

Pohlen Hospital Trust Board - Pohlen Hospital Trust Board

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Pohlen Hospital Trust Board

Premises audited: Pohlen Hospital Trust Board

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

Dates of audit: Start date: 6 March 2025 End date: 6 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: 23

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Pohlen Hospital Trust board is certified to provide hospital, rest home, respite care, primary care, palliative care and primary maternity care services for up to 29 residents. There were 23 residents/patients using the service on the day of the audit.

This surveillance audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Health New Zealand – Te Whatu Ora Waikato. It included review of policies and procedures, review of patients' and staff records, observations and interviews with patients and family members, the management team, staff, contracted allied health providers and a general practitioner. Patients and family were complimentary about the care provided.

The interim general manager was appointed by the board after the previous audit.

Poland Hospital gained three years accreditation for Baby Friendly Hospital Initiative (BFHI) in July 2023.

Five areas of improvement identified at the previous audit in relation to Pacific people's health (two), adverse event/incident reporting, orientation for midwives, and restraint monitoring have been addressed. As a result of this audit, improvements are required for medication management in relation to the temperature monitoring of the medication room, documentation of the effectiveness of PRN medication administered, and infection prevention regarding the programme not being reviewed annually.

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.

Pohlen Hospital Trust Board – Pohlen Hospital works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

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

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

Complaints were resolved promptly, equitably and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents/patients. Staff have the skills, attitudes, qualifications and experience to meet the needs of patients/residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

The food service meets the nutritional and cultural needs of the residents. Food is safely managed, supported by an approved food control plan. Menu plans are reviewed two-yearly.

Residents/patients are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment meet the needs of residents/patients and are culturally inclusive. A current Building Warrant of Fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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

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 partially attained and of low risk.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, and is linked with the quality improvement programme. The clinical nurse manager oversees the infection prevention and control programme.

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

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus. All infection outbreaks were managed according to Ministry of Health guidelines.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents/patients using restraints at the time of audit.

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

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	1	0	0
Criteria	0	52	0	1	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Pohlen Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and a board member who identifies as Māori, and they are available to support service integration, planning, equity approaches, and support for Māori. There were no Māori residents/patients at the time of audit. There were staff who identified as Māori and those interviewed felt culturally safe.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Pohlen Hospital provides services that are underpinned by Pacific worldviews. On the day of the audit, there were no Pacific staff and/or residents/patients receiving in-patient services. Cultural/spiritual training is provided to staff. Pacific health is aligned to Te Mana Ola – The Public Health Strategy reviewed in 2023.</p> <p>The service connected with a Pacific Island Health service October 2024 and is communicating regularly. The partnership has developed, and a visit was arranged to the maternity service to meet management and staff and to provide education to staff. Advisors are available, if required, to provide advice and/or to translate or interpret for residents/patients if needed. The business plan focuses on achieving equity and efficient provision of care for</p>

		<p>Pacific peoples. The 'Fonofale' model of care has been adopted for the organisation and would be linked into the care plans when Pasifika residents are admitted to any of the services provided at Pohlen Hospital.</p> <p>Pohlen Hospital since the previous audit has focused on ensuring health equity and more efficient provision of health and disability services for Pacific peoples. The service has adopted and incorporated the 'Fonofale' model of care into the care planning process. Staff have received training on Pacific cultural principles, and this was reviewed in the training records.</p> <p>A Pacific Island Health Service has built up a partnership with the maternity midwife manager, and staff at this facility. The connection made formally October 2024 involved a visit to the maternity unit and cultural training was provided to staff.</p> <p>Both these areas of improvement have been addressed.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents/patients in accordance with their wishes.</p> <p>Residents/patients and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents/patients reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The clinical nurse manager (CNM) reported that staff were guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that</p>

		residents/patients were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Files reviewed evidenced that residents/patients and/or their legal representative were provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Signed admission agreements were evidenced in the sampled residents' records. Resuscitation and care plans were signed by residents/patients who were competent and able to consent, and a medical decision was made by the general practitioners (GPs) for residents who were unable to provide consent.</p> <p>The CNM, registered nurse, and care staff interviewed, understood the principles and practice of informed consent, supported by policies in accordance with the Code.</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>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents/patients and family understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted including the restraint register, which showed that complainants had been informed of findings following investigation. Nine complaints had been received over the last twelve months, and all had been effectively closed out in the register reviewed. The general manager (GM) is responsible for complaints management. Compliments in relation to service delivery are communicated to staff and the staff/quality meetings.</p> <p>The service assures the process works equitably for Māori by ensuring the Code is displayed in te reo Māori and interpreter services are accessible. A</p>

		<p>Māori advisor is available as needed.</p> <p>There had been no complaints received from external sources since the previous audit; however, a complaint from the Health and Disability Commissioner's office (HDC) was received the day prior to this audit, 5 March 2025. The HDC had forwarded the letter to the GM to manage the complaint, and the GM was to send a response through to HDC office by 2 April 2025 for this complaint to be effectively closed out.</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>Pohlen Hospital Trust Board assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. The values underpin the ethos of Pohlen Hospital Trust. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed. Two members of the trust board identify as Māori. The Business and Quality Plan 2024-2027 was reviewed and endorsed by the Pohlen Hospital Trust Board in August 2024. The framework documented guides decision making and work priorities to support the achievement of the Trust deed, vision and strategic direction. The strategies included the adoption of Te Tiriti o Waitangi, the Pae Tu - Hauora Māori Strategy 2023 and it aligns with the Te Mana Ola – the Pacific Health Strategy 2023. A commitment to the quality and risk management system was evident. The GM interviewed felt well informed on progress and risks. This was confirmed in a sample of reports the GM provides to the board monthly.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to the GM and monitoring of patient/resident safety and clinical indicators/measures. Since the previous audit, a clinical maternity manager (CMM) has been appointed to this role. The CMM has been in this role for one year. This is a positive direction by the trust board to improve the quality and safe delivery of care and ensuring the service is women-centred, equitable, culturally safe, informed and evidenced based.</p>

		<p>The MM is a very experienced midwife and has work experience in managing primary birthing settings and has excellent knowledge of both secondary and tertiary level provision of maternity care. The CMM was working collaboratively with the GM for the best outcomes and improving service delivery.</p> <p>The service holds contracts with Health New Zealand for providing rest home, hospital, respite care, palliative care, primary maternity care and primary care (GP) services. The service also has a contract for provision of Accident Compensation Corporation (ACC) clients. The service has been providing these services to the community for 57 years. There were three residents/patients receiving rest home level care, 16 hospital level care, two palliative care residents, one ACC client and one resident was receiving respite care for half a day on the day of the audit. There were no women receiving postnatal care on the day of the audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, feedback forms, surveys, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management. Feedback from women and their partners is evaluated by the CMM regularly and any suggestions are used for quality improvement. No survey has been completed since the previous audit, but one is being planned for 2025. The CMM reports to the GM regularly about any issues or improvements and a monthly report is documented and presented at the Trust board meetings.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The GM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed</p>

		<p>showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. No adverse events have occurred since the previous audit. The GM, the clinical nurse manager (CNM), and the CMM are fully informed in relation to adverse event reporting. This was an area of improvement from the last audit, which has been addressed.</p> <p>The GM understood and has complied with essential notification reporting requirements. There have been no Section 31 notifications reported in the last year.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents/patients. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents/patients and family interviewed supported this. Two women who had received care in the maternity service were interviewed by telephone and were pleased with the care, the support provided and the staffing of the unit. All registered nurses (RNs) have completed and have a current first aid certificate. There is 24/7 RN coverage in the hospital on all shifts.</p> <p>There are four midwives contracted to Pohlen Hospital Maternity service who are on-call seven days a week, twenty-four hours a day (24/7). Two other lead maternity carers (LMCs) have access agreements to utilise this facility. The CMM works 30 hours a week. There are 12 maternity assistants employed to cover the service part-time 24/7. All staff working in the maternity care setting have completed relevant training both onsite and at Waikato Women's Maternity Service. Annual training is required for baby friendly Health Initiative (BFHI) for all staff at Pohlen Hospital. The CMM is a BFHI certification assessor, which is an asset to the service provider. Women who access the maternity service provide input into evaluating service delivery, when they are discharged from the service.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to</p>

		<p>meet the needs of women/patients/residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff interviewed felt well supported with development opportunities.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato. There are 21 health care assistants employed at Pohlen Hospital. There are an additional six HCAs on casual duties as needed. Six of 21 have completed Level 4, seven have completed Level 3, and three are currently completing Level 3. Two staff have completed Level 2 and three are yet to be enrolled in the training. The casual staff consist of one enrolled nurse (Level 4), two HCAs (Level 3) and one was currently studying to be an enrolled nurse and three HCAs who have not completed any NZQA training. A core of staff had worked at this facility for some time.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable). All the health professionals employed or contracted have their annual practising certificate validated annually, and a record was maintained by the administrator/human resource manager interviewed.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. All staff including contracted staff, for example, the contracted core midwives, now receive a full orientation at commencement of employment, and this was recorded on the individual records reviewed. This was an area of improvement from the previous audit that has been addressed.</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>Five residents'/patients' files were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required and these were sighted in all files reviewed. The service uses assessment tools that include consideration of residents' lived experiences, and cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and whānau/EPOA. All interRAI assessments reviewed were current. Residents'/patients' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Long-term care plans were also developed, and routine six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. All routine care plan evaluations were completed in a timely manner. Resident/patient, whānau/EPOA and GP involvement is encouraged in the plan of care.</p> <p>The general practitioners (GPs) complete the residents' medical admissions within the required timeframes and conduct medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident-centred. Residents'/patients' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The lead maternity carer midwives and the contracted midwives are responsible for developing the care plan for both the mother and the baby after the birth or for the postnatal period if transferred from the community or Health New Zealand – Te Whatu Ora Maternity Services at Waikato Hospital for ongoing care at Pohlen Hospital. The maternity assistants document in the progress records each shift. Any significant changes are reported to the CMM and the LMC responsible for the mother and/or baby. Women interviewed by telephone were involved in the care planning process and were pleased with the care and support provided to them and their babies. The CMM is on call as needed.</p> <p>The CNM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were</p>

		<p>updated daily regarding each resident's/patients' condition. Progress notes were completed on every shift and more often if there were any changes in a resident's/patients' condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly, or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CMM, CNM or registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau are included and informed of all changes.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents'/patients' needs. The EPOA/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Allergies were indicated and all resident photographs uploaded onto the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication competencies were current and completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error; corrective actions were acted upon, and staff were required to reflect on their practice. A sample of these were reviewed during the audit.</p> <p>The CNM explained the correct process around administering medications in safe manner. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards. This applied for all medications stored in the maternity unit. Two medication records from the Maternity Service were reviewed and had been completed appropriately. Emergency drugs are accessible when needed and were checked regularly.</p> <p>Policies and procedures were documented should a woman require anti D immunoglobulin to be administered when receiving postnatal maternity care</p>

		<p>services. A laboratory was onsite at the medical practice. Blood transfusions can be arranged and facilitated for primary care in-patients and maternity emergency situations if required.</p> <p>There were no residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this is managed in a safe manner if required. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</p> <p>Improvements are required to ensure the effectiveness of pro re nata (PRN) medications are documented, medication room temperatures monitoring are taken, and expired medicines are checked and returned to the pharmacy as per policy requirements.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. All food and baking were being prepared and cooked onsite by an external contractor. There was an approved food control plan which expires on 30 January 2026. The menu review was completed on 24 February 2025.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents/patients are given an option of choosing a menu they want. Residents/patients have a nutrition profile developed on admission that identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. Snacks and drinks were available for residents throughout the day and night when required.</p> <p>Residents/patients, and whānau including two women interviewed who had received services in the maternity unit, commented that they were pleased with the meals provided to them during their stay. Additional food was available after hours for women to access if needed.</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>	FA	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents'/patients' needs. The discharge plan reviewed confirmed that, where required, a referral to other allied health providers was completed to ensure the safety of the resident/patient. This is</p>

<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>completed in collaboration with the resident and whānau.</p> <p>If a woman requires a transfer to a higher level of care at any stage of service delivery, this is arranged by the CMM or the midwife on duty. A transfer form is completed after the transfer is arranged directly with Waikato Maternity Services. A midwifery escort is provided, depending on the circumstances of the transfer of mother or baby. All staff are trained in obstetric emergency management. Partners were kept well informed of the transfer process.</p> <p>Discharge is arranged with the midwife, as the woman and baby will receive an ongoing continuum of care in the community. A discharge summary was completed, with progress made at the time of the discharge in respect of the mother and the baby.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current Building Warrant of Fitness (BWoF). The BWoF was displayed in the reception to the hospital and was dated with the expiry date of 19 August 2025. Electrical and biomedical testing and calibration was last completed in December 2024. Testing and tagging of electrical equipment was currently in the process of being carried out by a contracted electrician. The maintenance manager was available and interviewed at the audit. Records were maintained.</p> <p>Residents/patients and family members interviewed were happy with the environment, including heating and ventilation, natural light, privacy and maintenance. Woman interviewed for the maternity service were pleased with the environment, the separate lounge and the parenting information provided in the form of booklets and pamphlets that were accessible.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally</p>	PA Low	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the infection prevention (IP) programme. There was no evidence of the annual review of the infection control programme. This was confirmed by the IPCC.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly.</p>

<p>safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Residents/patients and their whānau were educated about infection prevention in a manner that met their needs. This included reminders about handwashing and advice about remaining in their room if they are unwell.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. All infection data is reported to the governing body.</p> <p>Infection prevention audits were completed including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections were discussed at shift handovers for early interventions to be implemented. Benchmarking was completed by comparing with previous monthly results.</p> <p>There were COVID-19 infection outbreaks since the previous audit, in January and February 2025. These were managed in accordance with the pandemic plan, with appropriate notification completed.</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</p>	<p>FA</p>	<p>Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. The last training was verified as being held on 18 February 2025 and the topic was 'managing challenging behaviour'. The CNM is the designated restraint co-ordinator for the hospital.</p>

<p>restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, there was no restraint in use, and this has been the case for over 18 months. Any use of restraint is reported to the governing body.</p>
<p>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 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.</p>	<p>FA</p>	<p>Despite no restraint being in use at the audit at the time of the audit, documentation used when a resident/patient was using a restraint was reviewed. Monitoring forms used were appropriately documented for staff to complete. Timeframes including the commencement time and restraint removal time were documented. Staff interviewed understood the process and had received training on restraint monitoring. Restraint was used as a last resort only. De-escalation training was provided in respect of residents/patients who presented with challenging behaviour These two areas of improvement from the previous audit have been addressed.</p>

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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge temperatures was completed, and this was evidenced in records sighted. An improvement is required to ensure medication room temperatures are completed as required. Indications for use were noted for PRN medicines; however, the effectiveness of PRN medications was not being documented. There were expired PRN medications still in use in the medication trolley, and some held in stock.	<p>(i) Medication room temperatures were not being completed as required.</p> <p>(ii) Effectiveness of PRN medications were not documented as per policy requirements.</p> <p>(iii) There were expired PRN medications in the trolley still in use and some held in stock.</p>	<p>(i) Ensure medication room temperatures are completed as per policy and legislative requirements.</p> <p>(ii) Document the effectiveness of PRN medications as required.</p> <p>(iii) Ensure all PRN medications are checked and all expired ones returned to the pharmacy in a timely manner.</p> <p>90 days</p>
Criterion 5.2.2	PA Low	The service has a clearly defined and documented IP programme implemented that was developed with input	There was no evidence of an annual review of	Ensure that the IP programme is reviewed

<p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <ul style="list-style-type: none"> (a) Developed by those with IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually. 		<p>from external IP services. The IP programme was approved by the governance body and is linked to the quality improvement programme. However, the IP programme was not reviewed annually as per standard requirements.</p>	<p>the IP programme.</p>	<p>annually to meet the standard requirement.</p> <p>180 days</p>
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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.