Tairua Residential Care Limited - Tairua Residential Care

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 HealthShare 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:	Tairua Residential Care Limited
Premises audited:	Tairua Residential Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 18 March 2025 End date: 19 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: 42

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

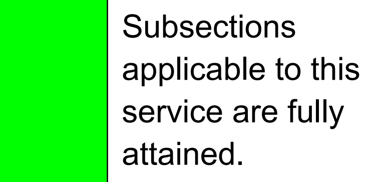
General overview of the audit

Tairua Residential Care provides rest home and/or hospital (medical or geriatric) level care for up to 44 residents. On the days of the audit, there were 42 residents. The nurse manager/owner is responsible for organisational management, clinical oversight and leadership. The most significant change to the organisation since the surveillance audit in May 2024, is the employment of six registered nurses, (RN) which is twice the number employed last year. There is now an RN on site 24 hours a day seven days a week (24/7).

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard and the providers agreement with their funder Health New Zealand-Te Whatu Ora. The audit process included a pre audit of policies and procedures, a sample of resident and staff records, observations, interviews with residents, family/whānau, staff, management and a telephone interview with the general practitioner (GP). Residents, their family/whānau and the GP expressed high satisfaction with the services being provided.

This audit resulted in five findings. These relate to the assessment and development of short and long-term care and activity plans, aspects of the medicine management systems and ongoing and specific education for the infection prevention coordinator.

Ō tātou motika | Our rights

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

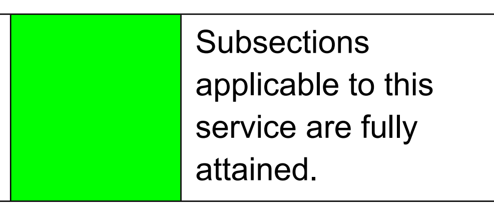
Policies and procedures describe cultural practices and align with the expectations in Pae ora healthy futures and Ola Manuia of Pacific peoples. There were no Māori residents on the days of audit. Staff and the owner have attended education in cultural safety, Te Tiriti o Waitangi and cultural bias. They were aware of their responsibilities related to equity principles and practices. Those interviewed demonstrated an understanding of how to weave tikanga Māori into everyday practice to uphold mana motuhake.

There were no Pacific residents and a small number of Pasifika staff. Policies were available to guide staff on embracing Pacific world views and meeting cultural and spiritual beliefs.

Residents and family/whānau were informed of the Code of Health and Disability Services Consumers' Rights (the Code), and care was provided in a manner that reflected these rights. The service operated in a manner that ensured residents were free from abuse, exploitation, and neglect.

The complaints process aligns with consumer rights legislation.

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 are fully attained.

The nurse manager is the sole owner/operator who assumes responsibility for compliance with legislative, contractual, and regulatory requirements. There were no perceivable barriers or equity issues for Māori. The purpose, values, direction, scope, and goals for the organisation are defined and quality and risk management systems are implemented. Actual and potential risks are identified and mitigated.

Staff are involved in quality and risk management through participating with internal audits and recording and reporting incidents and infections, Quality analysis of data and trends is shared at staff meetings. There are ongoing reviews of resident care, and changes are made to procedures/service delivery when a need for improvement is identified. Adverse events are documented and reviewed by the nurse manager to ensure these comply with the national adverse events reporting policy. Actions to prevent recurrence of incidents are implemented where prevention is possible. Residents and families/whānau provide feedback via resident meetings and through satisfaction surveys. Staff are appointed, orientated, and managed according to best known employment practices. Staff attend regular education/training, individual competencies are assessed, and annual performance appraisals occur.

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.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

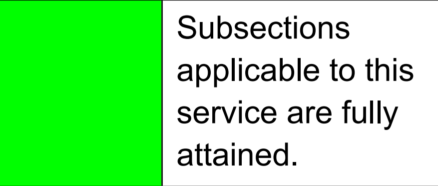
The model of care ensured residents experienced care in a manner that met their goals, needs and expectations. Family/whānau felt involved in the resident’s care and activities the resident took part in. Information was provided to potential residents and family/whānau prior to admission to inform decision making.

Care plans were implemented with input from the resident and family/whānau and contributed to achieving the resident's expectations. Other health and disability services were engaged to support the resident as required. The activity programme supported residents to maintain their physical, social, and mental health.

The meals were cooked on site in a kitchen with a current food control plan/ Meals were varied and well presented.

Medicine management was undertaken by staff who were competent to do so. The discharge and/or transfer of residents was safely managed. The general practitioner stated the provision of care met the resident's needs.

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

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

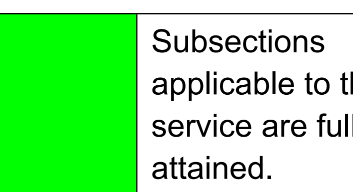
The facility, resources and equipment are fit for purpose and well maintained to ensure residents are provided a safe and comfortable environment. There was a current building warrant of fitness and approved fire evacuation plan. All residents had their own bedrooms which were decorated with their possessions. There are plenty of readily accessible toilets and bathrooms for residents, visitors and staff. Staff and residents were aware of emergency procedures and there is a sufficient supply of food, water and resources for use in an emergency. Effective security systems are in place and all staff were readily identifiable.

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.		Some subsections applicable to this service are partially attained and of low risk.

The service supports the safety of residents and staff via the infection prevention and antimicrobial stewardship programmes. The programmes were appropriate for the size, complexity, and type of service. The nurse manager is responsible for the implementation of the programmes. The infectious diseases/pandemic plan had been tested. Staff are educated in the principles of infection control. The implemented infection surveillance programme enables the analysis and detection of trends. Cleaning and laundry services are effective.

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 are fully attained.

The nurse manager/owner is the restraint coordinator, demonstrates a commitment to minimising and eliminating restraint and is fully aware of all restraint activity. The restraint register was up to date. At the time of the audit there were nine residents who had restraint interventions in place. Records of these residents confirmed that assessment, consent, monitoring and ongoing review was occurring at appropriate timeframes. All staff attend ongoing education regarding safe restraint use, de-escalation and methods to reduce or eliminate restraint use.

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	26	0	1	2	0	0
Criteria	0	173	0	1	4	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	The fully described Māori plan confirms input from an iwi authority and references the principles of Te Tiriti o Waitangi. Related policies and procedures provide clear guidance on adhering to tikanga Māori for day to day practices including recognising mana motuhake. Personnel records confirmed that all staff and the nurse manager had completed in-service education on cultural safety, healthcare from a Māori perspective and equity/unconscious bias. Although Tairua residential care has previously provided long and short terms care for people who identified as Māori, there were no Māori residents in the home on the days of audit. There were no identifiable barriers for Māori to access care. Despite ongoing attempts to recruit staff who identify as Māori, there were no Māori staff employed. The nurse manager reported the kaupapa Māori health provider based in Thames would be accessed if additional support for Māori residents was required. The facility is also providing meals at home to a local person who identifies as Māori who has offered to provide cultural support and advice.

Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	The Pacific plan was developed in consultation with Pacific people and links with Ola Manuia. Cultural safety policies and procedures specific to Pacific peoples described Pacific world views and beliefs for each island nation. These referred to current health strategies, and how to gain expert advice. There were no residents on who identified as Pasifika which is consistent with the local demographic. A small number of Pacific staff are employed as were staff from other cultures and ethnicities. The nurse manager expressed commitment to ensuring equal employment opportunities. There are no local Pacific providers within the Coromandel rohe making working in partnership with Pacific organisations difficult. Discussions with the nurse manager confirmed knowledge of where to seek advice and input, for example web based information and services, a Hamilton city provider and Te Whatu Ora when necessary. Staff also said they would be guided by the family/fono of any future Pasifika residents for advice on interventions and how to provide culturally safe support.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code of Health and Disability Services Consumers’ Rights (the Code) was displayed in English and te reo Māori. Staff discussed the Code and confirmed they received annual training relating to the Code. Observation during the audit confirmed that care was provided in accordance with the Code. Education records sampled verified training regarding the Code formed part of the orientation and ongoing education for all staff. The nurse manager advised that discussion about the Code is held with residents and their family/whānau on admission. A representative from the Office of the Health and Disability Commissioner (HDC) was scheduled to meet with staff and residents within a week of this audit. Residents and family/whānau confirmed they had been made aware of their rights. The nurse manager was aware of the national advocacy service and advised that residents and/or family/whānau are made aware of the service. Brochures that include how to contact the national advocacy service were available.

		There were no Māori residents in the service on the days of the audit. The policy documented that all residents, including Māori residents have a right to self-determination, and are supported to practice their own beliefs and values. Clinical records sampled and discussions with residents and family/whānau confirmed that residents are encouraged to be self-determining.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Residents and family/whānau stated they were involved in care-planning and had opportunities to share things that were important to them (refer to criterion 3.2.3), including religion, values, and beliefs. Observation during the audit confirmed residents were treated with dignity, respect and compassion. Policies and procedures adhere to the requirements of the Privacy Act and Health Information Privacy Code to ensure residents' rights to privacy and dignity were maintained. Staff, residents, and observations during the audit confirmed that staff knocked on doors before entering. Residents were addressed using their preferred name. Private conversations were conducted in the resident's bedroom. Residents stated they were treated with dignity and had input into the level of assistance provided for daily activities. Staff received training in Te Tiriti o Waitangi and tikanga best practice. Staff provided examples of tikanga, such as not sitting on tables or the resident's bed and keeping tea towels separate from other laundry items. The nurse/manager stated that specific expertise could be obtained from a local Kaupapa Māori organisation to address the needs of tāngata whaikaha to participate in te ao Māori as required.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are	FA	Staff received orientation and mandatory training regarding the features of abuse and neglect. They discussed these aspects and features including institutional racism and the actions they would take should there be any signs of such practice. They also described professional boundaries, and how these were maintained. Residents and family/whānau advised they had not witnessed abuse or neglect

safe and protected from abuse.		and confirmed professional boundaries were maintained. They also reported personal belongings were treated with respect. This was confirmed by observations during the audit and by the GP. Residents who were capable of managing their own finances did so. In circumstances where residents were not competent and wished to purchase goods or services for example the hairdresser, the nurse manager approved a member of staff to purchase/pay on behalf of the resident with Tairua Residential Care money. The resident's name was written on the receipt. The information was transferred onto a "resident purchase on charges form'. At the end of each month the on-charges were itemised on to a tax invoice which was sent to the resident's family/whānau for payment. Family/whānau who used this service stated they were satisfied the process was accurate and appropriate. Although there were no Māori residents living at Tairua residential care at the time of the audit, the Māori plan promoted a strengths based and holistic model of care for Māori, to support and facilitate Māori wellbeing.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Communication with residents was verbal, while family/whānau communication was a mix of verbal and email as required. Residents and family/whānau were satisfied with staff's communication and confirmed they were updated on health status changes, incidents, or accidents. This was verified in clinical files. The residents also confirmed discussions took place with an appropriate allocation of time, and they did not feel rushed. Clinical records showed communication had been made with other healthcare providers such as the GP, physiotherapist, and pedicure services. The nurse manager discussed interpreter options available if required. Resident meetings occurred every month and were advertised in the activity's planner. The food menu was displayed daily in the dining room.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be	FA	The nurse manager and staff discussed the informed consent process. They described a process that followed best practice and

respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		tikanga guidelines. Residents and family/whānau reported they received appropriate information and timeframes to allow informed consent for all aspects of their care. Clinical records included, but was not limited to signed consent for photographs, collection and storage of health information, and outings. One clinical record sampled contained an advance directive for the resident. Some of the records sampled included a named enduring power of attorney (EPoA), although only some had been activated. Not all residents who were deemed competent had a documented resuscitation status. The nurse manager and staff stated that all residents were for resuscitation, unless they had signed a not for resuscitation document. Staff discussed tikanga guidelines and stated this was a part of their orientation and in-service education. Residents and family/whānau advised they received sufficient information and timeframes, in an appropriate format, to enable informed decision-making.
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.	FA	Policy and procedure outline the process for complaints, including specifying considerations for Māori. A fair, transparent, and equitable system is in place to receive and resolve complaints and leads to improvements. This meets the requirements of the Code. The nurse manager maintains a record of all complaints in a complaint register. The only complaint received since the surveillance audit in May 2024 was a verbal complaint from a resident. This was managed in accordance with timeframes and documented processes. Complaints information is given to residents and family/whānau on admission along with advocacy information. Residents and family/whānau understood their right to make a complaint, knew how to do so, and understood their right to advocacy. There have been no known complaints submitted to any external agencies such as Health New Zealand, Te Whatu Ora or the Office and Disability Commissioner (HDC) since the previous audit.
Subsection 2.1: Governance	FA	Tairua Residential Care is privately owned and operated by the

The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.		same registered nurse (RN) manager since 2014.There is no governance body. The philosophy, mission and values were documented and known to staff, residents and family/whānau. The nurse manager fully understands their legislative, contractual and regulatory requirements. The business is a current member of the New Zealand Aged Care Association. The business/quality and risk plan describes annual goals, objectives, accountabilities, timeframes, and measurements. This is reviewed for progress at the end of each financial year. The nurse manager/owner is responsible for quality and risk management and delegates tasks to other staff appropriately. The sector specific quality system put in place last year has been implemented successfully. Organisational performance, clinical oversight and management is monitored and overseen by the nurse manager. Although there were no residents who identified as Māori, the nurse manager spoke of how they aimed to provide an equitable service for Māori by reducing barriers, implementing policies and procedures and seeking advice from a local kaupapa Māori organisations to assist in meeting the needs of Māori residents as and when required. The nurse manager is still trying to gain meaningful Māori representation and input to the organisation (there is no board). A Māori client who receives meals on wheels from the facility has offered to help. Local demographic data shows less than 6% of the population identify as Māori. The nurse manager meets the intent of this criterion by providing staff with in-service education to instil cultural knowledge and awareness of tikanga Māori, cultural safety and diversity. This was confirmed by staff training records sighted. The nurse manager confirmed that the needs of tangata whaiora are catered for using a person centred approach to facilitate equity and positive outcomes. A person with an intellectual disability has been successfully cared for by the service for a number of years. Residents and family participate in the planning, implementation, monitoring, and evaluation of service delivery through involvement in care planning, one to one and group meetings and by providing ad hoc feedback and completing regular satisfaction surveys.

		Services continue to be provided under agreements for long term Age Related Residential Care (ARRC), respite care and Long Term Support-Chronic Health Care (LTS-CHC) with Health New Zealand, Te Whatu Ora. The maximum occupancy for 44 residents is configured as 32 rest home and 12 hospital beds, although one bed is approved dual purpose and can be used for either hospital or rest home level care. On the days of audit 42 beds were occupied. Thirty one (31) residents were receiving rest home level care, and 11 residents were requiring hospital level care. Two of the rest home residents were on respite/short stay. One hospital resident was under 65 years of age funded by disability support service. One other rest home resident who was over 65 years of age was funded under the LTS-CHC scheme. There were no boarders and no residents under compulsory treatment orders living in the facility. The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation. Clinical governance is overseen by the GP, with the nurse manager and allied health professionals with specific expertise such as hospice and wound specialists.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	The implemented quality and risk system includes documented quality indicators, a risk management plan and processes for service performance monitoring. These include conducting internal audits and implementing improvements when deficits are identified, managing and responding to complaints, adverse event reporting and analysis, infection reporting and surveillance, restraint reporting and obtaining feedback from residents and relatives through regular meetings and satisfaction surveys. Results from the January 2025 resident and relative survey revealed satisfaction in all areas of service delivery. There was a 25% return rate and the nurse manager is considering ways to obtain more feedback. Quality matters and results from service performance monitoring is communicated to all staff at their monthly meetings which was

		evidenced by interviews and a sample of meeting minutes. The risk management plan defines and rates the likelihood and impact of potential risks including inequities and describes corresponding strategies to mitigate the risks. The sample of incident/accident reports revealed no significant adverse events had occurred since the previous audit in May 2024.The nurse manager and RNs understand the requirements of the National Adverse Event Reporting Policy. There have been no incidents that required external reporting or events requiring essential notifications under section 31 of the Health and Disability (Safety) Act. Delivery of high quality health care for Māori was demonstrated by consideration of care to previous Māori residents. Policies related to care of Māori are available. Staff training in cultural awareness, revision of cultural policies and equity reliably occurs. Interviews with a range of staff and the nurse manager demonstrated sufficient knowledge about tikanga Māori and culturally safe practices. Analysis of organisational practice to improve equity occurs through internal audits, and the collection of ethnicity data for entry/declining entry and infection surveillance. There is a small population of Māori residing in the Coromandel region (less than 6% according to national census data)
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	The process for determining staffing levels and skill mix considers the layout of the facility and differing levels of care needed. There are now six RNs employed plus the nurse manager, so at least one RN is on site 24 hours a day seven days a week. One RN is maintaining competencies to conduct InterRAI assessments and another one is scheduled to commence the training. The nurse manager is on duty Monday to Friday, available on call, lives on site, and works on the floor to cover staff shortages when necessary. A sample of rosters confirmed there are sufficient skilled

		and experienced staff on site 24/7 who have current first aid certificates. There are six care staff (four in rest home, two in hospital wing) and one RN on site each morning shift, four care staff and an RN in the afternoons plus one of the morning caregiver who works 10am to 6pm, and one RN and two care staff at rostered on at night. Two to three activities staff work differing days and hours, so there is always at least one activities person allocated to hospital residents and one to two activities staff for rest home residents. Of the 39 full time, part time and casual staff employed, seven were RNs (including the nurse manager, 20 were caregivers, and there were three activities people, two maintenance staff, two laundry staff, one cleaner and four kitchen staff. Nurse and care staff competencies are defined and staff achievement with these is monitored. Mandatory competencies include medication, oxygen therapy, wound care, syringe drivers, managing challenging behaviours, manual handling and safe hoist use. Continuing education for staff is planned on an annual basis to support equitable service delivery. In-service training occurs routinely at staff meetings, confirmed by meeting minutes and staff interviews. Education includes mandatory training topics such as infection prevention, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. Specific training in health equity, and cultural safety for Māori and Pacific peoples occurred in October 2023. The collection and sharing of high quality Māori health information occurs at staff meetings and through ongoing in-service and online education. Eleven care staff have achieved either level three or four of the national certificate in health and wellbeing. The nurse manager attends at least eight hours of professional development to meet the ARRC requirements and for maintaining a current practicing certificate. All of the staff interviewed described their workplace as safe, positive and supportive.
Subsection 2.4: Health care and support workers	FA	Human resources management policies and processes adhere to

The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.		current employment legislation and include recruitment, selection, orientation and performance monitoring. Staff records showed that professional qualifications had been validated prior to employment. A record of employed and contracted health professionals current practising certificates was being maintained and all those sighted were current. The sample of seven staff records contained curriculum vitaes, signed employment agreements, recruitment documents, and proof of completed orientation. The orientation process covered the scope of the organisation and the position employed for. Staff orientation checklists were signed off by the person being inducted and the staff member conducting each part of the orientation. Staff confirmed completion of the orientation process and reported they were well prepared for their role. All staff records contained job descriptions specific to the role they were employed for. Records sighted and interviews confirmed that performance appraisals occur for staff 90 days after employment and annually thereafter. The information gathered and stored about staff meets the Health Information Standards Organisation (HISO) requirements. Interviews with staff confirmed that they are provided opportunities for debrief, discussion and support if they are impacted by incidents.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	All necessary demographic, personal, clinical and health information was fully completed in the files sampled. The records were current, integrated and legible and met current documentation standards. There was no personal or private information on display and current and archived care records are held securely. This service is not responsible for the National Health Index registration of people receiving services.

Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	Information about the service is available on the Eldernet website, through the Needs Assessment Service Coordination agency (NASC) and via Health New Zealand -Te Whatu Ora. The nurse manager answers inquiries that come via a phone call or in person. The nurse manager discussed the admission and decline process. The nurse manager asks for a NASC referral to ensure the resident's needs can be accommodated within the service prior to accepting the resident. Enquiries are declined only if care requirements exceed the service scope, or no beds are available. The service does not use a waiting list system as beds are generally available. Ethnicity of all residents is recorded at admission. Clinical records confirmed adherence to the documented process. Residents and family/whānau found the admission process straightforward and respectful. The nurse manager has access to a local Māori health organisation to support the health and well-being of Māori residents.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	Clinical records verified that a registered nurse (RN) had completed an admission assessment. The assessment included for example skin integrity, pain, falls risk, and behaviour. The clinical records were integrated and included, for example, correspondence from Health New Zealand -Te Whatu Ora, GP reviews, laboratory reports, interRAI reports, consent forms, the admission agreement, a copy of the enduring power of attorney (EPoA) and clinical entries from other health professionals for example the physiotherapist. Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. The registered nurses and care staff stated that changes in a resident's behaviour were considered an early warning sign of a residents change in health status. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness, the nurse manager was contacted by the senior care giver or the registered nurse on duty. Monthly vital signs and the weight of residents were documented. An improvement is required in relation to completing interRAI assessments, activities care-plans and short and long-term

		care-plans in a timely manner (refer criterion 3.2.3). Residents and their family/whānau said the assessments and care-plans in place had been discussed and developed in collaboration with them, and they were happy with the provision of care. They also advised the staff and nurse manager were approachable, and they felt free to share information regarding their life story and values and beliefs. Medical oversight of residents was provided by a GP, who said care was provided to residents in a safe and respectful manner. The GP attended the facility weekly and was on call for the facility 24 hours per day, seven days a week. The GP advised residents are seen as requested by the nurse manager, however an improvement is required regarding routine GP reviews (refer criterion 3.2.5). A shift handover was observed and included a summary of the resident's care requirements, and a summary of recent changes in the resident's health care status. Oncoming staff were given the opportunity to clarify any aspects of the resident's care requirements. There were no Māori residents at the time of the audit. The service has had Māori residents in the past, and staff described the Māori world view and aspects of te ao Māori that would be implemented for any Māori residents admitted. There was a sufficient supply of medical and continence products on site during the audit.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	There are two activities co-ordinators (one for the hospital residents and one for rest-home residents) plus an activities assistant in the rest home. The monthly programme was on display in the living area of the rest-home. The programme operates at hours that meets the resident's needs. The two co-ordinators liaise to ensure both hospital and rest-home residents maximise their involvement in the programme. The rest-home activities assistant was facilitating the programme on day one of the audit and discussed the programme, which included a wide range of suitable activities. The activities programme promoted physical, social, cultural and intellectual skills for the residents. Outings to the community occurred daily for example, morning walks and attendance at local groups. Residents

		who were able, and wished to attend the friendship group, gathered in the community hall weekly. Scenic drives also occurred weekly. Family/whānau also took residents into the community to attend celebrations and events. The programme was observed in action during the audit and residents were seen to be engaged and having fun. Individual activities were available; for example, puzzles, colouring in and reading. Residents who choose not to take part in group activities had one to one connection with an activities co-ordinator in the afternoon. Several residents had their own cat which they cared for. Residents and family/whānau advised they were satisfied with the programme and stated it enhanced well-being. The nurse manager advised that the service had connections with a local Māori health provider that supports Tairua residential care to expand health and wellbeing initiatives for Māori, and to increase participation in te ao Māori activities.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	A paper-based system for the prescribing and recording of medication was used. Medications were dispensed by a pharmacy using a pre-packaged system. The pharmacy delivered medications and removed medications no longer required. There were two medication trolleys, one for the rest-home and another for the hospital. Both trolleys were locked when not in use. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication fridge was temperature monitored; however, the medication storage room which held other medications was not being temperature monitored (refer criterion 3.4.1). All medication on site had been dispensed to a named resident. Stock medications were not sighted. A RN or the nurse manager checked the medications prior to them being placed in the medication trolleys. Medication administration was performed by registered nurses and/or senior care staff who had been assessed as medication competent. The medication competency programme was completed annually and included a theoretical component and observation of administration to ensure

		safe practice. An improvement is required relating to GP review and signing of medication charts. A medication round was observed, and staff demonstrated competency administrating medication. Eye drops, ointments and creams had a documented opening date. During the audit, no medications were observed to be out of date. An improvement is required to ensure medication charts are completed in a manner that complies with legislation, and that allergies and sensitives are documented (refer criterion 3.4.4). There was an emergency trolley with medications on it that were to be administered as per a standing order. The standing order had been reviewed and signed by the GP within the past six months. The standing order was only to be used by a registered nurse. Over the counter medications (OTC) were discussed with the resident and family/whānau by the nurse manager or/and the GP. Any OTC medications were prescribed by the GP and administered by staff. No residents were self-administering medication during the audit. The policy documents the process to be followed should a resident choose to self-administer and be deemed safe to do so. An improvement is required in relation to the management of pro re nata (PRN) medications (refer criterion 3.4.1). Residents were supported to understand their medications by the RN's, nurse manager and the GP, and this was confirmed by residents and their family/whānau. Medication incidents were reviewed by the nurse manager with corrective actions being implemented. The GP stated that they were notified of medication incidents and that they occurred very rarely.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration	FA	All food/kai was prepared onsite. There was a current food control plan valid to October 2025. A summer and winter menu were used and the meals were repeated on a four-weekly cycle. The kitchen was clean and well maintained with records of cleaning schedules, and temperature monitoring of the food being served. The fridges and freezers in the kitchen were temperature monitored. Stock

needs are met to promote and maintain their health and wellbeing.		rotation was conducted for food stored in the pantry. The date and time stored food was opened was recorded and displayed. The menu had been reviewed by a dietitian in 2023, and recommended modifications had been made. Resident nutritional assessments were completed upon entry by a registered nurse. These included the residents likes, dislikes, allergies, intolerances, and cultural preferences. A current copy of nutritional assessments was available in the kitchen and the cook discussed the dietary needs of individual residents. There were two dining areas, one in the rest-home, and one in the hospital. Both were clean with natural lighting. The tables and chairs were well maintained and set in a visually appealing manner. Residents were observed to be given sufficient time to eat their meals and assistance was provided when required. Residents who choose not to eat in the dining area were provided their meal in their bedroom. The menu celebrated cultural days of significance and te ao Māori, for example by preparing and serving boil ups and rewena paraoa Family/whānau also bring kai/food into the resident at times and residents leave the facility to go out with whānau and friends for meals. Residents are given the opportunity to assist with meal preparation, for example they fold tray mats and scoop feijoas'.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	The nurse manager explained the transfer process. Acute transfers to the public hospital occur when there is a sudden change in a resident's health status. The nurse manger and/or GP decide to transfer a resident to the nearest public hospital for specialized care. A senior staff member on duty notifies the nurse manager, who comes on site to arrange the transfer. The nurse manager informs the resident's family/whānau about the transfer and arranges ambulance transfer. The national 'yellow envelope' system is used to facilitate the transfer of care. A Health New Zealand-Te Whatu Ora emergency care referral form is completed, this, the medication chart, and recent GP reviews accompany the resident in the ambulance.

		When a resident's health status and care requirements change gradually, the nurse manager contacts the NASC service. The care-plan is updated, along with the interRAI assessment. Rest-home residents who transition to hospital level care can usually have this requirement fulfilled without leaving Tairua residential care. If the resident requires care that is outside the scope of service delivered at Tairua residential care, for example secure dementia care, the NASC, nurse manager and family/whānau collaborate to ensure the resident is discharged to a facility that meets their needs. Residents and family/whānau confirmed they received information about other health and disability services when indicated or requested. Information about kaupapa Māori agencies is provided as required.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	There is a current building warrant of fitness (BWOF) which expires on 22 September 2025. Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. Interviews with maintenance staff and documentation confirmed that testing and tagging of electrical equipment occurred in September 2024, which is valid for one year, although some equipment is valid for two years. An external agency visits yearly to check weigh scales, hoists and medical equipment and this last occurred in February 2025. The hazard register is being updated as required, with newly identified hazards isolated, minimised or eliminated. Hazardous chemicals are stored securely in an appropriate outside shed. Minutes of the health and safety meetings demonstrate that staff are being kept informed and day to day practices are checked to prevent injury. There had been no staff injuries requiring notification to WorkSafe NZ since the previous audit. The environment was comfortable and accessible, promoting independence and safe mobility. There had been no incidents or accidents related to the internal or external environment since the previous audit. Personalised equipment was available for residents

		with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. All of the bedrooms have an accessible toilet and four of these also have showers. There are separate identified toilets for visitors and staff. Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Each room has sufficiently sized windows or exterior doors for natural light and air flow. Central heating is provided to all areas including bedrooms by ceiling vents. Residents and whānau are consulted and involved in the design of any new buildings although no new building has occurred.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and those interviewed new what to do in an emergency. Staff training records confirmed attendance at emergency education sessions including fire drills. There are always staff members on site with current first aid certificates. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. The service continued to operate successfully without mains power for four days during cyclone Gabriel in 2024. Two on site generators enabled the provision of essential services. The fire evacuation scheme was approved by the New Zealand Fire Service in 2004 and there have been no building changes since then. Trial fire evacuations are occurring every six months, the most recent drill in November 2024 was observed by the local fire services. Fire suppression systems are checked and tested monthly by an external contractor. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.

		Appropriate security arrangements are in place. All staff wear uniforms with name badges. Doors are secured at dusk and all windows have security stays. There have been no security events since the previous audit. Residents and their whānau were familiar with emergency and security arrangements.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	The nurse manager confirmed that the infection prevention and antimicrobial stewardship programme was integral to service delivery. They have access to strategic advice from Health New Zealand-Te Whatu Ora, Ministry of Health directives and through a health quality consultant. The nurse manager oversees the infection prevention programme. Care givers and RN’s escalate significant events to the nurse manager. The nurse manager uses a stepwise approach to analysis and manage infection risk, as per the infection prevention programme and policies. Evidence of this was seen in the infection programme documents sighted and during discussion with the nurse manager.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	PA Low	The infection prevention (IP) programme implemented was suitable for the size and scope of the service provided. The nurse manager, who is a registered nurse, implemented, monitored and reported the programme to staff at monthly meetings. The nurse manager manages and assesses risk related to the procurement processes, building modifications, and other relevant policies and procedures. An improvement is required relating to the nurse manager completing infection prevention education and ongoing updates (refer criterion 5.2.1). Further infection prevention multidisciplinary expertise is obtained via the GP, services within Health New Zealand-Te Whatu Ora, and the Ministry of Health. The nurse manager has access to the clinical records and diagnostic results of the residents, and evidence of this was seen in the clinical

		records, and in surveillance reports. The IP programme, policies and procedures were observed to be embedded in the day-to-day practice of all staff. The IP programme is linked to the quality programme and is discussed at monthly staff meetings. The pandemic/infectious diseases response plan was documented and had been tested. There had been no outbreaks of infection since the last audit. Sufficient supplies of infection prevention resources and personal protective equipment (PPE) were available. Hand basins and hand sanitisers were readily available throughout the service. Signage pertaining to hand hygiene was sighted during the audit. The orientation programme includes the principles of infection prevention, thereafter annual infection prevention education is provided to all staff by the nurse manager. This was verified by education records sighted and staff interviews. In addition, ad hoc education is provided at staff meetings. The nurse manager advised that opportunistic education is shared individually with staff when required. Single use devices were not reused. This was verified during staff interviews and by observation during the audit. Reusable shared equipment for example sphygmomanometers, thermometers, and dressing scissors, bedpans were decontaminated appropriately as per manufacturers recommendations. Appropriate materials for this process were observed during the audit, and staff demonstrated the process. The nurse manager explained how culturally appropriate processes would be used to provide information to Māori residents. Examples included involving whānau and accessing written information from the Ministry of Health website, with additional support available from local Māori health organisations. Residents, and family/whānau confirmed that infection control issues and precautions had been discussed with them by staff and/or the GP.

Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	There was an implemented antimicrobial policy that sat within the IP programme. It was appropriate to the size scope and complexity of the service and had been approved by the nurse manager. Monthly reports were sighted that reported the number and type of infections, with an analysis that included the antibiotic course prescribed, and the causative organism as identified by a laboratory report. The nurse manager reviewed the reports to identify trends, or/and opportunities to reduce antimicrobial prescribing. The GP confirmed antibiotic prescribing occurred as per best practice guidelines sourced from Best Practice Advocacy Centre New Zealand (BPAC), and laboratory services.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance of health care-associated infections was appropriate to the size and type of service. The surveillance programme was documented, complete and accurate terminology was used. Monthly surveillance data was collected and reported by the nurse manager to staff at monthly meetings. The data included the resident’s ethnicity. Trends and opportunities arising from the data was considered by the nurse manager. There had been no trends identified in infection prevention documents sampled. Staff confirmed that infection reports were discussed at staff meetings. Clinical records verified that residents who developed an infection were informed and family/whānau were advised. The staff, nurse manager and GP discuss the type and management of any infection a resident develops, family/whānau are included if appropriate. The process was culturally appropriate as confirmed by residents and family/ whānau. There had been no infection outbreaks since the last audit.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a	FA	A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.

hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely. Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Tairua residential care continues to avoid and where possible eliminate the use of restraint. The nurse manager/owner is the nominated restraint coordinator who carries out the described role providing support and oversight for any restraint management. The reviewed restraint policies and procedures meet the requirements of the standards. At the time of audit, the restraint register and care files showed nine residents were using a restraint as a last resort, when all alternatives have been explored. Bedrails and in some cases bedrails and a safety/lap belt were the only restraints in use to prevent harm from falls. Staff education records showed that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPoA were involved in decision making, as confirmed by relative interviews.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that	FA	Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the Standard. Whānau confirmed their involvement. Access to advocacy is facilitated, as

the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.		necessary. The restraint register is kept updated by the nurse manger/restraint coordinator. The register contained enough information to provide an auditable record.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	The restraint coordinator undertakes six-monthly quality review of restraint that includes all the requirements of the Standard. The outcome of the March 2025 review was reported to staff at their monthly meetings .Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint varies according to the frailty of residents. There were two more residents using restraint at this audit than the at the previous surveillance audit.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people’s lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are	PA Moderate	Seven clinical records were sampled. Although residents and their family/whānau said that assessments and care-plans had been discussed and developed in collaboration with them, and they were happy with the provision of care, not all clinical records could verify that assessments and care-plans had been developed and/or implemented. A current interRAI assessment was sighted in four records, two contained an outdated interRAI and the interRAI assessment was unable to be located in one file. A registered nurse stated that not all residents’ files had a current interRAI assessment, and this was verified in an ‘interRAI resident assessment’s due list’ dated 10/01/2025. In two of seven clinical	Not all clinical records held a current interRAI assessment. There was no short term care plan for an active infection, and a number of short and long term care plans were overdue for review. Two of the seven files sampled were missing activity assessments and care plans. .	Ensure all clinical records hold a current and completed interRAI assessment. Ensure that short and long term care plans are developed and reviewed as required in the ARRC agreement. Ensure that activity assessments and activity plans for each resident are undertaken and current.

completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		records the activities plan (that includes an assessment of the resident's lived experiences, strengths, goals and aspirations) had not been undertaken, and a further three were outdated. Two of seven care-plans had been reviewed in the previous six months. There was insufficient evidence to confirm that the development of long-term care-plans, activities care plans and interRAI assessments were completed in a collaborative manner as per clause D16.3 and D 16.5 of the ARRC agreement. Short-term care plans were not consistently developed, implemented or/and reviewed. For example, one resident had an active infection, in which interventions would support comfort levels and aid recovery, however a care-plan for the condition had not been developed. Another resident had a wound care plan developed and documented, however there was no evidence that the care-plan had been implemented or reviewed. A staff member was unaware of the care-plan or what it related to.		60 days
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service	PA Moderate	Five of seven clinical files sampled did not contain documentation to confirm that residents had been reviewed by the GP at three monthly intervals as required by the ARRC agreement 16.5 (e) (ii) (1) and (2). The nurse manager advised that residents were reviewed by the GP according to their individual	Not all residents had been reviewed by the GP at three monthly intervals.	Ensure all residents are reviewed by the GP at three monthly episodes. 90 days

providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		requirements, and residents with a stable health status were not always seen three monthly. The GP visited the service weekly, and more frequently if required. There was evidence that the nurse manager prioritised residents to be reviewed and held a priority list. The GP confirmed that a twenty-four-hour, seven day a week service was provided to the rest home. The GP stated that phone advice was sought by the service as required, including 'out of business' hours. The GP confirmed that residents were reviewed as per the nurse manager's request.		
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Moderate	The cupboards and room/s where medication was stored were locked, however temperature monitoring did not occur. Pro re nata (PRN) medications administered documented the time of administration and the reason, however the effectiveness of the administered medication was not regularly documented. In two of the fourteen records the medication to be administered was documented in the medication record but had not been signed by the GP. Of the fourteen records audited four had no evidence	Not all medication prescribed and/or administered meet best practice guidelines, and/or legislative requirements. For example: medication storage rooms were not temperature monitored, PRN medication effectiveness was not consistently documented and the GP had not signed and reviewed all medication charts within the previous three months.	Ensure the implemented medication system meets best practice guidelines and complies with legislative requirements. 60 days

		these had been reviewed by GP at three monthly intervals.		
Criterion 3.4.4 A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.	PA Moderate	In three of the 14 medication records reviewed, the allergy and sensitivity status of the resident had not been documented.	The allergy and/or sensitivity status of the resident was not documented in some medication records.	Ensure the allergy and/or sensitivity status of the resident is documented in the medication record for all residents. 60 days
Criterion 5.2.1 There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall: (a) Be responsible for overseeing and coordinating implementation of the IP programme; (b) Have clearly defined responsibility for IP decision making; (c) Have documented reporting lines to the governance body or senior management; (d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed; (e) Receive continuing education in IP and AMS; (f) Have access to shared	PA Low	The nurse manager advised that no recent IP education had been completed.	The IP co-ordinator (nurse manager) had not completed recent IP education.	Ensure the IP co-ordinator (nurse manager) completes relevant IP education. 180 days

clinical records and diagnostic results of people.				

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.