Tamahere Eventide Home Trust - Tamahere Eventide Home & Village

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 The DAA Group Limited, 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:	Tamahere Eventide Home Trust
Premises audited:	Tamahere Eventide Home & Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 23 September 2024 End date: 24 September 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: 103

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

Tamahere Eventide Home (Tamahere) provides residential care for up to 107 residents requiring rest home, hospital or secure dementia care.

The most significant changes impacting the service has been the appointment of a new general manager care services in August 2024 and the purchase of a new software system that integrates resident information and contains quality and risk data.

This certification audit process included a pre-audit review of policies and procedures, review of resident and staff files, observations and interviews with residents, family members, the chief executive officer (CEO) (who represented the governance group), managers, and staff, including registered nurses (RNs), activities staff, kitchen and domestic staff, the Chaplain, a nurse practitioner and a general practitioner.

Strengths of the service, resulting in a continuous improvement rating, were identified in staffing/service management for reducing the turnover of health care assistants, and a new initiative which minimised the need to call in agency/bureau staff.

There were no required improvements identified as a result of this audit.

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.

Tamahere Eventide Home Trust provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. Tamahere Eventide Home Trust worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori residents and staff interviewed. There were no residents who identified as Pasifika in the facility at the time of the audit. However, systems and processes were in place to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their family/whānau were kept well informed.

Residents and their family/whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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.

When residents were admitted to Tamahere Eventide Home Trust, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

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 facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents 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 CEO, general manager of care and the infection control nurse at Tamahere Eventide Home Trust ensure the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service.

They are adequately resourced. The experienced and trained infection control nurse, with the support of the general manager care, leads the programme and is engaged in procurement processes.

A suite of infection control and antimicrobial stewardship policies and procedures were in place. Tamahere Eventide Home Trust had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required.

The environment supported the prevention and transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

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 for a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents in the hospital wing who required bed rails as restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	1	177	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	Tamahere has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The organisation uses a Māori model of health in its care planning process. The principles of Te Tiriti are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with one of the residents interviewed who identified as Māori. The organisation's Māori Health Plan reflected a commitment to Te Tiriti and providing inclusive person/whānau centred support. The Tamahere Eventide Trust Board work in partnership with local Iwi and Māori organisations through their appointed kaumatua. The Māori board member works for and represents different Māori organisations. Staff who identify as Māori, confirmed that services were provided in a culturally safe manner. Management confirmed they actively recruit and do not discriminate based on ethnicity, and that the Māori staff employed are long serving. A Māori resident and their whānau reported that their mana is protected and that they are treated with dignity and respect and that they are not afraid to speak up if they feel their world view has not been fully considered.

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	The organisation identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes. There were no Pasifika residents in the care facility at the time of the audit. Care staff and RNs confidently discussed how they would accommodate Pasifika worldviews and ensure that each resident's cultural and spiritual beliefs were taken into account. They also said that Pasifika staff or local Pasifika organisations were encouraged to contribute information about Pasifika cultures and to talk to and greet residents in their own language. Active recruitment, training and actions to retain a Pacific workforce are supported. There were a number of Pasifika staff employed across various roles.
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 Code of Health and Disability Services Consumers' Rights (the Code) was displayed in Māori and English posters around the facility, with brochures in both languages also available. Posters on the Nationwide Health and Disability Advocacy Service was also displayed around the facility. Staff knew how to access the Code in other languages should this be required. Training on the Code is provided at mandatory training days, which all staff must attend annually. Staff interviewed understood the requirements of the code and the availability of the advocacy service and were seen supporting residents in accordance with their wishes. Interviews with family/whānau who visit regularly, confirmed staff were seen to be respectful and considerate of residents' rights. Tamahere had a range of cultural diversities in their staff mix, and staff can assist if interpreter assistance was required. Staff tend to use translation devices in their mobile devices to communicate with residents who do not speak English. Tamahere also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with local iwi. A Kaumatua visits regularly and meets with residents who identify as Māori. A

		number of staff employed identified as Māori. The Kaumatua assisted at all levels of the facility's operations to ensure more equitable service for Māori were provided. Staff recognized mana motuhake.
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	Staff support residents in a manner that was inclusive and respected their identity and experiences. Residents and their family/whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understood what Te Tiriti o Waitangi meant to their practice with te reo Māori and tikanga Māori being promoted. All staff working at Tamahere were educated in Te Tiriti o Waitangi, cultural safety and participated in cultural competency assessments. The staff were offered opportunities to speak and learn te reo Māori, with the assistance of staff members, the learning hub, residents who identified as Māori and the facility's Kaumatua. Documentation in the care plans of residents who identified as Māori acknowledged the resident’s cultural identity and individuality. Staff were aware of how to act on residents’ advance directives and maximise independence. Residents were assisted to have an advanced care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit. Staff were observed to maintain residents’ privacy throughout the audit. All residents had a private room. Tamahere responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity, and inclusion included training on support for people with disabilities. Closed circuit television (CCTV) operates in common areas around the facility. Sign in processes when entering the facility acknowledges its operation.

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	Employment practices at Tamahere included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained. A holistic model of health at Tamahere was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Nine residents and ten whānau were interviewed and all expressed a high degree of satisfaction with the services provided by Tamahere.
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 their family/whānau at Tamahere reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at Tamahere are held regularly in addition to regular contacts with family/whānau by emails, phone calls, open door policy of the CEO and managers, and newsletters to keep whānau informed. A notification on the notice boards advised when the resident and whānau meeting will be held next. The general manager care (GMC) and two clinical nurse leaders (CNL) were onsite weekdays and had an open-door policy. Evidence was sighted of residents communicating with all staff,

		including the GMC and CNLs. Residents whānau and staff reported the GMC and the CNLs responded promptly to any suggestions or concerns. Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports and progress notes evidenced family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or Enduring Power of Attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that 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.	FA	Residents at Tamahere and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. All resident files reviewed of residents in the secure units had activated EPOAs and specialist's authorisation verifying the resident required to be cared for in a secure unit. Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A kaumatua from the local marae was available to support and advise if needed.
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	FA	A fair, transparent and equitable system is in place which promotes use and understanding by Māori and others to receive and resolve complaints. For example, local kaumatua and tau iwi who have been advising the organisation, are available to support any Māori residents and their whānau. Complaint investigations are used as

disability system, as active partners in improving the system and 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.		opportunities to make improvements. The process and policies meet the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that no formal complaints had been received since the previous audit in 2022. Staff, whānau and residents, including Māori residents, said any concerns or informal matters raised had been resolved readily in ways they were satisfied with. There have been no complaint investigations from any external agencies, including funders of the services, or the office of the Health And Disability Commissioner since the previous audit.
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	There have been no significant changes within the governing body/trust board since the previous audit. The board assumes accountability for delivering a high-quality service and is inclusive and sensitive to the cultural needs of Māori. There is both Māori and Pasifika representation on the board. All board members and the senior leadership team have attended training and/or demonstrate expertise in Te Tiriti, health equity, and cultural safety. Compliance with legislative, contractual and regulatory requirements is overseen by the senior management team and the governance group, with external advice sought as required. The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. The CEO interviewed provides the board with a comprehensive monthly report which includes outcomes from quality and risk monitoring including incidents, day-to-day operational, financial and staffing matters. The board's commitment to the quality and risk management system was confirmed in a sample of reports to the board. The organisation works in partnership with a group of tau iwi, who provide guidance and advice on equity, cultural safety and the

		service's obligations under Te Tiriti. The CEO also confirmed that services are delivered safely and appropriately for tāngata whaikaha (people with disabilities) to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical or other barriers to equitable service delivery. This was further demonstrated by interviews with members of the management team, staff, residents and their whānau/family, results of satisfaction surveys, and the demographic population of residents. The service holds contracts with Te Whatu Ora for aged residential care – hospital medical, geriatric, rest home and secure dementia care. The agreement includes provision for respite/short-stay and Long-Term Support - Chronic Health Conditions (LTS-CHC) and post-acute care. On the days of audit, all but two of the 103 residents were receiving services under the aged residential care agreement. Of these, 40 were assessed at rest home level care, 24 at hospital level care and 39 at dementia care. Of these, two residents were funded under the Accident Compensation Corporation (ACC) scheme and two rest home residents were funded by Whaikaha, the Ministry for Disabled people. People receiving services and their whānau participate in planning and evaluation of services through regular one-to-one and group meetings and via annual satisfaction surveys.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and	FA	The organisation has a well-established quality and risk system which contributes to continuous quality improvement. This includes management of incidents and complaints, audit activities, regular resident and relative satisfaction surveys, monitoring of outcomes, policies and procedures, and clinical incidents including infections. Residents and whānau contribute to quality improvement through involvement in feedback opportunities such as regular surveys, and one-to-one or group meetings. The most recent resident and family satisfaction survey in May 2024 revealed an average 83% satisfaction rating. This was slightly below the previous year's result.

support workers.		Outcomes of service performance monitoring via regular internal audits of clinical files, medicines, and residents' lifestyle are shared with all staff. Where the audits identify a need for improvement, the causes are researched, and remedial actions are agreed and implemented. Progress against quality outcomes is evaluated. This was confirmed by continuing improvement report forms, a sample of staff meeting minutes, in memos/time target messages and other forms of communication. Responsibility for quality is shared across the senior management team, with staff input at various stages. The system considers external and internal risks and opportunities, including potential inequities. The board and executive leaders are very experienced in aged care and have been engaged with various research and innovation trials in the sector. Quality data and information is reported and discussed at various staff meetings held regularly. For example, monthly senior management meetings, nurses' meetings, and wing meetings which now include discussions on accidents and incidents, health and safety, infection control, restraint (in the hospital wing) and changes in organisational processes. There are various other departmental meetings and quarterly general staff meetings. Staff reported their involvement in quality and risk management activities through audit activities, training and information shared at meetings. The GM care services (GMC) keeps staff informed about areas requiring improvement or policy/process changes by memos and verbally at meetings. Critical analysis of practices and systems, using ethnicity data, identifies inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support externally. The policies reviewed were current and covered all necessary aspects of the service and of contractual requirements. The CEO described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.

		Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. There had been no events that required reporting to the Health Quality and Safety Commission (HQSC) since the previous audit. The GMC and CEO understood and have complied with other essential notification reporting requirements. The only notification submitted since the previous audit has been the change of general manager care services in August 2024.
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 is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Interviews with Māori residents and their whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori. Māori staff are supported and encouraged to contribute to the methods of delivering care and improving health outcomes for Māori residents, demonstrating the collection and sharing of high-quality Māori health information. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate, and there is always at least one RN on site 24 hours a day, seven days a week. On the days of audit, there were 19 RNs (including the GMC, and two clinical nurse leaders (CNLs) employed. All but two were maintaining competencies in interRAI. Staff numbers on each shift are allocated according to the number and acuity of residents in each of the five wings (for example one hospital wing, two dementia wings and two rest home wings). The cultural composition of staff on each shift is also being taken into

		consideration, to enhance cross-cultural understanding and promote the use of the English language. The hospital (24 beds) has four care staff, and one RN rostered on for each morning and afternoon shift. Three care staff are allocated to each dementia unit (maximum 20 beds) plus one RN across both units each morning and afternoon, and eight care staff and one RN across the rest home wings (42 beds). Night-time allocation is one caregiver in each area (four in total), and two RNs-one in the hospital and one for rest home dementia, with another RN on call. A continuous improvement rating in 2.3.1 recognises innovations in maximizing staff continuity which benefits residents. In addition, the two CNLs are on site Monday to Friday to oversee service delivery and resident cares. One CNL is allocated to dementia care and the other oversees hospital and rest home level care. All RNs and care staff who have been employed for more than a year and/or on night shift were maintaining current first aid certificates. Senior care staff assessed as competent to administer medicines are also rostered on each shift. Allied staff, such as the seven activities staff, laundry staff, kitchen staff, office and maintenance staff, are allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. The activities staff are on site seven days a week. Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time. Education for all staff levels is planned annually, including staff attending an eight-hour day of mandatory training. The mandatory training includes cultural safety, health equity, fire/emergency, health and safety, safe food handling, code of rights/vulnerability and abuse, infection control, workplace bullying, restraint minimisation and prevention, manual handling, prevention of falls, and dementia communication. All care staff are expected to commence age care sector training as outlined in their pay equity settlement, three months after commencing employment, if they have not already achieved

		qualifications. Records reviewed demonstrated completion of the required training and competency assessments. Staff reported feeling well supported and safe in the workplace.
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	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment and annually thereafter. Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Staff performance is reviewed and discussed at regular intervals. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.
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	The organisation maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were held securely and only available to authorised users. Residents' files were integrated electronic and hard-copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met

		current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data. Tamahere is not responsible for the National Health Index registration of people receiving services.
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	Residents were welcomed into Tamahere when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, as requiring the level of care Tamahere provided and had chosen Tamahere to provide the services they require. A specialist's authorisation for residents to be cared for in the secure units was sighted, and an activated EPOA was sighted. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Tamahere collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau. Tamahere had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility accesses support from Māori health practitioners, traditional healers, and other organisations when these services are needed. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical providers to Tamahere, who each visit regularly two days per week, residents were enabled to request another provider to manage their medical needs if desired.

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	The multidisciplinary team at Tamahere worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Eleven residents' files were reviewed: five hospital, three rest home and three files of residents who were receiving care in the secure units. These files included residents who had episodes of challenging behaviours, residents with compromised mobility, residents with insulin dependent diabetes, residents at risk of pressure injuries, residents with swallowing difficulties, residents who had had a recent fall, residents who had required transfer to an acute facility and residents with a number of co-morbidities. There were no residents at Tamahere with pressure injuries on the days of audit. Eleven files reviewed verified that a RN developed a plan of care that identified the care the resident required following a comprehensive assessment. The assessment and care plan included consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) or nurse practitioner (NP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Continuity of care is a focus of Tamahere care. Staff remain in each of the four service areas, to ensure residents are cared for by staff that they know and are familiar with. Interviews with residents verified they know who looks after them each day, and individual needs were addressed. Tamahere offered rehabilitation services to its residents and employs two rehabilitation staff five days a week. Services include access to a hydrotherapy bath, to assist with relieving the discomfort of stiff joints, along with massage therapy, exercise sessions and access to a rehabilitation room to improve stability and mobility. Residents and whānau interviewed made mention of the beneficial effects to residents' wellbeing this service had provided.

		Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Tamahere's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation. Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including young residents with a disability. Interviews with seven whānau of other residents expressed a high degree of satisfaction with the care provided at Tamahere. The residents and their whānau were actively involved in planning the resident's care and any ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness of staff to residents' needs. Interviews with the staff identified that they were familiar with all aspects of the care all residents required, including the cultural aspects of the Māori resident's care. An interview with the NP expressed satisfaction with the care provided by Tamahere. An interview with the GP expressed satisfaction with the care provided, although acknowledged how tough it had been with the frequent changes in some RNs. The GP and NP identified they were called appropriately; the assessment skills of the staff were good with the required information provided, and care was provided as directed. Neither had any cause for concern.

Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	A team of activities coordinators (AC) plus a diversional therapist provided an activities programme, in each service area, at Tamahere. Each area's programme was aimed at supporting residents in maintaining and developing their skills, strengths and interests. The programmes were tailored to the residents' ages and stages of life and were offered seven days a week in the hospital and secure unit, and five days a week in the rest home. Younger residents who resided at Tamahere were enabled to attend activities of their choice and participate in activities that were of interest to them. A wide range of activities were provided at Tamahere. Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Residents in the secure unit had a 24-hour lifestyle plan in place that addressed the residents' 24-hour needs based on previous lifestyle patterns. A diversional therapist oversees the activities programmes provided in the secure units. The facility has a van that enables weekly outing to places and events of interest. The activities coordinators arrange frequent visits to local community site, and weekly shopping expeditions. Entertainers, volunteers, school and kapa haka groups visit. Residents and their whānau participate in evaluating and improving the programmes in each area. Those interviewed confirmed they found the programmes met their needs. Resident meetings are held every three months in the rest home and the chaplain runs these. Meeting minutes, interviews and satisfaction surveys verified residents were satisfied with the services offered, including activities provided by Tamahere.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for

and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.		medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events. Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site. There were no difficulties identified by young people interviewed, in accessing their required medicines from the facility (YPD). Prescribing practices met requirements. The required three-monthly GP/NP review was recorded on the medicine chart. Standing orders were used at Tamahere and standing order guidelines were met. There were no residents self-administering medications at the time of audit. However, evidence did verify there were appropriate systems in place for residents to self-administer medications should residents wish to do so and were deemed competent. Residents, including Māori residents and their whānau, were supported to understand their medications. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.
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	The food service provided at Tamahere was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 7 August 2024. Recommendations made at that time had been implemented. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Tamahere in June 2024. No areas requiring

		corrective action were identified, and the plan was verified for 18 months. The plan is due for re-audit on 6 December 2025. Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. Māori and whānau had menu options available that were culturally specific to te ao Māori. All residents had opportunities to request meals of their choice, and the kitchen would address this. Interviews, observations and documentation verified residents were extremely satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys, and resident and family/whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days. Residents in the secure unit have access to food and fluid at any time over the 24-hour period.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Transfer or discharge from Tamahere was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process. Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.
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	FA	Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative

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.		requirements. A current building warrant of fitness with expiry 23 July 2025 is in place. Systems for ensuring that the physical environment, chattels and equipment are fit for purpose and safe for tāngata whaikaha, rest home, confused wandering and hospital residents, are effective. This includes testing and tagging of electrical equipment (undertaken by a registered electrician on 16 July 2024) and calibration of biomedical equipment, including syringe drivers, which occurs annually, was confirmed in documentation reviewed, and interviews and observation of the environment. The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. External areas are accessible and appropriate for all groups of residents, and these were being well maintained for aesthetics and safety. The current environment is inclusive of people's cultures and supports cultural practices. Although there are no building changes currently planned for the facility, the CEO interviewed said they were aware of the need to consult and invite input from local tāngata whenua and hapu to ensure new designs reflect the aspirations of Māori. A local tau iwi group are regular visitors to the facility to bless/consecrate new artworks and signs.
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	FA	Onsite inspection and interviews revealed that the emergency and security systems are intact and known by all levels of staff. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Fire safety and evacuation are included at orientation and six-monthly fire evacuation drills occur. The most recent fire evacuations occurred on 15 April 2024. There have been further

safe way, including during an emergency or unexpected event.		enhancements to the fire and emergency systems since the previous audit. There are now three fire/emergency staff checkpoints located throughout the facility, where staff assemble first to collect the resident evaluation lists. All new staff are taken through a hands-on orientation to the emergency systems, including the fire board, automatic systems and how to shut off power and gas. The current fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand in 2019 when the hospital wing was added. There have been internal refurbishments such as the creation of a new rest home lounge and dining room, but no structural changes to the building which necessitated review of the evacuation scheme have occurred since then. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. There are large reservoirs of water on site, and sufficient food and supplies to provide for the number of residents and staff. An on-site generator is used during power outages. Staff can provide a level of first aid relevant to the risks for the type of service provided. Appropriate security arrangements were in place. Staff routinely ensure all egress and entry doors are secured at dusk. Entry and exit to the grounds and buildings is secured by a perimeter fence and electronic gates. There are closed circuit television recording systems in the common areas and hallways which residents and/or the people authorised to consent for them have agreed to. The site is also patrolled during the night by a security company. All staff wear identification badges, visitors and contractors are required to sign in and anyone new on site has health and safety and current hazards explained to them. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Residents and whānau were familiarised with emergency and security arrangements, as and when required.

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 (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Tamahere has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings. Senior management have been collecting data on infections and antibiotic use, and this includes ethnicity data. Over time the data will add meaningful information to allow Tamahere to analyse the data at a deeper level to support IP and AMS programmes. A pandemic/infectious diseases response plan is documented and has been regularly evaluated. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control nurse (ICN), with support from the GMC at Tamahere, is responsible for overseeing and implementing the IP and AMS, with reporting lines to the GMC. The IP and AMS programmes are linked to the quality improvement programme that is reviewed and reported annually. The ICN had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies. The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural advice at Tamahere was accessed through the staff who identified as Māori and the cultural advisor/kaumatua.

		Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori were accessible and understandable for Māori accessing services. The pandemic/infectious diseases response plan was documented and had been assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in its use. Residents and their family /whānau were educated about infection prevention in a manner that met their needs.
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	Tamahere has a documented antimicrobial stewardship (AMS) programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Identification of ongoing areas for improvement were addressed.
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.	FA	Tamahere undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Tamahere used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under

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.		surveillance. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/the governing body and shared with staff. Surveillance data included ethnicity data. Culturally clear processes were in place to communicate with residents and their family/whānau, and these were documented.
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	A clean and hygienic environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Tamahere. Suitable personal protective equipment was provided to those managing contaminated material, waste and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. All laundry was laundered onsite, including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and

		cleaning equipment. Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to perform duties safely. Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by a member of the senior management team at operational level. At the time of audit, two hospital residents required ongoing use of bed rails when in bed to maintain their safety. Restraint use is reported to the governing body. Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA are involved in decision-making, as confirmed by the signed consent forms on file.
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,	FA	When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary. Monitoring of restraint is overseen by the hospital CNL and takes into consideration the person's cultural, physical, psychological and psychosocial needs and addresses wairuatanga. Monitoring records

and only use approved restraint as the last resort.		sighted documented care interventions, and the time bed rails were raised and lowered. A restraint register was maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard. No emergency restraint has occurred. Policy states that a person-centred debrief follows any episode of emergency restraint using the most appropriate member of the workforce to do so.
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	The CNL undertakes a six-monthly review of all restraint use which includes all the requirements of the standard. The outcome of the review is reported to the GM care services and the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint is consistently low in the hospital wing.

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	CI	The service has implemented two quality initiatives that have resulted in improvements to resident care by maximising staff continuity. 1) A dedicated “Health Care Assistant Preceptor” works one-to-one with new (and existing) care staff on the floor to educate and enhance delivery of resident-centred care. The objective of this initiative was to reduce the high turnover of new care staff, to improve the skills and competencies of new HCAs, improve the quality of care they deliver to residents, and increase the number of care staff enrolled in, and progressing, educational achievements rapidly and effectively. Since the commencement of this role, staff retention of care givers has improved. For example, in 2021/22 the turnover of HCA staff was 36%; this reduced to 17% in 2022/23 and was 3% in 2023/24. Additionally, the time taken for care staff to progress through the National Certificate in Health and Wellness has been reduced. New care staff must begin the limited career pathway – dementia within three months of commencing employment, and staff records showed that new cares staff had completed these within seven months of starting work.	The service provider has succeeded in retaining health care staff and reducing the time taken for staff to progress and achieve qualifications. The use of agency staff has been significantly reduced.

		2) A project to improve the delivery of care to residents by eliminating use of agency staff was implemented in February 2024.This was implemented after a number of problems were identified that directly related to the use of agency staff at its impact on continuity of care. There is now a dedicated ‘resource team’ of one RN and four HCAs who are available seven days a week for all shifts to cover staff absences. The staff selected to be on the resources team had to have attained level 3 or 4 qualification, be medicine-competent and hold a current first aid certificate. Quantifying and qualifying improvements to resident care could not be proven, but the use of agency staff has been reduced by 90%. Residents’ cooperation was noted to have increased as they knew and accepted the staff allocated to carry out their cares.	

End of the report.