

Tamahere Eventide Home Trust - Atawhai Assisi Home and Hospital

Introduction

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

The audit has been conducted by 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:	Atawhai Assisi Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 January 2025 End date: 29 January 2025
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:	83



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Atawhai Assisi Home and Hospital provides rest home and hospital level care for up to 86 residents. The service is operated by the Tamahere Eventide Home Trust Board, which also owns and operates Tamahere Eventide Home and Hospital, located nearby. Changes in the management structure since the previous audit include the appointment of a new general manager and two clinical nurse leaders. The service also introduced a new electronic resident information management system in November 2024.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau, members of the governance group, managers, staff and a general practitioner.

The previous rating of continuous improvement in retention of new staff and improved staff education as a result of appointing a care staff preceptor was maintained. There were four areas identified as requiring improvement in relation to: accurate incident reporting and analysis for trends, recording of goals of care in care plans, medication management, and ethnicity data in infection surveillance.

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 are fully attained.
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Atawhai Assisi works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably 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.		Some subsections applicable to this service are partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure met the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were 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 meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

An appropriate electronic medication management system is utilised. Medicine was administered by staff who were competent to do so.

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

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

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

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control, supported by relevant IP education.

The 'Surveillance of Health Care-Associated Infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were six residents requiring restraint interventions at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	14	0	3	1	0	0
Criteria	1	45	0	3	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Atawhai Assisi has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. There were a number of Māori residents at the time of audit, and those interviewed said they felt culturally safe.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Atawhai Assisi provides services that are underpinned by Pacific worldviews. There were only a few Pasifika residents; those interviewed said they had no concerns regarding their cultural and spiritual beliefs. A number of staff identify as Pacific people and staff training in cultural awareness and cultural safety incorporates Pacific worldviews. Staff interviewed demonstrated knowledge about the specific beliefs and practices of the residents who identify as Pasifika.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code in English and te reo Māori were displayed throughout the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property was respected. Residents, or their whānau, manage their own finances.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and</p>	FA	<p>Residents, and/or their legal representative, are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Signed admission agreements and consent forms were available in records reviewed.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p>

control.		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>The complaint registers and documentation sighted showed that the single complaint received from a family member and managed by the current general manager had been acknowledged, investigated and communicated in a timely manner. The complainant had been fully informed in writing of findings, and a meeting to address the matter led to resolution.</p> <p>The service assures the process works equitably for Māori by providing complaints information in te reo Māori and offering Māori advocacy if required, according to Māori residents.</p> <p>There have been no known complaints submitted to the funder or the Office of the Health and Disability Commissioner (HDC).</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>There have been no significant changes within the governing body/trust board since the previous audit, although one board member is due for replacement before the end of the financial year. 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 Atawhai senior leadership team, which includes the chief executive officer (CEO), the RN general manager (GM) and two clinical nurse managers (CNMs) have attended training and/or demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals of the organisation are defined in annual business and strategic plans. Monitoring and reviewing of performance indicators occur through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving</p>

		<p>equity for Māori was evident in plans and the sample of board meeting minutes, which included the CEO and GM reports to the board. A commitment to the quality and risk management system was evident.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting and monitoring of resident safety and clinical indicators. The senior leadership team plus the nurse practitioner serve as the clinical governance team.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for aged residential hospital medical, geriatric and rest home care. The agreement includes provision for respite/short-stay, palliative and Long-Term Support-Chronic Health Conditions (LTS-CHC) and post-acute care. On the days of audit, there were 83 residents on site. Of these, 37 were assessed at rest home level care, and 46 at hospital level care. Of the 83 residents, one hospital resident was under the LTS-CHC scheme, two residents—one in the hospital and one in the rest home—were under 65 years of age under a young persons with disability (YPD) agreement, and two hospital and one rest home resident were under the Accident Compensation Corporation (ACC) scheme.</p> <p>There were no residents receiving short term care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>The organisation has a well-established quality and risk system which contributes to continuous quality improvement. Responsibility for quality is shared across the senior leadership team, with staff input at various stages. The system considers external and internal risks and opportunities, including potential inequities. Key performance indicators/quality data is collated and submitted to the board monthly. This data includes resident falls and infections, staffing matters, such as attrition, staff illness, disciplinary actions, and resident acuity, restraint and the currency of care plans and interRAI assessments. Other quality matters such as complaints, outcomes from internal and external audits, staff surveys and resident/relative satisfaction/feedback is also reported and discussed at various meetings.</p> <p>The organisation is not collating and analysing all other incident/accident/adverse events in ways that lead to learning and/or improvements, or as required by the National Adverse Events Reporting</p>

		<p>Policy. A finding is identified in criterion 2.2.5.</p> <p>The most recent satisfaction survey of residents and relatives, completed in November 2024, revealed no major concerns and an overall rating of 82.32%.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes/performance indicators is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The general manager (GM) and chief executive officer (CEO) described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>The GM and CEO understood and have complied with essential notification reporting requirements. The GM stated the only notification they were aware of since the taking up the role has been a change of general manager/facility manager and clinical nurse leaders. There have been no police investigations, coroner's inquests, issues-based audits and any other notifications, for example, public health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>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). 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. All staff are maintaining a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>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.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support</p>

		<p>equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the funder. The previous rating of continuous improvement is maintained in criterion 2.3.2.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records (seven) reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable).</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed.</p> <p>Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in the staff records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Low	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. Timeframes for the initial assessment, general/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual/policy requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Goals of care were not</p>

		<p>consistently recorded in the care plans sampled for review. A finding was identified in criterion 3.2.3.</p> <p>Onsite medical support is provided four days per week and on-call services are provided after hours, and on weekends and public holidays. Changes in residents' health were escalated to the general practitioner (GP) or nurse practitioner (NP). Referrals were sent to relevant specialist services as indicated. At interview, the GP confirmed satisfaction with the care provided and communication received from the clinical team.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. An electronic medicine management system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Controlled drugs were stored safely. The required stock checks had been completed. Medicines stored in the treatment rooms were within the recommended temperature range. However, on the day of the audit, some regular medicine packs were not stored safely, being found in an unlocked drawer in the rest home kitchen. A finding is identified in criterion 3.4.1.</p> <p>Prescribing practices met requirements as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP/NP medication review was consistently recorded on the medicine chart. Standing orders were used, and were current and complied with guidelines.</p> <p>Self-administration of medication is facilitated and managed safely. There were residents who were self-administering medicine at the time of the audit.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural</p>	<p>FA</p>	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from residents and whānau interviews, satisfaction</p>

<p>beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>surveys and resident meeting minutes.</p> <p>The service operates with an approved food safety plan and registration that expires on 9 May 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current building warrant of fitness, electrical and bio-medical testing, regular environmental audits, new hazard identification, and planned and reactive maintenance.</p> <p>There have been environmental enhancements made to all areas in the home. For example, a new outside deck with permanent shade/shelter in the rest home, visual display of the history of Atawahi, new clinical staff offices in the hospital and completion of the installation of ceiling hoists in all hospital bedrooms.</p> <p>The residents and whānau interviewed were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the GM and review of the programme documentation. The IP programme was last reviewed on 11 January 2025.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection prevention and control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance information did not include ethnicity data. A finding was identified in criterion 5.4.3. Results of the surveillance programme are shared with staff at staff meetings and reported to the governing body in monthly reports.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, six residents were using a restraint. All restraint use is reported to the governing body.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	<p>The service has always reported, investigated and extensively analysed resident falls and infections. Other types of incidents were not being collated or reported as reliably. The organisation has installed a new software system which has the capability for collating and analysing all adverse events in ways that provide opportunities for learning and implementing actions to reduce preventable harm. The incident data uploaded to the system for January 2025 was not complete and was being inconsistently classified, which was leading to inaccuracies in the data set. Staff require more training and diligence with data input. All other incidents (such as medicine errors, near misses, skin tears, behaviour and wounds/pressure injuries) require the same level of collation and analysis.</p>	<p>Incident reporting is not being accurately and reliably entered the new software system.</p>	<p>Implement systems for ensuring that all incident data is entered accurately using consistent classifications.</p> <p>Use this data for comparative analysis, trending and systems learning.</p> <p>180 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>	<p>PA Low</p>	<p>A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. Residents' ability and strength were recorded, including interventions to meet residents' needs. However, goals of care were inconsistently described and recorded in all five care plans reviewed. The clinical nurse managers stated that staff are still in progress of learning how to use the new information management system that was implemented in November 2024, which is why there are gaps identified in this audit.</p>	<p>Goals of care were inconsistently described and recorded in all five care plans sampled for review.</p>	<p>Ensure goals of care are consistently described and recorded in care plans to meet the criterion requirements.</p> <p>180 days</p>
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<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The implemented medicine management system is appropriate for the scope of the service. RNs were observed administering medicine in the hospital wings. Appropriate medicine administration process was observed during the medication round. However, five individual blister packs were found in an unlocked drawer in the rest home kitchen on the day of the audit. Medicines in the packs were for five residents and were to be given later that day. The door to the kitchen was not locked. The medication in the packs included gabapentin, olanzapine, levodopa and hydrocortisone. The clinical nurse leader stated that a staff member left the medicine in the unlocked kitchen drawer, because they were called to attend to an urgent matter.</p>	<p>Five packets of blister packed medicine were inappropriately stored in an unlocked kitchen drawer.</p>	<p>Ensure appropriate medication storage is adhered to promote safety and to meet the criterion requirements.</p> <p>90 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Surveillance tools were used to collect infection data and standardised surveillance definitions are used. Infection data was collected, monitored and reviewed monthly. The electronic information management system used for surveillance statistics has a section where ethnicity data can be recorded. However, the data captured did not include residents' ethnicity.</p>	<p>Surveillance information did not include ethnicity data.</p>	<p>Ensure surveillance includes ethnicity data to meet the criterion requirements.</p> <p>180 days</p>

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
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	<p>CI</p>	<p>The previous rating of continuous improvement is maintained.</p> <p>The RN Health Care Assistant Preceptor is continuing to work one to one with new and existing care staff to educate and enhance delivery of resident-centred care. This has reduced turnover of new care staff and increased the number of care staff enrolled in, and progressing, educational achievements. Staff retention of new care givers remains higher than any other employed group, orientation of new carers is completed within four to five days and the time taken for care staff to progress through the National Certificate In Health and Wellness has been reduced. In addition to this, care staff are attaining educational achievements faster and enrolling in further studies such as the Apprenticeship Aged Care Level 4. Eighteen care givers were enrolled at the time of audit. The overall attendance at training and educational achievements of</p>	<p>The service provider has succeeded in retaining new care staff, reducing the time taken to complete orientation and to progress and achieve qualifications. The overall level of success with staff training and attendance at education is being consistently evaluated and demonstrates high achievement.</p>

		<p>all staff (care givers, RNS, and support staff) at Atawhai is being evaluated monthly and the data collected shows positive results. For example, 152 Ko Awatea certificates were issued to RNs in 2024/2025 and 107 certificates to care staff in the same time period. Interviews with care staff, observation of their practices and interviews with residents and their families revealed high levels of confidence in care staff competency. This was further endorsed by review of personnel records.</p>	
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End of the report.