

Brujen Investment Trust - Kenderdine Park

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: Brujen Investment Trust

Premises audited: Kenderdine Park

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 12 March 2025 End date: 12 March 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: 34

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Kenderdine Park provides rest home and hospital-level care for up to 35 residents. There were 34 residents on the days of the audit. The service is operated by the Brujen Investment Trust. The facility is family-owned, and is operated and managed by family members. Residents and whānau were complimentary about the care provided.

There have been no significant changes to the service and facilities since the previous audit.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, the owner/chief executive officer (CEO), facility manager (FM), registered nurses (RNs), staff, and a general practitioner.

There were no areas requiring improvement identified at this audit.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

Kenderdine Park works collaboratively to support and encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples were provided with services that recognised their worldviews and were culturally safe.

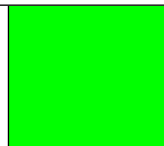
Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The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

Policies and the Code provided 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.



Subsections applicable to this service fully attained.

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 is monitored and reviewed at planned intervals.

A clinical governance structure meets 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 the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix 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 are 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

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.


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.

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

The food service meets 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 taiiao haumaruru | Person-centred and safe environment

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

The facility, 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 and calibration requirements were up to date.

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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, was linked with the quality improvement programme, and was 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 was appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There was one resident using restraint at the time of the audit. A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used.

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	18	0	0	0	0	0
Criteria	0	50	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>	FA	<p>Kenderdine Park 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 iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of the audit, and those interviewed 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>The service provider has a Pacific peoples' health plan. This describes how the organisation responds to the cultural needs of residents. The document notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. Policies and procedures were available to guide staff in caring for Pacific peoples. The Pacific peoples' worldview policy underpins the provision of equitable service. Expert advice is sought from the resident or family and/or the community.</p> <p>Cultural assessments and care plans for residents of each Pacific descent are available to implement. Models of care were documented and implemented. There were residents who identified as Pasifika and staff</p>

		members who each spoke their languages fluently.
<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 languages were posted around 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, resident and whānau interviews, or in documentation reviewed. Professional boundaries were maintained by staff, as confirmed by residents in interviews conducted.</p> <p>Residents reported that their property was respected, and their finances were protected. There is a comfort account that is managed by the facility manager.</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,</p>	FA	<p>Residents or their legal representative were 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 consent forms were available in the 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>

<p>keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and 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>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints, leading to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There were 26 complaints in 2024 and two in 2025 (year to date). The owner/CEO and FM reported that the complaint process timeframes were adhered to, and service improvement measures were implemented as required.</p> <p>Documentation, including follow-up letters and resolutions, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and whānau confirmed they were provided information on the complaints process and remarked that any concerns or issues were promptly addressed.</p> <p>Whānau and residents making a complaint can, if they choose, involve an independent support person, such as the cultural advisor, in the process. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible and available in te reo Māori and English. Residents and whānau spoke with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>One external complaint to the Health and Disability Commissioner in 2021 has been closed. The service has complied with all requests for further information within the required timeframes, and no issues have been identified in relation to the complaint so far.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have</p>	<p>FA</p>	<p>Kenderdine Park provides aged-related residential care at rest home and hospital level of care. The owner/CEO has owned the care home since it</p>

<p>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>was built in 1995.</p> <p>The owner/CEO assumes accountability for delivering a high-quality service to residents and their whānau. The leadership team oversees compliance with legislative, contractual and regulatory requirements; external advice is sought as required. The owner/CEO is assisted by the FM, clinical nurse manager (CNM), registered nurses, and assistant manager/activities coordinator.</p> <p>The purpose, values, direction, scope and goals are defined, and performance monitoring and review occur through regular meetings at planned intervals. A focus on improving outcomes was evident in monitoring through staff meeting minutes and the internal audit programme. A commitment to the quality and risk management system was evident. The leadership team members interviewed felt well-informed about progress and risks. A review or evaluation of resident outcomes to assess equity for Māori residents is being achieved and completed. Ethnicity data is analysed monthly to identify potential inequality outcomes between Māori residents and their whānau. Residents and staff are supported by a Tikanga Kaiwhakahaere (Cultural Advisor) on a regular basis and are invited/offered to support a resident and/or their whānau if requested, and provide staff training.</p> <p>The clinical governance structure is appropriate to the organisation's size and complexity. It includes reporting during staff meetings and monitoring of resident safety and clinical indicators.</p> <p>The service has Age-Related Residential Care (ARRC) contracts with Health New Zealand – Te Whatu Ora for rest home, hospital, and respite level of care. Contracts include Aged Residential Care, Ministry for Disabled (Whaikaha), Long-term Support – Chronic Health Conditions (LTS-CHC), Residential, Community Residential Respite services, Accident Compensation Corporation (ACC), and one individual contract supporting mental health services.</p> <p>On the day of the audit, there were six residents receiving rest home-level of care including one resident under the individual contract Mental Health Services. Twenty-nine residents were receiving hospital-level care, including two funded by ACC.</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 managing and monitoring of incidents and complaints, internal audit activities, a regular resident meeting, consultation with whānau, outcomes, policies and procedures, clinical incidents including infections and wounds, pressure injuries, skin tears, behaviour events, falls, and other unexpected events.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Staff competencies are reassessed and confirmed for all staff, and records were sighted. Internal audits were completed according to a 2024 and 2025 schedule, with corrective actions and outcomes reported back to the staff. Resident/whānau satisfaction survey and employee opinion survey were completed in 2024. Surveys were comprehensive, and the results were collated, analysed, and utilised to make service improvements when required. The feedback survey results reviewed showed positive responses to care, communication, environment and staffing.</p> <p>Monitoring of adverse event data is regularly reported and discussed at monthly staff meetings and annual review meetings. The owner/CEO and FM interviewed confirmed that discussions on trends are included in these meetings. The policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The management described the processes for identifying, documenting, monitoring, reviewing and reporting of risks, including health and safety risks, and developing mitigation strategies. The business plan is continuously updated to reflect the risk to the integrity of clinical and operational documentation.</p> <p>Staff document adverse and near-miss events in accordance with the National Adverse Events Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, and action plans were developed and followed up in a timely manner. Management knew the Severity Assessment Codes (SAC), SAC1 and SAC2 reporting requirements.</p> <p>The owner/CEO and FM understood essential notification reporting requirements. There have been no Section 31 notifications completed since the last audit.</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>	<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 organisation adjusts staffing levels to meet the changing needs of residents. Staff reported that there were adequate staff to complete the work allocated to them, and residents and whānau confirmed this in interviews.</p> <p>Cultural advice is sought in a timely manner through a Tikanga Kaiwhakahaere (Cultural Advisor). At least one staff member on duty in each wing has a current first aid certificate and medication competency.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme, with some having trained at a higher level than this to meet the requirements of the provider's agreement with the health funders. Out of a total of 18 health care assistants, 15 have completed their Level 4 qualification, two have completed their Level 3 qualification, and one has completed their Level 2 qualification.</p> <p>Staff records were reviewed to confirm completion of the required training and competency assessments. Each staff member interviewed reported feeling well supported and safe in the workplace. The employment process, which includes a job description defining each role's skills, qualifications and attributes, ensures that services are delivered to meet residents' needs.</p> <p>Continuing education, including mandatory training requirements, is planned annually. Related competencies are completed to support equitable service delivery. The records reviewed (six) demonstrated that the staff completed the required training and competency assessments, including cultural, first aid, hand hygiene, and medication competencies. An annual training programme covers mandatory and elective topics and meets the obligations of the service contract. Online learning opportunities are also available for staff to complete independently. Staff felt well supported with development opportunities.</p> <p>Clinical advice is always available when required, ensuring a safe care provision. An out-of-hours on-call policy explains how and when to</p>

		contact the out-of-hours GP and the management team.
<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 practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable). There was evidence of good recruitment processes in the six staff files reviewed, which included letters of offer, signed employment agreements and position descriptions, validation of qualifications, performance appraisals, police vetting, and orientation.</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. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in 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>	FA	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. Care plans were 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.</p> <p>Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. Staff supported 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 was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau.</p>

		<p>Residents and whānau confirmed active involvement in the process. The GP confirmed satisfaction with residents' care and communication received from the clinical team.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations.</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>	FA	<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 an electronic 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 the staff records.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</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 review was consistently recorded on the medicine chart. Standing orders are used, were current, and complied with guidelines.</p> <p>Self-administration of medication was facilitated and managed safely.</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</p>	FA	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration food, allergies and cultural preferences of the residents. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys and resident meeting minutes.</p> <p>The service operates with an approved food safety plan and registration that will expire in December 2025.</p>

and wellbeing.		
<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 was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. A transfer and discharge policy was available to guide staff practice. Risks and current support needs were identified and managed. This was evident in the transfer records reviewed. 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 residents' physical environment and facilities (internal and external) are fit for purpose. A current building warrant of fitness, expiring on 30 November 2025, was displayed. There is a preventative and reactive maintenance programme, and buildings, plant and equipment are maintained to an adequate standard. Legislative requirements were met. Electrical checks were completed, and an inventory was maintained. The contracted medical company checked the annual calibration of medical resources and equipment. Calibration included the scales (floor and chair scales). Manual handling and hoist management training was provided to all staff as per the training programme.</p> <p>Whānau and residents interviewed were pleased with the environment's suitability for their whānau members' needs. Appropriate signage and cultural information were on the notice boards for staff and residents to view. There were well-maintained garden areas.</p>
Subsection 5.2: The infection prevention programme and	FA	<p>The infection control coordinator (ICC) was responsible for overseeing and implementing the IP programme, which has been developed by those</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.</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>with IP expertise and approved by the governance body. The programme was linked to the quality improvement programme and was reviewed and reported on annually. This was confirmed by the ICC and review of the programme documentation.</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 were 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>	FA	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme were shared with staff and reported to the governing body.</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>	FA	<p>The registered nurse interviewed advised that restraint is eliminated whenever possible. The registered nurse confirmed that this is documented in policy (sighted) and communicated to staff during orientation and as part of the ongoing education programme. The registered nurse is the restraint coordinator who provides monthly reporting, and restraint is discussed at the management and staff meetings.</p> <p>At the time of the audit, there was one restraint in use. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific</p>

		interventions, and de-escalation techniques.
--	--	--

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.