

Kauri Senior Care Limited - Christina's Rest Home

Introduction

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

The audit has been conducted by 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:	Kauri Senior Care Limited	
Premises audited:	Christina's Rest Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 26 February 2025	End date: 27 February 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:	19	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Kauri Senior Care Limited – Christina’s Rest Home provides rest home services for up to 21 residents. There have been no changes to the facility, with the exception of one wing being totally renovated.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 8134:2021 and the provider’s contracts with Health New Zealand – Te Whatu Ora Counties Manukau (Te Whatu Ora Counties Manukau). The audit process included the review of policies and procedures, review of residents’ and staff records, observations and interviews with residents, family/whānau, the director/facility manager, staff, a visiting health professional and a general practitioner. Family/whānau and a visiting health professional spoke highly of the care provided to the residents.

The director/facility manager (FM) is appropriately qualified for the position. The FM is supported by the clinical manager (CM) and two registered nurses. These senior roles are new since the previous audit and change of ownership.

This audit did not identify any areas requiring improvement.

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.

Christina's Rest Home 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 were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which was reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved 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 was 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 provided regular feedback and staff were involved in quality activities. An integrated approach included collection and analysis of quality improvement data and identified trends that led to improvements. Actual and potential risks were identified and mitigated.

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

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

Residents' information was 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.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information was provided to the potential resident and whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information 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.

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 referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment was tested as required. External areas are accessible, safe and provide shade and seating, and met the needs of people with disabilities.

Staff were 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 was 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.
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The governing body ensured 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. An experienced and trained infection control coordinator led the programme.


The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry and cleaning services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using 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	27	0	0	0	0	0
Criteria	0	168	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
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Christina’s Rest Home has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with local Māori health providers to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from a cultural adviser and is used for residents who identified as Māori. Māori advisers were also accessible through Te Whatu Ora Counties Manukau. Te Whare Tapa Whā has been adopted as the model of care for the residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were no staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended.</p> <p>The facility manager (FM) has completed Te Tiriti o Waitangi and equity training. All staff have completed relevant cultural competencies at commencement of employment and ongoing cultural safety training, the last provided on 27 August 2024.</p>

		Education records were maintained by the clinical manager (CM).
<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>The facility manager and the clinical manager identify and work 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.</p> <p>Pasifika residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced. Residents come from diverse countries and different cultures at this rest home, including a significant number of residents who identify as Pasifika. The 'Fonofale' model of care was implemented at this rest home and was well embedded into the care plans reviewed.</p> <p>Family members were encouraged to visit anytime, along with church members of the local church and spiritual leaders.</p> <p>Staff have completed cultural training, and residents are encouraged to speak in their own languages. There is a cultural advisory service available which is accessible at Te Whatu Ora Counties Manukau. Pasifika church services are arranged monthly at the facility, and most residents participate in the service.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported through ensuring diversity of staff and resulting in Pasifika staff employed across roles.</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, te reo Māori and sign language were posted around the facility. Pamphlets of the Code were included in the admission pack.</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</p>

		<p>discuss and clarify their rights.</p> <p>Māori mana motuhake was recognised in practice as verified by residents in interview.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supported residents in a way that was inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through the activities programme. Māori health care plans were completed for residents who identified as Māori. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff and resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and they reported that their property was respected. The staff recruitment process includes police vetting to safeguard residents. Residents or residents' whānau manage their finances, and they reported that their money was safe.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A</p>

		strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Signed informed consent forms and admission agreements were available in residents' records.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and</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>Documentation sighted showed that complainants had been</p>

<p>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.</p>		<p>informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. The register reviewed verified that five minor complaints received in the last year had all been closed out effectively.</p> <p>There have been no complaints received from external sources since the previous audit.</p> <p>The service assures the process works equitably for Māori by ensuring translation and interpreters are available if needed, and the complaints policy is available in te reo Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The director/facility manager (FM) assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The FM demonstrated expertise in Te Tiriti, health equity and cultural safety.</p> <p>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.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in the business plan 2024-2025 and monitoring documentation reviewed. A commitment to the quality and risk management system was evident. Members of the management group interviewed felt well informed on the progress and risks. This was confirmed in a sample of reports provided to the directors of the organisation. Staff are kept well informed at the two-monthly general staff meetings held. Minutes of all meetings are maintained.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p>

		<p>People receiving services and their whānau participated in planning and evaluation of services through care planning reviews, resident meetings and with surveys completed annually. A senior registered nurse is employed two days a week to assist with quality management. A contracted quality consultant ensured the policies and procedures are current. The service was transitioning to electronic policies and procedures at the time of the audit. A new company has been contracted 30 June 2024 to train staff and to assist with this process.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Counties Manukau for rest home care, community respite aged residential care (ARC), primary options for acute care (POAC), long term support – chronic health care (LTS-CHC) and under 65 years of age with disabilities (YPD). On the day of the audit, 17 residents were receiving rest home level care, one resident under community respite care, nil POAC, one resident was receiving LTS-CHC and nil YPD. The facility has a total of 21 beds and 19 were occupied on the day of the audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections and restraint management. Residents, whānau and staff contributed to quality improvement annual surveys. The outcomes of both surveys completed provided positive comments. A core of staff has been working at this facility for some time and spoke highly in the staff survey (18 October 2024) of the management team.</p> <p>Critical analysis of practices and systems, using ethnicity data, identified possible inequities and the service worked to address these. Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Relevant corrective actions were developed and implemented to</p>

		<p>address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The FM and the senior registered nurse interviewed 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>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.</p> <p>The FM and the CM understood and have complied with essential notification reporting requirements. There have been three Section 31 notifications to HealthCERT since the last audit. One notification was in relation to an incident reported on 18 January 2025 when a fire emergency occurred in a resident's room. The facility was evacuated to the designated evacuation area and later 14 residents were relocated to a hotel. The second incident occurred on 18 February 2025, when a resident presented with challenging behaviour. This incident involved both the New Zealand Police and ambulance emergency service. One SAC 1 incident reported to the Health Quality and Safety Commission (HQ&SC) on 1 August 2024 was later downgraded to a SAC 3. This incident was also reported to HealthCERT. Learnings from all essential reporting was used for quality improvement.</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>FA</p>	<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 adjusted staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them.</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>Residents and whānau interviewed supported this. All staff and management have completed first aid training, and this was recorded in the training records and on the individual staff records reviewed. At least one staff member was on duty who has a current first aid certificate.</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. The three registered nurses were interRAI competent and maintain competency annually as required.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>A health visitor to the facility during the audit was interviewed and spoke highly of the care provided to residents, and the knowledge the staff had to manage residents with challenging behaviour appropriately, and that the clinical manager was well informed and clearly understood when to refer a resident to obtain additional support when needed in a timely manner.</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 Te Whatu Ora Counties Manukau. There was a total of 11 care givers. Some care givers have dual roles such as activities, cleaning, laundry and kitchen duties. Six care staff have attained Level 4, four care staff have completed Level 3 and were working towards Level 4 and one care staff is currently at Level 2.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records randomly selected and 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.</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. The senior registered nurse provided induction for all new employees and signs off and dates a check list during the orientation process. Opportunities to discuss and review performance occurred three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance was reviewed and discussed at regular intervals.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. The service was in the process of migrating information to an electronic information management system. Thus, some residents' information was paper-based and some partially loaded into the electronic information management system at the time of the audit. Clinical notes were current, integrated and legible and met current documentation standards. Information was accessible for all those who need it.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The staff at Christina's Rest Home were not responsible for issuing</p>

		National Health Index (NHI) unique identification numbers; residents are admitted with NHI numbers already allocated.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter Christina’s Rest Home when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident was declined entry, there were processes for communicating the decision. Related data was documented and analysed annually, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>	FA	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider’s model of care, was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values and beliefs, and which considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment was based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes</p>

		<p>in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, residents 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 was different to 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.</p> <p>Tāngata whaikaha participated in service development through the care planning process. Examples of choices and control over service delivery were discussed with tāngata whaikaha and whānau. Tāngata whaikaha and whānau can independently access information.</p> <p>Changes in residents' health were escalated to the GP. 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 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life. A monthly calendar was posted on the notice boards around the facility.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori. The service has links with other Pacific people's organisations who visit the service and engage the residents in cultural activities.</p> <p>Feedback on the programme was provided through residents' meetings and care reviews. Those interviewed confirmed they found the programme met their needs.</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>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using a paper-based system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in staff files.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely. There were no controlled drugs kept on-site. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older adults. The menu was reviewed by a qualified dietitian on 30 September 2024. Recommendations made at that time have been implemented.</p> <p>Christina's Rest Home operates with an approved food safety plan and registration. The current food control plan will expire on 31 May 2026.</p> <p>Each resident has a nutritional assessment on admission to the facility and a diet profile is completed. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Food options culturally</p>

		<p>specific to te ao Māori were provided when requested. Residents who identified as Māori confirmed satisfaction with the food provided.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, and satisfaction surveys. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>	FA	<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 were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Transfers and discharges were recorded in the progress notes. 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>	FA	<p>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 requirements. All medical equipment was calibrated on 10 October 2024 and electrical testing and tagging of all electrical resources was completed in September 2024 and on 16 January 2025 by the contracted service provider. An inventory was maintained of all equipment. New appliances recently purchased were tested on 10 December 2024. A current Building Warrant of Fitness (BWOFF) that expires on 16 March 2025 was displayed in the main lounge.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities</p>

		<p>to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities for residents, throughout the facility. There is a separate visitor/staff toilet available, which was clearly labelled.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> <p>The current environment was inclusive of people’s cultures and supported cultural practices.</p> <p>The process for visitors/contractors to follow was clearly displayed at reception.</p> <p>Ramps are provided to the entry and rear of the facility for easy access as needed. Resident rooms and the bathroom/toilets have been totally renovated in one wing after a recent incident. New flooring has been installed. The director/FM has a plan to renovate the home throughout, as rooms are vacated. The home has a homely atmosphere. The Māori and Pacific Island residents interviewed were pleased with the environment, as were the other residents interviewed.</p> <p>No new buildings or structural changes to the facility have occurred since the previous audit. Cultural advisor input would be sought if this occurred to ensure the design and environment would reflect the identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The last evacuation training was held on 20 December 2024. The fire evacuation plan verified had been approved by Fire and Emergency New Zealand (FENZ) on 11 September 1998.</p> <p>Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region. Amenities were available</p>

		<p>including water, a barbecue, emergency power and lighting. A generator would be hired if needed. Torches, blankets, continence supplies, and emergency dry foods and frozen foods were stored if needed.</p> <p>Staff interviewed and records reviewed verified that staff were able to provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells/intercoms alert staff to residents requiring assistance. There is also a call bell display board in the dining room near the kitchen and the office. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required. There are gates at the front entrance to the car park and entrance and all residents, staff and family members have the key-pad access code (the rest home is situated on a busy road). Closed-circuit television (CCTV) was in operation at the entrance to the property and communal areas only. Signage was available at reception. Staff ensured the home was locked in the evenings and checks completed routinely throughout the afternoon and night shifts.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the FM.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	FA	<p>The infection control coordinator (ICC) is responsible for overseeing</p>

<p>implementation</p> <p>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.</p>		<p>and implementing the IP programme with reporting lines to senior management. The ICC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, or facility changes, and policies.</p> <p>The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme was reviewed annually, and it was last reviewed on 13 November 2024. The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice was accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process was audited to maintain good practice. Single-use medical devices were not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. 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</p>	<p>FA</p>	<p>Responsible use of antimicrobials was promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</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>FA</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 control programme. Surveillance methods, tools, documentation, analysis, and assignment of responsibilities are described and documented using standardised surveillance definitions. Ethnicity was included in surveillance data. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were shared with staff and the senior management team.</p> <p>Communication between service providers, and those residents experiencing a health care-associated infection (HAI), was culturally safe.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported</p>

<p>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>by a member of the executive leadership at operational level. At the time of audit, there was no restraint used, and this has been the case for 10 years. Any use of restraint would be reported to the FM.</p> <p>Policies and procedures met 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. Restraint protocols were covered in the orientation programme provided and were included in the education programme reviewed. Staff completed an annual restraint competency, and this was recorded in the staff records reviewed.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. The restraint coordinator is the CM. Three hospital beds (high low) have recently been purchased to support the elimination of restraint and to help prevent falls.</p> <p>Given that there was no restraint in use at the time of the audit, 6.2 and 6.3 were not audited.</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.

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

No data to display

End of the report.