally appropriate care. Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their

		knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori. Although there are no complaints raised by Māori, the complaint processes are equitable, and any complaints are promptly resolved in collaboration with the family/whānau, ensuring that all voices are heard and respected. This comprehensive approach reflects their dedication to providing exceptional and culturally safe care to Māori residents.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The clinical manager primarily manages the roster with support from the administration manager. Staff interviewed reported adequate staffing and support from RNs. Residents and family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs. There is at least one first aid trained staff member on duty 24/7. The clinical facility manager and administration manager are available to staff for advice after hours. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification with seven of 26 caregivers having achieved level 4, six caregivers achieved level 3, two caregivers achieved level 2 NZQA qualification. There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff knowledge was checked through quizzes and competency assessments. All staff are required to complete competency assessments as part of their orientation. Staff who administer medication complete annual medicine competency and a record of completion is maintained. Staff training records showed that they completed training related to Māori health outcomes and disparities, and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing with staff having access to online

		modules. Two RNs and the clinical manager are competent in both interRAI assessments and syringe driver use. The other three newly employed RNs are scheduled for syringe driver training. Meanwhile, the clinical manager has provided them with internal training on monitoring syringe drivers.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Eight staff files were selected for review which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Woodlands of Fielding demonstrated that the orientation programme supports RNs, caregivers, cleaning and laundry staff to provide a culturally safe environment to Māori. Staff performance appraisals were completed annually. Discussion with the clinical manager and staff interviewed evidenced staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. There are currently Māori and Pasifika staff working in the service. The results of annual staff satisfaction survey and staff interviews indicate that staff feel supported in their roles. Communication and teamwork were rated positively, and staff feel comfortable discussing any issues with the administration manager, clinical manager or owner/director. The administration manager is available as a Māori cultural workplace support.

Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Resident records including medication management system and staff files are retained in hard copy. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	The service receives referrals from Support Links (NASC) service, the local hospital, and directly from family/whānau. Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The clinical manager screens the prospective residents prior to admission. In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The clinical manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available. The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The service collects ethnicity information at the time of admission from individual residents; and performs routine analysis of same for the purposes of identifying entry and decline rates. The service has an information pack relating to the services provided at Woodlands of Fielding which is available to family/whānau prior to

		admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are documented in the admission agreement. The organisation has a person-centred approach to services provided. Interviews with residents and family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis. The service identifies and implements supports to benefit Māori and family/whānau. The service has information available for Māori, in English and in te reo Māori. At the time of audit there were residents identifying as Māori. The service has an established relationships with Māori communities and organisations to benefit Māori.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Nine resident files were reviewed and included, three rest home level residents and six hospital level residents (including one on respite, one YPD and one ACC). There are clinical management policies and procedures to guide RNs in the development of care plans. The RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care plan. The service implements a resident centred care model based on `Te Whare Tapa Whā` for holistic and a strength-based care to wellbeing. The resident care plan and integrated records evidence the implementation of this philosophy. All residents have admission assessment information collected and an initial care plan completed at the time of admission. Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timeframes. The residents on respite care, ACC and YPD contracts had an interim care plan completed within 24 hours of admission which addresses cultural considerations, medical and physical needs. Additionally, all files had a suite of assessments completed to form the basis of the long-term or interim care plan.

		The assessments and care plans include details to manage selfcare, oral and dental health personal hygiene, continence, nutrition, skin, sleep and comfort, communication, behaviour and mood, intimacy and sexuality, cultural/spiritual needs, cardio-respiratory needs, cognitive, leisure /social needs, and end of life. Additional risk assessment tools include wound assessments as applicable. All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely weekly and provides out of hours cover. The GP (interviewed) commented positively on the communication and quality of leadership at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The care plans in place for Māori residents reflect the partnership and support of residents, family/whānau, and the extended family/whānau as applicable to support wellbeing. Residents are assessed by the contracted physiotherapist as required, and equipment is available as needed. The service contracts with a physiotherapist who visits weekly, and a podiatrist visits every six weeks. Specialist services including mental health, dietitian, speech language therapist, gerontology nurse specialist, wound care and continence nurse specialist are available as required through Health New Zealand – Mid-Central. Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written every shift and as necessary by caregivers and at least daily by the RNs. The RNs further add to the progress notes if there are any incidents or changes in health status. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP if required. Residents interviewed reported their needs and expectations were being met, and family/ whānau confirmed the same. Family/whānau stated they are notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status and this has been consistently documented on the

		resident record. There were seven wounds being managed at the time of the audit. All wounds reviewed had comprehensive wound assessments including photographs (for complex wounds) to show the healing progress. A wound register is maintained, and wound management plans are implemented. There is access to the clinical nurse specialist if needed. There were no pressure injuries at the time of the audit. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use. Caregivers and the RNs complete monitoring charts including bowel chart, intentional rounding, restraint monitoring, repositioning charts, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour as required. Neurological observations are completed as per the falls prevention programme and neurological observation and recording policy. Evaluations are completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are	FA	There are two activities coordinators (both enrolled in diversional therapy training) working from 9.30 am to 3.30 pm. Activities are provided seven days a week. Woodlands of Fielding activities programme is resident and aged focused. The programme meets the recreational needs of the residents and reflects normal patterns of life. The programme is flexible to adapt to resident outings and includes impromptu activities. The programme reflects residents' choices.

suitable for their age and stage and are satisfying to them.		A monthly activities calendar is posted on the noticeboards and delivered to the residents' rooms. All interactions observed on the day of the audit evidenced engagement between residents and the activities staff. There are seating areas where quieter activities can occur. There is a hairdressing salon and library. There are daily exercises as part of the regular programme and a walking group. There are weekly church services from several local denominations. At least two staff accompany residents on outings to local art exhibitions and craft markets. Cultural themed activities are integrated into the activities programme, which includes Irish and Scottish dancing, Palmerston Rock and Roll Group, visits from local Fielding High School pupils playing piano and flute, and the primary school involved in the paper planes project. Pet therapy and canine friends visit weekly. Staff and residents are encouraged to use te reo Māori and the facility has everyday Māori words and their meanings prominently displayed in resident areas. The service links with Māori communities through their Māori residents/whanau and a resident is a Kaumātua and connected to a local marae. A resident social and leisure profile is completed on admission in consultation with the resident and family/whānau (as appropriate). The activities documentation in the resident files reviewed was tailored to reflect the specific requirements of each resident. The residents are involved in decisions that relate to themselves and to what happens in their home. Residents' interviews evidence that the activity programme had a focus on maintaining independence and valuable social connections. In the files reviewed the social and leisure plans had been evaluated six monthly and updated where required. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and family/whānau interviewed were satisfied with the variety of activities provided
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner.	FA	There are policies available for safe medicine management that meet legislative requirements. Staff (RNs and medication competent caregivers) who administer medications have been assessed for

Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.		competency on an annual basis. Education around safe medication management has been provided. Staff were observed to be safely administering medications. The RNs and caregivers interviewed could describe their role regarding medication administration. The service uses pre-packed for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The effectiveness of 'as required' medications is recorded in the electronic medication system and progress notes. There are two secure medication rooms, hospital and rest home. Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, are considered, and prescribed by the GP. Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has a photo identification and allergy status identified. There was one resident self-administering their medications. The medication policy describes the procedure for residents wishing to self-administer medications and had been followed. There are no standing orders in use and no vaccines are kept on site. There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and their side effects. The RNs described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, medications are easily accessed, and treatment is prioritised to achieve better health outcomes. Residents are involved in their three-monthly medical reviews and 6-monthly multi-disciplinary reviews. Any changes to medication are discussed with the resident and or family/whānau.

Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	There is a main cook who oversees food services. All meals and baking are prepared and cooked on site. There is a second cook for weekends and a team of kitchen assistants. All food service staff have completed online food safety training. A registered dietician has reviewed the six-week menu (July 2024). The kitchen receives resident nutritional profiles at admission and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The food is served into a Bain Marie by the cook and served directly in the dining rooms. Also, there is a tray service providing food which is covered with insulated lids for residents requiring meals in their rooms. There is a coffee and tea making area available in a kitchenette for family/whānau to use. There is a current food control plan in place and expires on 10 May 2025. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the resident meetings. Resident preferences are considered when menus are reviewed. The cook interviewed stated they provide cultural meals. Residents are offered choices at each mealtime. Resident surveys are completed annually and evidence satisfaction with the food service. Residents interviewed expressed their satisfaction with the meal service. There is a weight management policy that guides weight management. Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents experiencing unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. Caregivers interviewed had a good understanding of tikanga guidelines related to food.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know	FA	Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. The

what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		transfer/discharge of residents' policy ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau are involved in the process. Residents and their family/whānau are advised of their options to access other health and disability services, social support or kaupapa Māori agencies when required. Transfer notes include advance directives, GP notes, summary of the care plan, a resident's profile, including next of kin are detailed in the transfer documentation. Discharge summaries are uploaded in the resident's file as evidenced in one resident file reviewed. There is a comprehensive handover process between services
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The building holds a current warrant of fitness (issued 19 March 2024). The maintenance person (co-owner) is working 40-hours per week and oversees the annual preventative and planned maintenance plan. They are supported by two full time maintenance staff and a gardener. They provide on call cover as and when required. They are supported by several contractors who are also on call. The visual inspection of indoors and outdoors evidence all is well maintained. The building and décor is reflective of peoples' cultures and supports cultural practices. There is a maintenance request form for repair and maintenance requests located at the reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes checking of equipment, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Maintenance and calibration of equipment and test and tag were completed in March 2024. The reception, kitchen and laundry are situated near the main entrance. The facility is built on a single level with 80 dual purpose beds across two wings, Totara (40) and Karaka (40). All rooms are single occupancy rooms with full ensuite facilities. Visitors and staff toilets are separate with signs to indicate vacant or occupied. There is a spacious dining room area adjacent to the kitchen which can accommodate all the residents and mobility equipment. There is a main

		lounge in each wing with a family/whānau lounge. Resident rooms are refurbished as they become vacant. Rooms are spacious to safely manoeuvre mobility and transfer equipment. Door entries are spacious and wide for the movement of transfer and ambulance equipment. The corridors are wide with handrails to promote safe mobility. Residents were observed moving freely around the areas with mobility aids. There are well maintained gardens, surrounding deck and all outdoor areas have seating and shade. There are two internal courtyards. There is safe access to all communal areas and outdoor spaces. All fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate any equipment required. Residents are encouraged to personalise bedrooms as viewed on the day of audit. All bedrooms and communal areas have ample natural light, ventilation, and heating. There is no construction planned. If there were major refurbishments or building projects planned in the future, the service plans to engage with their staff who identify as Māori, residents and family/ whānau for feedback and consideration of how designs, art and environments reflect the aspirations and identity of Māori.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	There is a documented security policy in place. There is close circuit television (CCTV) surveillance in the hallways, entry/exits and driveway. The service has a call bell system throughout the facility. Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 13 March 2017. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last drill taking place 25 May 2024. Staff receive training at orientation and annually related to emergency management. Civil defence supplies are stored in an identified area and checked at regular intervals as part of the environmental audits.

		The facility has two generators available. There are sufficient water supplies in case of a civil defence emergency and BBQ and gas in the kitchen for back up cooking availability. There are 3,000 litres of water in tanks available on site. A minimum of one person trained in first aid is always on duty. Call bells are in resident rooms and communal areas (including toilets, showers), which are audible and also show on visual display panels located throughout the facility and supported by an audible pager system. The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally. Doors leading to the outside are alarmed at night. Visitors and contractors sign in at entry to the building. Staff are easily identifiable.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	The infection prevention and control and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, approved by the directors and linked to the quality improvement system. The owner/director provides daily input to the facility and supports the infection prevention and control activities within the service. Directors receive information related to infection prevention and control data including the annual review of the programme. This was confirmed in an interview with the owner/director. The clinical manager undertakes the role of infection control coordinator and oversees the infection control and prevention programme and works closely with owner/director. The job description outlines the responsibility of the role. Infection rates are presented and discussed at quality and staff meetings. Documented evidence showed infections were reviewed with GPs. For example, one resident with recurrent urinary tract infections had their urinary indwelling catheter removed, resulting in the resolution of the infection. The service has access to an infection prevention clinical nurse specialist from Health New Zealand – Mid-Central. Residents and staff

		are offered influenza and COVID-19 vaccinations. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The clinical manager is the infection prevention and control coordinator. She has completed an external training around infection prevention and control and has appropriate skills, knowledge and qualifications for the role. The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Staff became thoroughly familiar with policies through comprehensive training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their whānau received infection prevention education tailored to their needs, particularly rest home level care residents who independently undertake community visits and are informed about respiratory illnesses. Rest home level care residents currently undergo weekly COVID-19 tests. Additionally, residents exhibiting respiratory symptoms were also tested for COVID-19. The current practice of weekly COVID-19 RAT testing for rest home residents and respiratory symptom monitoring are believed by the staff to have been instrumental in preventing a COVID-19 outbreak in 2024. Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and which was audited to ensure its safe working state. An outbreak response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly. The service provides te reo Māori information around infection control for Māori residents. The organisation's policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Ti Tiriti o Waitangi. The staff interviewed described implementing

		culturally safe practices in relation to infection control. The expertise of infection prevention specialists is integrated into the planning and execution of new buildings and renovations. The clinical manager plays a vital role in procuring all equipment and consumables. As the building is new, no significant changes are currently proposed.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The GP monitors compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. Prophylactic use of antibiotics is deemed inappropriate and is actively discouraged.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the integrated quality/staff meetings. The clinical manager oversees the infection surveillance programme. Infection control data is shared with the facility's staff, and any recommendations from the GP and external consultants are followed up. Infection control data and any relevant issues are communicated to residents and families as needed. There were no infectious outbreaks in 2024. In 2023, there were two COVID-19 outbreaks. In September, 16 residents and three staff members were affected, while in November, 10 residents and seven staff members were affected. The facility adhered to its outbreak

		management plan and notified the local public health authority. Clear communication pathways, including daily outbreak meetings and updates to residents, relatives, and staff, were established. There was sufficient PPE stored, and extensive debriefing and training sessions were conducted following the outbreaks.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management. Staff involved in laundry and cleaning services have completed relevant training. Chemicals were stored securely, and closed chemical dispensing system is used. Data sheets are readily available. Personal laundry and towels are laundered on site and linen services are outsourced. Linen cabinets had sufficient linen and towels. Laundry is large and has a dirty to clean flow with separate folding room. There is sluicing facility with appropriate PPE. Laundry and housekeeping staff manage the laundry services from Monday to Friday, with caregivers taking on laundry duties during the weekends if needed. Caregivers mentioned that they received training on operating the washing machines and knew how to manage personal laundry. Staff were aware of prevention of cross contamination and use of PPE. Both residents and their families/whānau reported no issues with the laundry and cleaning services, noting that the facility is consistently very clean. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.	FA	Woodlands of Fielding is committed to providing service to residents without use of restraint. This is supported by the director and the aim of the guidelines in the restraint policy. At the time of the audit there were twenty residents with restraint, fifteen hospital residents, (fourteen bedrails and one lap belt) and five rest home residents (all bedrails). Policies and procedures meet the requirements of the standards and

As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		include the approved restraints for Woodlands of Fielding. The clinical manager (restraint coordinator) is responsible for the elimination strategy and for monitoring restraint use in the facility. Restraint is discussed at the clinical, quality meetings and management meetings with the owner. Monitoring and evaluation of current usage of restraint is taking place. Their aim is to reduce the amount of restraint in use and a plan is in place to achieve this. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents using restraint, included processes and resources for assessment, authorisation and consent, monitoring, and evaluation. The restraint approval process includes the resident, EPOA, GP, and restraint coordinator. Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint competency. The restraint audit is completed three-monthly and demonstrates compliance with the expected standard.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	Approval processes of restraint are facilitated by the restraint coordinator. Assessments for the use of restraint, consent, monitoring, and three-monthly reviews were documented and included all requirements of Ngā Paerewa NZ 8134:2021. Registered nurses create monitoring charts to be reflective of the type of restraints, assessed risk and frequency required. Monitoring charts are hard copy, and these were completed as required. The care plans reviewed had interventions documented to monitor risks related to the type of restraint and the frequency of monitoring when restraint is in use. Residents and family/whānau confirmed their involvement in the process. A restraint register is maintained and contained enough information to provide an auditable record. Restraint discussions are

		completed as part of the clinical and quality meetings. All restraint reviews are completed three monthly by the restraint coordinator and GP, discussed with the resident (where able), resident's next-of-kin / advocate where resident permission has been obtained or an Enduring Power of Attorney (EPOA) over personal welfare and health is enacted. If emergency restraint is required, the restraint coordinator will consult and debrief with family/whānau and/or EPOA and the resident.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	Three monthly reviews are completed and discussed with the resident (where able), resident's next-of-kin / advocate where resident permission has been obtained or an Enduring Power of Attorney (EPOA) over personal welfare and health is enacted. Any changes to policies, guidelines, education, and processes are implemented as indicated. There is evidence that data analysis has been completed and discussed at clinical and quality meetings and include identified restraints in use, ways to minimise and eliminate the use of restraint for the individual resident, and ongoing restraint and challenging behaviour education to all staff.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these 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.