

Takanini Care Limited - Takanini Lodge

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 BSI Group New Zealand Ltd, 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:	Takanini Care Limited
Premises audited:	Takanini Lodge
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 February 2025 End date: 19 February 2025
Proposed changes to current services (if any):	This audit verified two rooms as being suitable for double occupancy.
Total beds occupied across all premises included in the audit on the first day of the audit:	89

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

Takanini Lodge is a privately owned facility certified to provide hospital level care (medical and geriatric), rest home, and dementia for up to 90 residents. There were 89 residents on the day of audit.

This audit also verified two double rooms as being suitable for dual purpose use increasing overall bed numbers from 90 to 92.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021, the contract with Health New Zealand - Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The facility manager (registered nurse) is appropriately qualified and experienced. He is supported a clinical manager (registered nurse), and a team of experienced care staff. There are quality systems and processes being implemented. Feedback from residents and family was positive about the care and the services provided.

This audit identified a shortfall related to the building warrant of fitness.

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.

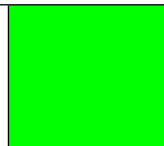
Takanini Lodge provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

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 2024-25 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure are established. Healthcare assistants are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all healthcare assistants.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioner (GP) and visiting allied health professionals.

The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori, Pacific Islander and family/whānau. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medication management system in place. Medicine is safely stored and administered by staff with current medication administration competency. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews.

All meals are cooked on site. Service has an approved food control plan and current menu in place. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated.

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

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Residents rooms are personalised to their own taste.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days.

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme are implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidence relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Pandemic response plans are in place and there is adequate personal protective equipment and supplies. There have been three outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint that aligns with the definition in the standards. There were two residents utilising restraint at the time of audit. Staff demonstrated a sound knowledge and understanding that only approved restraints will be used as a last resort.

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	28	0	1	0	0	0
Criteria	0	175	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Takanini Lodge acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. Takanini Lodge are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person's culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and links in the community.</p> <p>The service had residents who identified as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation, continues as a regular in-service topic, and includes a cultural competency assessment. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents.</p> <p>The service supports increasing Māori capacity by employing more Māori applicants. At the time of the audit, there were Māori staff</p>

		<p>members. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with six residents; one rest home, and five hospital level; and six family members (one rest home, four hospital, one dementia). The facility manager, clinical manager, human resources (HR) and operations manager, and twenty staff interviewed; five healthcare assistants (HCAs), four registered nurses (RNs), two diversional therapists, one driver, one laundry, two cleaners, one maintenance, one physiotherapist, one kitchen hand, one executive chef, and one chef) described how the delivery of care is based on each resident's values and beliefs.</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>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written with Pasifika input.</p> <p>There were residents that identified as Pasifika. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The management team described how they encourage and support any applicants that identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family.</p>

<p>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.</p>		<p>The facility manager or clinical manager discusses aspects of the Code with residents and their family on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. The residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect. 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.</p>	<p>FA</p>	<p>Staff interviewed described how they support residents in making their own choices. Residents interviewed confirmed this to be the case, and that they have control and choice over activities they participate in. Residents are supported to make decisions about whether they would like family members to be involved in their care.</p> <p>It was observed that residents are treated with dignity and respect. Resident/family satisfaction survey results, and interviews confirm that residents are treated with respect.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is</p>

		<p>encouraged.</p> <p>The residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The abuse and neglect policy is being implemented. Takanini Lodge policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the management, registered nurses and HCAs confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management if they felt that this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel</p>	FA	<p>Monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures</p>

<p>that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Family members interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. There was evidence of timely and appropriate communication on the accident/incident forms and in progress notes.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were residents who could not speak or understand English; however, the service had well documented communication strategies that are able implemented by staff, including visual aids, and staff who speak the same language as the residents.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The delivery of care includes input from the multidisciplinary team. Health professionals involved with the residents may include specialist services via Health New Zealand and hospice. The management team could describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their</p>	<p>FA</p>	<p>There are policies around informed consent which are understood and implemented. The resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed</p>

<p>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>and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required (including all dementia level residents). The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service and is available in te reo Māori. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. The service has policies and procedures relating to timely follow-up letters, investigation and resolution enabling complaints to be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been fifteen complaints received in 2024, and one in 2025 since the previous audit in February 2024, all of which were minor in nature. There have been no external complaints.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints, with complaints forms, and advocacy brochures being available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (e.g., verbally, in writing, through an advocate). Resident meetings are held monthly and are another avenue to provide residents with the opportunity to voice their concerns. The management and staff encourage residents and family to discuss any concerns. It is an equitable process for all cultures.</p> <p>Residents and family making a complaint are supported to involve an independent support person in the complaints process if they choose. The management team acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Takanini Lodge, located in Takanini, Auckland, provides hospital, rest home, and dementia level care, for up to 90 residents. On the day of the audit, there were 89 residents; 23 rest home, including one resident on a long-term support- chronic health care (LTS-CHC) contract; 46 hospital level, including one resident funded by the Accident Compensation Corporation (ACC), one resident on ACC respite, and one resident on a LTS-CHC contract. There were 20 residents in the dementia unit. All residents other than LTS-CHC, and ACC being under the age-related residential care contract (ARRC). This audit has verified that there are two double rooms suitable for two residents sharing (rooms 33 & 43) as per email sighted from HealthCERT.</p> <p>Takanini Lodge is the trading name of Takanini Care Limited - a privately owned company with two directors (part of Legacy Healthcare Group).</p> <p>The facility manager (registered nurse) has been at Takanini Lodge for 12 years (five as clinical manager, and seven as facility manager). The facility manager is supported by an experienced clinical manager who has been at the facility for nine years (six as clinical manager), and an experienced care team. Both have post graduate nursing qualifications and provide clinical governance input as part of the organisation’s clinical governance group. The facility manager, and clinical manager meets at least weekly with the HR/operations manager, and directors to facilitate the link between management and governance. There is a 2024-25 business plan that outlines objectives for the period. Objectives are signed off when fully attained. A mission, philosophy and objectives are documented for the service. The regular meetings provide an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The management team and directors analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. The Board has Māori representation.</p> <p>The Directors have completed cultural training to ensure they are</p>

		<p>able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with governance, staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The management team regularly attends aged care conferences; both the facility manager and clinical manager have maintained over eight hours of professional development per year relating to their role and responsibilities.</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>Takanini Lodge has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the Board. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with management and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice, and they are suitable to support hospital, rest home, and dementia levels of care. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa standards are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified.</p> <p>Resident meetings are held monthly. Both residents and families</p>

		<p>have provided feedback via annual satisfaction surveys. The 2024 resident survey indicates that residents are very satisfied with the services received. No corrective actions were required. Results were discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. Board members and staff are kept informed, evidenced in management and staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The management team are aware of situations that require essential notifications, including severity assessment code (SAC) reporting requirements. Section 31 reports have been submitted related to police involvement with an absconding resident. Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</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. 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.</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The clinical manager works 40 hours per week Monday to Friday. The clinical manager is on-call 24/7 for any clinical issues and can access peer support from other facilities within the group. The facility manager is on call 24/7 for any operational queries. The rostering reviewed provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents. Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory</p>

		<p>training, which includes cultural awareness training. Competencies include (but are not limited to); manual handling, hoist training, chemical safety, emergency management personal protective equipment (PPE) training and infection control, and restraint. A record of completion is maintained in each staff members files. The HCAs are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). There are 36 HCAs with a level four NZQA certificate in health and wellbeing, four with level three, one with level two, and 12 with level one.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Eleven RNs are interRAI trained. Training for the registered nurses has been provided by Health New Zealand in-services and online training.</p> <p>The service encourages all their staff to attend monthly staff meetings. Feedback on surveys and quality data ensures staff participate in learning opportunities that provide them with the most recent literature on health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers. Training is provided for staff around cultural safety, and this includes information around Māori health information, and health equity for the residents who use the service.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, including cultural days and shared meals at meetings.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. ten staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed annually.</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for HCAs supports them to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained. Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are kept securely electronically, and in hard copy. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived paper documents are securely stored in a locked room, and electronic records are held securely in the cloud. Both are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	<p>FA</p>	<p>Accurate information about the services provided is included in the admission pack, which is explained and discussed with the enquirer as required. Residents enter the service when their required level of care has been assessed and confirmed by the needs' assessment service coordination (NASC) team. Signed admission agreements and consent forms were available in the records reviewed.</p> <p>Residents, family/whānau and enduring power of attorney (EPOAs) interviewed stated they were satisfied with the admission process</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>and the information that was made available to them on admission.</p> <p>Entry to service enquiries is managed by the clinical manager. Residents' information is kept confidential. The clinical manager stated that any delay to entry to service will be discussed with the resident or family/whānau as required. The clinical manager also stated that entry to service can be declined if the prospective resident does not meet the entry criteria or there is no vacancy. Processes are in place for communicating the reason for decline to entry and other options or alternative services information is provided. This was evident in the records seen.</p> <p>The service maintains a record of the enquiries and of those that were declined entry. The admission information includes ethnicity data. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori is completed regularly. There were residents who identified as Māori at the time of the audit.</p> <p>The service engages with local kaumātua, who are available to provide support to residents and whānau as required. The clinical manager interviewed reported they also work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau as and when the opportunity arises.</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>	<p>FA</p>	<p>Ten electronic resident files were reviewed (three dementia residents, three rest home residents and four hospital residents (including one LTS-CHC). The clinical manager and the registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records. The RNs, supported by the clinical manager are responsible for completing the admission assessments, care planning and care plan evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of an admission in consultation with the residents, enduring power of</p>

	<p>attorneys (EPOAs) and family/whānau where appropriate, with resident's consent. The assessment tools used include consideration of residents' lived experiences, cultural needs, values, and beliefs. Initial interRAI assessments and long-term care plans were completed within three weeks of an admission for all long-term residents.</p> <p>The service has residents that identify as Māori and Pacific islander. Residents confirmed that they can practice their culture as desired. The spiritual section of resident's care plans included Māori and Pacific islander health and wellbeing support with family/whanau involvement. The model of care is person centred and holistic as viewed in the care plans reviewed. The diversional therapist who has also completed cultural safety training support cultural and spiritual initiatives and activities in consultation with the residents, family/whānau and EPOA. Resident care plans reflected partnership and support of residents, whānau, and the extended whānau as applicable.</p> <p>InterRAI assessments, referral information, observation and the NASC assessments served as a basis for care planning. Residents and family/whānau representatives of choice and EPOAs confirmed they were involved in the assessment and care planning processes. The long-term care plans sampled identified residents' strengths, goals, and aspirations. Where appropriate early warning signs and risks that may affect a resident's wellbeing were documented e.g. high falls risk, has behaviours of concern when exposed to loud noise, high risk for infections and pressure injuries. Management of specific medical conditions was documented with evidence of systematic monitoring to prevent further decline and regular evaluation of responses to planned care.</p> <p>Residents' care is evaluated on each shift and reported in the progress notes by the healthcare assistants. Progress notes are documented daily and reflect the care delivered. Acute changes of health were reported to the RN or clinical manager, as confirmed in the records sampled and in interviews with staff. The long-term care plans were reviewed at least six-monthly following the six-monthly interRAI reassessments. Short-term care plans were completed for acute conditions. Short-term care plans were reviewed regularly as</p>
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	<p>clinically indicated and signed off when the conditions resolved. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, changes to the care plan were made. Where there was a significant change in the resident's condition, a referral was made to the local NASC team for reassessment for level of care.</p> <p>There were two pressure injuries (one resident with two Stage 2 pressure injuries) at time of audit. The wound register and wound records reviewed, evidenced total of 49 wounds at time of audit. Review of wound records evidenced consistent completion of all wound assessments and documentation. Wound evaluations were documented, and photographs were used to evidence progression towards healing. There have been regular reviews by GP and clinical manager confirming wound healing or slow progress of wound healing noted as per progress notes reviewed.</p> <p>Service integration with other health providers including medical and allied health professionals was evident in residents' records reviewed. Changes in residents' health were escalated to the general practitioner (GP) and referral to specialist services were completed, where required. Evidence of this was available in the residents' files sampled. Referrals sent to specialist services included referrals to the mental health services for older adults, Health New Zealand specialists, and radiology department.</p> <p>The GP interviewed stated they are happy with care delivered to resident, staff are knowledgeable, promptly implement care interventions prescribed. The contracted GP conducts an onsite visit every Thursday and the nurse practitioner (NP) conducts a remote visit on a Monday for routine reviews. After hours on call service is provided as required. Medical assessments were completed by the GP or NP within two to five working days of an admission. Routine medical reviews were completed three-monthly. More frequent reviews were completed if required as determined by the resident's needs. There is a contracted podiatrist who visits the service six-weekly. The physiotherapist visits the facility three hours weekly.</p> <p>Monitoring of care is evident within the care plan documentation reviewed and include completion of reposition charts, food and fluid</p>
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		<p>monitoring, bowel movement charts, two hourly restraints monitoring and completion of weight and vital signs. Neurological observation is completed as per organisation policy and procedure in the event of an unwitnessed fall or suspected head injury.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and whānau confirmed their involvement in evaluation of progress and any resulting changes. Residents and whānau also stated that the care provided was satisfactory and met the needs of the residents.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Two diversional therapists (DT) and one activities coordinator oversees the implementation of the activities programme. They work 36 hours per week, from Sunday to Friday, on Saturdays the activities programme is overseen by healthcare assistants. The activities programme reflected the physical and cognitive abilities of the residents. Residents' activity needs, interests, abilities, and social requirements are assessed on admission with input from residents and family/whānau. These were completed within two to three weeks of admission. There are two monthly activities programs: one for the dementia unit and another shared between the rest home and hospital, as their needs differ. A dedicated staff member is assigned to the dementia unit daily, overseeing activities from 11am to 6pm. Both activities programs are posted on notice boards in large print, and each resident is given a copy of the activities calendar. Residents are invited to participate in the scheduled activities daily.</p> <p>The planned activities and community connections were suitable for the residents. The activities on the programme included: walks, exercises to music, happy hour, church services, karaoke, newspaper reading, floor games, table games, museum visits, outings, music, art, and craft. There are regular group van outings twice a week on Tuesday and Fridays. Hospital and rest home residents were observed during audit attending church service and</p>

		<p>enjoying onsite entertainer. Dementia residents have individualised 24-hour programs developed and available in their bedrooms, which include one-on-one sessions, hand massages, and walks in the garden. Residents in the dementia unit were observed singing karaoke and engaging in morning exercise sessions. Activity participating registers were completed daily.</p> <p>There were residents who identified as Māori. The activities coordinator reported that opportunities for Māori, Pacific islander and whānau to participate in te ao Māori. This is facilitated through community engagements with a local Māori community organisation that visit and participate in activities with residents, such as poi making, Māori protocols and discussions around papatūānuku (the earth mother). National cultural events are celebrated, including celebrations of Māori language week, Diwali, Christmas, and Easter.</p> <p>Resident meetings provide a forum for feedback relating to activities, food, personal cares, laundry, housekeeping, and new staff. Residents can also provide feedback on activities at the monthly meetings, six-monthly one on one activity plan reviews, through the suggestion box and . Residents and family/whānau interviewed reported overall satisfaction with the level and variety of activities provided to those residents that choose to be part of the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. The policies describe medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. Takanini Lodge has one large medication room, and each of the three wings have dedicated medication trolleys. Medications are stored safely and securely in the medication room and on the medication trolleys. The GP consistently completes three-monthly medication reviews. All staff who administer medications have current medication competencies on file.</p>

		<p>A total of 20 medicine charts were reviewed. Medicines were prescribed by the GPs and specialists where applicable. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. Over-the-counter medicine and supplements were prescribed on the medicine charts where applicable. Medicine allergies and sensitivities were documented on the resident's chart.</p> <p>The service uses pre-packaged medication rolls. The medication and associated documentation were stored safely with restricted access. Medication reconciliation was conducted by the RNs. This was verified in medication records sampled. Medicine sampled for review were within current use by dates. Unwanted medicine was returned to the pharmacy in a timely manner. Monitoring of medicine fridges and medication rooms temperatures was being conducted daily and deviations from normal were reported and attended to promptly, temperature records were sighted.</p> <p>The GP and the clinical manager stated that residents, including Māori residents and their whānau, are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support for Māori treatment and advice will be accessed.</p> <p>The registered nurse was observed administering medications safely and correctly. There were no expired medications on the medicine trolley. At the time of the audit, one resident was self-administering medications, with self-medication assessments completed every three months. A self-medication policy is in place to guide staff in managing residents who require self-administration of medication. There were no standing orders in use.</p> <p>Residents and family/whānau interviewed confirmed they updated around medication changes, including the reason for changing medications and side effects, which was documented in the resident's progress notes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The kitchen team are made up of the executive chef, chef and two kitchen hands. The executive chef and chef work five days a week. The executive chef, chef, and kitchen hand (interviewed) reported that all food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 19 June 2026. The four-week seasonal menu was reviewed by a registered dietitian. Kitchen staff have received current food safety training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs, likes and dislikes of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents’ weights are monitored monthly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and at night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained, records reviewed. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are directly served to residents in the respective dining rooms and resident bedroom by the healthcare assistants. Staff were observed assisting residents with meals in both hospital/rest home and dementia dining areas, environment was calm and relaxing and modified utensils are available for residents to maintain independence with eating as required.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. also, raw fish, corned beef, pork and boil up were included on the menu, and these are offered to residents who identify as Māori when required. The healthcare assistants interviewed understood basic Māori practices and the</p>
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		<p>kitchen staff were observed implementing processes in line with tapu and noa.</p> <p>The residents and family/whānau interviewed were satisfied the food service and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. Discharges are overseen by the clinical manager and registered nurse who manage the process. They reported that discharges are normally into other similar facilities. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, dietitian, mental health services and physiotherapists, were sighted in the files reviewed. Residents and family/whānau are involved in all transfers or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this</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</p>	PA Low	<p>The environment is inclusive of peoples' cultures and supports cultural practices. The building warrant of fitness report expired on 14 February 2025, facility in the process of resolving compliance issues before a new building warranty of fitness is issued. The maintenance person has been in the role for a year, works five days per week (Monday to Friday) and is on call after hours and on weekends. There is a maintenance request book for repair and maintenance requests. This is checked daily and signed off when</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>repairs have been completed. The planned maintenance schedule includes testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and medical equipment. The scales are checked annually. Hot water temperatures were monitored monthly, and the reviewed temperature records were within the recommended ranges. Reactive maintenance is carried out by the contracted certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>Except for two rooms, all resident rooms are single occupancy. The two double rooms, one was occupied by a couple and the other vacant. There are rooms with ensuites and others with toilets and handbasins. All rooms are equipped with handbasins. The facility also features communal bathrooms and showers, which are equipped with privacy locks and have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. Shared rooms, shower rooms, and toilets are of a suitable size to accommodate mobility equipment.</p> <p>In the dementia unit, rooms are labelled with resident's names in large bold type print. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Facility has numerous spacious lounges in each area as well as smaller nooks for residents to have alone time or privacy.</p> <p>All rooms have external windows to provide natural light and have appropriate ventilation and heating. The heating is thermostatically controlled. Staff and residents interviewed, stated heating and ventilation within the facility is effective. All common areas are easily accessible to the residents. The furnishings and seating are appropriate for the resident group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Fixtures, fittings, and flooring are appropriate. Overall, there is adequate storage for equipment.</p> <p>The grounds and external areas are well-maintained, with shaded seating available. Gardeners are contracted to maintain the external gardens and grounds, while the maintenance person manages the</p>
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		<p>internally accessed outdoor and garden spaces. All external areas are independently accessible to residents. The main entrance features electric sensor doors, and residents interviewed reported that they could move around the facility freely and easily, which was also observed during the audit days.</p> <p>The clinical manager stated that relevant stakeholders would be involved in any new building developments and the co-design of environments to ensure they reflect the aspirations and identity of Māori. At the time of the audit, there were no planned changes to the building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by the New Zealand Fire Service. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest fire drill was completed on 12 December 2024. The staff orientation programme includes fire, other emergencies, and security training.</p> <p>There are adequate fire exit doors, and a designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, continent products, back up battery for lights, and a gas barbeque stand and gas cookers to meet the requirements of residents and rostered staff. The maintenance person stated that there is no generator on site, but one can be hired if required. All considerations related to interruption of water and energy have been documented in the service's Business Continuity plan. Emergency lighting is available and is regularly tested. Staff understood the emergency procedures. The clinical manager, registered nurses, and a selection of HCAs hold current first aid certificates ensuring there is a first aid trained staff member on duty 24/7.</p>

		<p>The service has a working call bell system in place that is used by the residents, whānau, and staff members to summon assistance. Residents' rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mats when activated show on a display panel and give an audible alert. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by the maintenance officer. Residents and whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place with security cameras installed both inside and outside facility. The facility's doors are locked at predetermined times. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers. Hand sanitisers and masks were available as required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>There is an infection prevention and control programme in place that includes antimicrobial stewardship (AMS). Infection prevention and control matters are discussed as part of the staff meetings. Infection prevention and control is included in the business and quality plans. The infection control coordinator can access advice from the Health New Zealand infection prevention and control specialist, an external consultant, NP, and the GP. The Board are informed of any infections through the manager's report and are informed of any outbreaks immediately.</p> <p>Takanini Lodge has a process in place to mitigate their risk around pandemics, including Covid-19. Hand sanitisers are strategically placed around the facility. The service offers relevant vaccinations to residents and staff.</p>
Subsection 5.2: The infection prevention programme and	FA	The clinical manager (registered nurse) oversees infection control and prevention across the service. The infection control coordinator

<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>job description outlines the responsibility of the role of infection prevention and control.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; health care acquired infection (HAI); and the built environment. The infection prevention and control programme is linked to the quality risk and incident systems and is reviewed annually.</p> <p>The infection control coordinator has input when infection control policies and procedures are reviewed. Infection prevention and control resources including personal protective equipment (PPE), are available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Takanini Lodge has a pandemic response plan in place which is reviewed and tested at regular intervals. Adequate supplies of personal protective equipment were sighted and easily accessible to staff. There are outbreak kits readily available and personal protective equipment in the storeroom. A robust pandemic plan is in place.</p> <p>The infection control coordinator has undertaken online education in infection prevention and control and has peer support from fellow staff from other facilities within the group. The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the management team and are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eye protection, blood pressure equipment, and hoists are appropriately disinfected between resident use. Single use items (eg,</p>
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		<p>wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control coordinator works with in collaboration with the facility manager for the purchasing of supplies and equipment and has access to the clinical nurse specialist from Health New Zealand for advice if required.</p> <p>The service provides te reo Māori information around infection control for Māori residents. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection control policy states that Takanini Lodge is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around outbreak management. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p> <p>There are no plans to change the current environment; however, the infection control coordinator who will have input if this occurs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>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.</p>	FA	<p>There is an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP, NP, and infection control coordinator monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>The infection prevention control policy describes surveillance as an</p>

<p>(HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Three monthly benchmarking via an external consultant also occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. All communication between the facility and family/whānau, residents and external agencies is conducted in a culturally safe manner.</p> <p>Takanini receives regular notifications and alerts from Health New Zealand for any community concerns. There have been three outbreaks; Covid-19 (February and December 2024), and Norovirus (March 2024) reported since the previous audit in February 2024.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>Takanini Lodge has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There are sluice rooms with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>All laundry is processed on site by dedicated laundry assistants seven days per week. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Material safety data sheets are available, and all chemicals are within closed systems. The numerous linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. Laundry</p>

		<p>staff have also completed chemical safety training.</p> <p>The cleaning trolleys were always attended and locked away when not in use. All chemicals on the cleaning trolleys were labelled. There is appropriate personal protective clothing readily available. Cleaning (including the environment) and laundry services are monitored through the internal auditing system, and results are reviewed by the infection control coordinator. The staff interviewed demonstrated their understanding of the systems and processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Takanini Lodge management and staff are committed to providing services to residents without the use of restraint. Policies and procedures meet the requirements of the standards. Restraint policy confirms that restraint consideration and application must be implemented in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori and has a group representative with lived experience (part of the Sunrise Healthcare restraint oversight committee), to ensure resident voices are heard, and ensure services are mana enhancing.</p> <p>The registered nurse is the designated restraint minimisation coordinator, has a defined role of providing support and oversight for any restraint management. At the time of the audit, there were two residents using restraints. One with padded cot sides on their bed at night and the other on a brief belt, both physical restraints were requested by their respective families for residents' safety. The restraint steering committee (registered nurse and clinical manager) resident's family and GP are responsible for the approval of the use of restraints in both cases. The use of restraint is reported monthly at the facility integrated quality and staff meeting, registered nurse meeting and to the owners via the clinical manager. Two monthly reviews of both resident's restrictive practice are completed by the registered nurse and reviewed by clinical manager. Review of both residents' files evidenced their EPOAs are actively involved in the two-monthly review meetings and updates.</p> <p>Staff have received training in the least restrictive practice, safe</p>

		restraint practice, alternative cultural-specific interventions, and de-escalation techniques, next training session scheduled for October 2025.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Both residents have minimal communication ability. There was documented evidence in the resident files that whānau are involved in the assessment and two-monthly review process. Access to advocacy is facilitated, as necessary. A restraint register is maintained by the registered nurse and reviewed by the clinical manager as part of the restraint steering group meeting. The register contained enough information to provide an auditable record for both residents on restraints. Facility integrated quality and staff meeting minutes, and monthly reports documented discussions about restraint.</p> <p>The cultural backgrounds and languages of both residents are acknowledged, documented, and incorporated into their care plans to respect their beliefs, values, and traditions. Communication with both residents and their whānau is maintained and regularly documented. Physical restraints are applied as prescribed, with monitoring charts indicating that restraints are checked every two hours when in use to prevent discomfort, injury, or complications. One resident has padded cot sides implemented only when in bed at night; otherwise, they are observed in a lounge chair visited by family. The other resident wears a brief belt for most of the day, which is removed during care routines. Both residents' physical conditions are regularly reviewed, and staff interactions focus on reassurance and compassion to prioritize the residents' emotional well-being, despite their communication challenges. These practices are consistently reviewed to ensure they remain respectful, effective, and aligned with best practices.</p> <p>If emergency restraint is required, staff will consult the registered nurse who is the restraint coordinator, the clinical manager, the resident, their family/whānau, and the resident's GP or emergency services if necessary. The restraint coordinator was conversant of</p>

		what the contents of the debrief meeting that would be required to be held if emergency restraint were ever to be required.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>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.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	Two monthly reviews of all restraints are overseen by the restraint coordinator and clinical manager that includes all the requirements of the Standard. The outcome of the review is reported to the registered nurse, staff, and governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. Data analysis is completed monthly and discussed at the facility integrated quality and staff meetings. The restraint coordinator and clinical manager use their meeting to also identify trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The building warrant of fitness report expired on 14 February 2025. A building inspection was conducted, and the report dated 18 February 2025 noted that the facility required certain compliance issues to be resolved before a new building warrant of fitness could be issued. The facility is currently addressing the outstanding non-compliances raised.	Takanini Lodge did not evidence a current Building Warranty of Fitness	<p>Ensure a current Building Warranty of Fitness is in place.</p> <p>365 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.