

# Wairiver International Limited - Papakura Private Hospital

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## 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:

<b>Legal entity:</b>	Wairiver International Limited
<b>Premises audited:</b>	Papakura Private Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 13 March 2025 End date: 14 March 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	44

# 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

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

## General overview of the audit

Papakura Private Hospital is owned and operated by Wairiver International Ltd. It is located in Papakura, Auckland. There are two directors, with one on site most days. The service is certified to provide rest home, hospital (medical and geriatric), and residential disability - physical level of care for up to 46. On the days of audit, there were 44 residents at the time of the audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand and the Ministry of Social Development for the provision of Disability Support Services. The audit process included reviewing quality systems; residents and staff files; observations; and interviews with residents, family/whānau, staff, management, and a general practitioner. A consumer auditor was unavailable to partake in the interview process.

The service continues to implement a quality and risk management system. Residents and family/whānau interviewed were complimentary of the service and care provided.

This certification audit identified the service meets the Standard.

## Ō tātou motika | Our rights

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



Subsections applicable to this service are fully attained.

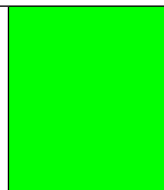
Papakura Private Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to residents in an inclusive way and respect their identity and experiences. The service listens to and respects the residents' voices and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service are fully attained.

The directors are supported by the facility manager, lead nurse, office administrator and registered nurses. Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. All management team

members have knowledge and expertise in Te Tiriti o Waitangi, health equity and cultural safety. The quality and business plan (2025) includes a mission statement and outlines current objectives.

There is a documented quality and risk system with a current risk plan and quality plan. Incidents are well managed, quality data is collated and analysed, and internal audits are completed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented with evidence of regular reviews.

The management and staff have the required skills and experience to provide appropriate services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff performance is reviewed. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using integrated hard copy and electronic records.

## 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 are fully attained.
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The facility manager, lead nurse, registered nurses and enrolled nurses efficiently manage the entry process to the service. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care.

The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service. Medication policies are available and accessible.

Registered nurses, enrolled nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The service has a current food control plan.

Residents are reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

## 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 are fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are forty-five rooms, twelve of which have a shared shower, toilet and sink; the remaining rooms have a sink only. There are communal toilets situated close to lounge areas with appropriate signage. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents.

Security checks are performed by staff. Security lights are installed externally throughout the facility, and doors and gates are automatically locked at night.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

The infection control programme links to the business and documents the quality and risk plan. The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The facility manager oversees the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were three Covid-19 infection outbreaks since the last audit, and these were managed according to Ministry of Health guidelines.

The environment supports the prevention and mitigation of transmission of infections. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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There is governance commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint elimination strategies are overseen by the restraint coordinator, who is the facility manager. The facility has no residents using restraint. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around restraint minimisation and de-escalation of behaviour.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	171	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The service is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. Evidence is documented in the resident care plans. Links are established with local Papakura marae and kaumātua. Māori assessments are completed for residents who identify as Māori.</p> <p>The owner/director (O/D) and facility manager (FM) confirmed that they support increasing Māori capacity by employing more Māori staff members when they apply for employment opportunities at Papakura Private Hospital. The quality and business plan 2025 documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified as Māori.</p> <p>Staff interviewed (O/D, FM, office administrator, lead nurse (LN), seven healthcare assistants (HCAs), one registered nurse (RN), enrolled nurse (EN), chef, diversional therapist (DT), physiotherapist (PT), physiotherapist assistant (PA), maintenance person, and three household staff) all described that care is based on the resident's</p>

		individual values and beliefs.
<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>There is a Pacific Peoples Plan documented. It further outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. The aim is to uphold the principles of the Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high-quality healthcare.</p> <p>The organisation is embracing Pacific models of care through various organisations that can provide support and guidance when Pacific people are being supported. The service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language.</p> <p>The Pacific Health Plan clearly sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the service. There were residents and staff identifying as Pasifika at the time of the audit.</p> <p>The service continues strengthening relationships and seeking guidance on its Pacific plan, thereby increasing its involvement in a collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people. The resident's ethnicity is recorded on admission.</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</p>	FA	<p>Details relating to The Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. On admission, the management and staff discuss aspects of the Code with residents and their family/whānau. The Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident</p>

<p>requirements.</p>		<p>meetings. Family/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. The interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care, and health equity. The service recognises Māori mana motuhake, which is reflected in the quality and business plan for 2025.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interviews with five residents (one at rest home level of care, and three at hospital level of care including one young people with disability (YPD), one Long Term Support Chronic Health Conditions (LTS-CHC), one Accident Compensation Corporation (ACC) and six family/whānau (one rest home, five hospital including one YPD, one LTS-CHC and one ACC) confirmed that individual cultural beliefs and values were respected. A consumer auditor was not available to partake in the interview process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Papakura Private Hospital provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training. A shared room have all the amenities to provide for privacy.</p> <p>The YPD resident and YPD family/whānau interviewed were positive about the service in relation to their personal, gender, sexual, cultural, religious and spiritual identity being considered and felt they</p>

		<p>were listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple tasks. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported to decide whether they would like family/whānau members to be involved with their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and family/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training. Staff interviewed stated that care is delivered and reflects Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. Māori songs are sung at times, as reported by staff. Through the activities programme, Tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. 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>	<p>FA</p>	<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.</p> <p>Residents and family/whānau reported that their property and finances are respected, and professional boundaries were maintained. The FM reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and felt safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying</p>

		<p>policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified a strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. The management team further reiterated this, who reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</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 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>FA</p>	<p>In interviews, residents and family/whānau reported that communication was open and effective and that they felt listened to. Enduring Power of Attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported by the residents' records that were reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>No residents required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family/ whānau members as appropriate. Residents, including YPD, reported that they are provided access to the facility's phone to communicate with their whānau and Wi-Fi access for their electronic gadgets. The FM reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The staff reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or</p>

		family/whānau to translate and regular use of hearing aids by residents when required are encouraged.
<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>Policies are in place regarding informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or enduring powers of attorney/welfare guardians. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable. Where the EPOAs are activated, a medical letter of incapacity is on file.</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>The service has a current complaints policy. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy is in line with and reflects the principles of the Code. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed in a fair and equitable manner, ensuring that an individual's dignity, including values and beliefs, is protected. The service's complaints register was viewed, and there have been no complaints in 2024 and 2025 (year to date) since the last audit. There were no external complaints received since the last audit.</p> <p>An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau were aware of their rights</p>

		<p>to complain, and the Code were sighted in publicly accessible areas.</p> <p>All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process.</p> <p>Residents and family/whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or supporting the resident or family in accessing independent advocacy services.</p> <p>The FM reported that the complaints policy guidelines ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.</p>
<p><b>Subsection 2.1: Governance</b></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>Papakura Private Hospital is owned and operated by Wairiver International Ltd. It is in Papakura, Auckland. There are two directors, with one director on site most days. The service is certified to provide rest home, hospital, (geriatric and medical) and residential disability - physical level of care for up to 46. On the days of audit, there were 44 residents. There were 42 residents at hospital level of care (including three LTS-CHC, four YPD, one respite, one ACC) and two rest home level of care. All other residents were funded by the age-related residential care agreement (ARRC). There are 45 rooms, including one shared room that was occupied by a couple at the time of the audit. All rooms are dual purpose rooms.</p> <p>The owner/directors have owned the facility for over eight years. The FM is a registered nurse (RN) and holds a New Zealand Certificate in first line management (level 4), with over 16 years of experience in aged care and has been in the role for five years. The lead nurse has been in the role for two years and has been at the facility for three years. The owner/directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care</p>

		<p>sector.</p> <p>The quality and business plan for 2025 was current and included the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term objectives and the associated operational plans. The plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery with improved wellbeing outcomes for Māori. The working practice at the service is holistic, inclusive of cultural identity, and spirituality. A philosophy reflects a person/family centred approach and respect for the connection to family, whānau and the broader community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The owner/director and FM reported that the service offers cultural assessment specific to Māori to identify any specific requirements and encourage whanaungatanga through exploration of pepeha, iwi, and hapu.</p> <p>There are monthly management, staff, registered nurses, restraint, healthcare assistant, and health and safety meetings, with minutes documented. The minutes show a discussion of the objectives and progress. There is a risk management plan updated as required and at least annually. The health and safety plan is also documented and is current. The FM completes a monthly report that is discussed at the management meetings. The FM also reviews all aspects of the quality programme annually. The owner/directors are involved in the day-to-day aspects of the service and attend meetings where required.</p> <p>The management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori. The organisation have links with Māori cultural advisors who provide input into key operational policies. The Māori cultural advisors are also responsible for creating relationships with other Māori organisations; there are several authentic relationships in place.</p> <p>There is a clinical governance structure in place that is appropriate to the size and complexity of the service provision. All clinical issues are</p>
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		discussed at registered nurses and management meetings. The management team have completed over eight hours of training attending various Aged Care conferences.
<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>	FA	<p>Papakura Private Hospital has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. All internal audits were completed according to the schedule. Benchmarking occurs using the previous month's data.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>The internal audit schedule was fully implemented for 2024 and being implemented for 2025. Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the resident satisfaction survey conducted in January 2025 were favourable. Minimal corrective actions were identified in communication and food, which have been implemented. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at monthly staff and management meetings. Residents and family/whānau were informed of survey results.</p> <p>Residents, family/whānau, and staff contribute to quality improvement through staff meetings, resident meetings, newsletters, and compliments. The external consultant has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs through discussions in meetings and comparison of data, with appropriate</p>

		<p>follow up and reporting. The FM, owner/directors, and lead nurse described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks, and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. Management knew the Severity Assessment Codes (SAC), SAC1 and SAC 2 reporting requirements. Two SAC 2 reports were completed in January and February 2025 to the Health Quality and Safety Commission in relation to falls.</p> <p>The management team were aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of health and safety and infection prevention measures. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard and risk register was in place, and evidence of completed environmental audits was sighted.</p> <p>The service complies with statutory and regulatory reporting obligations. Since the last audit, no Section 31 notifications were required to be completed to the HealthCERT. Notifications to Public Health about Covid-19 in January, February and March 2024 have been completed.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, monitoring of health and wellbeing outcomes, and culturally competent staff.</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</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. The facility adjusts staffing levels to meet the changing needs of residents. The care staff reported that there are adequate staff members to complete the work</p>

<p>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>allocated to them. The residents and family/whānau interviewed supported this. Over the past four weeks, rosters showed that all shifts were covered by experienced caregivers, with support from the clinical and management team. Residents and family/whānau interviewed stated they are informed of any staff changes.</p> <p>One of the owner/directors is in the facility on most days from Monday to Friday. The FM works (40 hours a week from 8am - 5pm, Monday to Friday). The management is available on-call 24/7 a week, supported by the lead nurse. Staff members maintain current first-aid certificates, so a first aider is always on site. All shifts are covered by a registered nurse.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments include (but are not limited to) hand hygiene; donning and doffing of personal protective clothing; medication administration; oxygen administration; restraint use; fire safety; moving and handling; and first aid competencies. Training for care staff and registered nurses included: Te Tiriti o Waitangi; the ageing process; abuse and neglect; bowel management; pain management; pressure area care management; advocacy and privacy; nutrition and hydration; chemical safety awareness; wound care management; indwelling urinary catheter management; behaviour management; safe food handling; falls prevention and dementia care. Topics related to the principles of Enabling Good Lives are included to satisfy the education requirements under the Residential Disability contract.</p> <p>Healthcare assistants have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. Of the 27 HCAs employed, 15 had achieved level four, six level three, and six level one.</p> <p>Four registered nurses are accredited and maintain competencies to conduct interRAI assessments. Staff records were reviewed to confirm completion of the required training and competency assessments. Staff members interviewed reported feeling well-supported and safe in the workplace. The FM and owner/director reported that the model of care ensured that all residents were</p>
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		<p>treated equitably. Staff and management completed cultural training.</p> <p>The provider's environment and education encourages collecting and sharing quality Māori health information. The service works with Māori organisations (Papakura Marae) that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>There is an employee assistance programme in place to promote staff wellbeing. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</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 reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Eight staff files were reviewed: one FM, one lead nurse, one enrolled nurse (EN), one cook, a DT, a cleaner and two HCAs.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their regulatory bodies.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the owner/directors. Following incidents, the management team are available for any required debriefing and discussion. Staff are involved in a debrief and discussion and receive support following incidents.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic medication management system and the interRAI assessment tool. The visiting general practitioner (GP) and allied health providers also document the information as required in the residents' records. Policies and procedures guide staff in the management of information. The FM and owner/directors reported that the staff have their logins. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. The FM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned.</p> <p>The service is not responsible for the National Health Index registration of people receiving services.</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 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</p>	<p>FA</p>	<p>Information about the services, accommodation options and costs are outlined in an information pack and on the website. Prior to entry, prospective residents and their family/whānau are invited to meet staff and view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome.</p> <p>Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) prior to entry. Residents and family/whānau confirmed staff are respectful and communicate well with them.</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Entry would only be declined if a prospective resident does not meet the entry criteria. In this case, they are informed and referred to the NASC. Data is collated on the numbers of declined entries and this data includes ethnicity.</p> <p>The organisation has links with local iwi and staff are trained in cultural safety, tikanga and consulting family/whānau in any decision making.</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>Registered (RN) and enrolled (EN) nurses are responsible for all residents' assessments, care planning and evaluation of care. Seven resident files were reviewed (one rest home and six hospital level residents, including one on an ACC contract, one respite resident, two on a YPD contract, and one on a LTS-CHC contract). An initial assessment is undertaken by a RN/EN on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. InterRAI assessments are completed for all long-term residents. The triggers, scores and outcomes of the identified risks are used to develop the long-term care plan. Long-term care plans are developed with input from residents, family/whānau, HCAs, RNs/ENs, DT and staff and had been completed within the required timeframes. The long-term care plans are holistic in nature, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs and aspirations, and interventions to address medical conditions in sufficient detail to guide staff. The younger residents on a YPD contract's care plan integrated normal routine, hobbies, social wellbeing and described how the service supports them to maintain family/whānau relationships.</p> <p>There were a number of residents who identified as Māori at the time of the audit. The Māori health plan and wellbeing assessments reviewed, support Kaupapa Māori perspectives to permeate the assessment process. The Māori health care plan in place reflects the partnership and support of residents, family/whānau, and the extended whānau as applicable. Residents and family/ whānau identify their own pae ora outcomes to support care and wellbeing.</p>

		<p>Tikanga principles were included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments have been completed by the nursing team in consultation with the residents, family/whānau and EPOA. Those who completed the cultural assessments have also completed cultural safety training. Staff have access to Māori and Pasifika advisors if cultural advice is needed.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. The service supports and advocates for residents with disabilities to access relevant disability services. Contact details for family/whānau are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>Resident files are fully integrated with all members of the team contributing to progress notes, including physiotherapists, RNs/ENs, HCAs, GP, podiatrist, and activities staff. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are documented and made known to all staff.</p> <p>The general practitioner (GP) assesses residents within five days of admission. Residents are then reviewed by the GP on a three-monthly routine basis or more frequently if their condition changes. The GP interviewed stated that there is good communication with the service, they are informed of concerns in a timely manner, and that they were very confident in the abilities of the nursing team. The facility has access to after-hours support from the GP. A physiotherapist visits the facility for two hours, twice a week and is supported by a full-time physiotherapy assistant.</p> <p>Policies and procedures are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies</p>
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		<p>and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. Monitoring of care is completed as required and stated in the care plans and include (but not limited to) intentional rounding, behaviour monitoring, regular repositioning, and food and fluid management.</p> <p>On the day of audit there were seven wounds, including skin tears, skin rash, toe infection and skin lesions. No pressure injuries were present on the day of audit. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs to show healing progression. The wound care specialist had input into chronic wounds when required. The healthcare assistants and RN/EN interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Multidisciplinary reviews occur six-monthly. This includes input from the RNs/ENs, HCAs, residents, family/whānau, DT, GP, physiotherapist and physiotherapy assistant. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term acute issues are identified, such as wounds or infections, a short-term care plan is developed, implemented and sign off when resolved.</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</p>	FA	<p>There is a full-time diversional therapist (DT) who works Monday to Friday. The DT is assisted by a full-time physiotherapy assistant and healthcare assistants. Resources are available for HCAs to provide weekend activities. The DT has a current first aid certificate. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The activities programme is available throughout the facility on noticeboards, within the communal areas and hand delivered to specific residents'</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>bedrooms.</p> <p>Each resident has an initial profile, and an activities assessment completed within a few days of admission. The cultural, social, spiritual, and diversional therapy section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time the long-term care plan is reviewed. DT documents in the progress notes weekly or more often if indicated. The resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. Staff have access to Māori and Pacific advisors if cultural support is needed. The DT has contacts at the local Marae and a Māori staff member assist with cultural aspects of care. The activity team facilitates opportunities to participate in te reo Māori, incorporating Māori language in monthly planners, entertainment and singing, craft and participation in Māori language week. Papakura High School Kapa Haka group provides entertainment, and a Māori entertainer provides Māori music sessions, which residents enjoy participating in. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents.</p> <p>Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage, setting up technology-based systems such as audio books and movies, and walking around the garden. Residents are encouraged to join in activities that are appropriate and meaningful. Resident attendance is documented directly into the resident's progress notes on a daily basis. Group activities are held in the main lounge and include (but are not limited to) pet therapy; bowls; news and discussion sessions; baking; bingo; singing and dancing; walking groups; reminiscing; crafts; games; quizzes; entertainers; exercise sessions, hand pampering; and a section of physical games. The local Anglican church holds monthly services at the facility and sing along with the residents. There are regular entertainers visiting the residents monthly.</p> <p>The younger residents are supported to engage in their preferred activities, such as movies, use of technology, shopping trips, and visits to the local Community Care Friendship Centre and are</p>
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		<p>supported to maintain links with their family/whānau.</p> <p>There are monthly combined family/whānau and resident meetings in each area. Family/whānau are invited to attend these. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>There are medication management policies to guide safe medication administration and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications.</p> <p>The Registered nurse, Enrolled nurse and HCAs interviewed could describe their role regarding medication administration. Papakura Private Hospital uses robotic packs for all medications, which are checked against the electronic administration system by RNs, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in two medication rooms. Medication trolleys are always locked when not in use. The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per the manufacturer's instructions. All over-the-counter vitamins, supplements or alternative therapies residents choose to use are required to be prescribed by the GP and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.</p> <p>Thirteen electronic medication charts and one paper chart were reviewed. The medication charts reviewed confirmed the GP reviews</p>

		<p>all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were no residents self-medicating on the days of the audit. The facility follows documented policies and procedures should a resident wish to administer their medications.</p> <p>As required, medications are administered as prescribed. Medication-competent HCAs or RNs/ENs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>Registered nurses support the younger resident(s) to access their medication and provide support to Māori and family/whānau to access medication. Residents and their family/whānau are supported to understand their medications when required. The registered nurse interviewed described processes for working in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, and well-equipped and a current approved food control plan was evidenced, expiring on 21 June 2025. Records reviewed, evidence all aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal complied with current legislation and guidelines.</p> <p>Dry ingredients were decanted into containers for ease of access. The four-weekly seasonal menu has been reviewed by a dietitian on 6 February 2025. The chef is supported by three cooks and three kitchen hands.</p> <p>There is a food services manual available in the kitchen. The chef receives resident dietary information from the RNs/ENs and is notified of any changes to dietary requirements (vegetarian, dairy-</p>

		<p>free, pureed foods) or residents with weight loss. The chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements, (vegetarian, dairy free, pureed foods) or residents with weight loss. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. On the day of the audit, the meals were observed to be well-presented. Residents have access to nutritious snacks at any time of the day or night. The kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Tapu and noa and their relevance to the kitchen services were included in kitchen staff orientation.</p> <p>The chef completes a daily diary, which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room and lounges or transported on trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. The dining experience was observed to be calm and relaxing with no distracting background noise. Food service staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were complimentary regarding the food service, the variety and the 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,</p>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau.</p> <p>Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori</p>

<p>transfer, and discharge.  As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>agencies if indicated or requested. When residents are transferred to the public hospital, their family/whānau is informed. The GP makes the referral to the hospital. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of EPOA documents.</p> <p>Where residents wish to be or need to be seen by another health service, they are advised of their options to access other health and disability services, social support or Kaupapa Māori agencies. Examples of this were sighted in resident files, including referrals to the dietitian and wound nurse specialist. Residents attending external appointments are encouraged to be accompanied by their family/whānau. Any risks are communicated to the external health provider by the RN/EN and documented in the file.</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>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires on the 28 June 2025. A maintenance person (interviewed) and a part-time gardener work together to maintain the building and grounds. The maintenance person addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and requests in the nurse's station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in June 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. The hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. The calibration of medical equipment has occurred as planned (it was last completed on 10 March 2025). The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The building is a single-level purpose-built building with easy access to the spacious external courtyards and gardens. There is outdoor furniture and shade available.</p> <p>The physical environment supports the independence of the residents. The facility has corridors with handrails for residents to</p>

	<p>safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. The facility's furnishings, floorings and equipment are designed to minimise harm to residents.</p> <p>There are forty-five rooms, twelve of which have a shared shower, toilet and sink; the remaining rooms have a sink only. One of these rooms is a shared room with adequate privacy curtains and call bell points. There is a large open-plan lounge and dining area which connects to the kitchen via a servery, and meals are delivered. The corridors, communal areas, resident rooms, bathrooms, ensuites, toilets and service areas have vinyl surfaces. There are adequate storage areas for mobility equipment. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed that their privacy was maintained while attending to personal hygiene cares.</p> <p>Resident rooms and communal areas are equipped with wall heaters and radiators. The temperatures can be adjusted according to individual preferences. All resident rooms have external windows and are well-ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. Furniture is arranged to create a homely and welcoming environment.</p> <p>There are communal toilets situated close to communal lounges. There are adequate numbers of toilets and showers for residents and separate facilities for staff and visitors. Privacy locks are on the residents' shared showers and communal and visitor toilets. All ensuite and communal toilets have paper towels and flowing soap available.</p> <p>Group activities occur in the main lounge, and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. There is an additional small lounge and a whānau room</p>
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		<p>available for residents and family/whānau. There is easy, safe access to the outdoors, with seating and shade.</p> <p>The facility manager reported that there is no planned development for the building; however, should this change, the provider would ensure that current linkages in place with Māori would be consulted and a co-design approach of the environments would occur to ensure that the aspirations and identity of Māori would be reflected.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. There is a current residents list that documents assistance required in case of evacuation. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 20 February 1999). Fire evacuation drills are held six-monthly.</p> <p>Civil defence supplies are stored in a central cupboard and are checked three-monthly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can connect the on-site generator. A gas barbeque is available for cooking. There is an adequate food supply available for each resident for a minimum of three days. There are adequate supplies in the event of a civil defence emergency. The provider has bottled water supplies (30 litres) and a 1000-litre tank available, providing sufficient water supplies to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. Emergency response flip charts are readily available at each nurse's station and in various other areas. A minimum of one person, trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested monthly, and the last call bell audit showed full compliance as part of the maintenance audit. The residents were observed to have their call bells in close</p>

		<p>proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a visitor policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Staff are identifiable.</p> <p>The facility is secured at night, with the doors closing at predetermined times. There are closed circuit cameras in communal areas and corridors. Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow should an emergency event occur.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The management team approved these programmes, which are linked to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting progress, issues, and/or significant events to management. Significant events are managed using a stepwise approach to manage risks.</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 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>	FA	<p>The management team approved the Infection Prevention and Control (IPC) and AMS programme, which are linked to the quality improvement system and reflect the organisation's strategic direction. Expertise and advice are sought following a defined process, reviewed and reported annually. The FM is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place. The IPCC has input when infection control policies and procedures are reviewed. There is a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed.</p> <p>The service has a pandemic and outbreak plan and guidelines to</p>

	<p>manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. Information and resources to support staff in managing Covid-19 and other outbreaks were regularly updated and tested.</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available to the staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The IPCC has completed various infection prevention and control training online.</p> <p>The IPCC reported they work in consultation with Health New Zealand control specialists in procurement processes for equipment, devices, and consumables. The FM and registered nurse reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building or when significant changes are proposed to an existing facility. In an interview, the FM, and the nursing team reported that single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work</p>
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		in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.
<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>The service has an antimicrobial use policy and procedure. The AMS programme is approved by management and is appropriate for the size, scope and complexity of the service. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>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 in the electronic record management system, and action plans are implemented. The HAIs being monitored included infections of the skin, eyes, and respiratory tract. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed, related to cleaning, laundry, use of personal protective equipment (PPE), and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at team 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 are discussed during shift handovers for the implementation of early interventions. The FM completes benchmarking. All infection data is</p>

		<p>reported monthly to the management.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There were incidents of Covid-19 infection outbreaks reported in January, February and March 2024 since the previous audit. These were managed in accordance with the pandemic plan, with appropriate notifications completed.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) with separate handwashing facilities and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated household staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on site. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are dispensed within closed systems. Linen was seen to be transported on covered trolleys. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was</p>

		<p>readily available.</p> <p>The staff interviewed had good knowledge about cleaning processes, and infection prevention and control requirements. There were kitchen and laundry audits completed that evidenced compliance.</p> <p>The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</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>Papakura Private Hospital is committed to providing service to residents without use of restraint. Policies and procedures meet the requirements of the Standard. The restraint approval group is responsible for monitoring restraint use and implementation of the policy within the service. Restraint use and strategies to minimise the use of restraint is discussed in the staff meetings and reported to the owner/directors via the facility manager (FM). Interview with the restraint coordinator (FM) and the lead nurse confirmed that restraints are used as a last resort and the service is committed to a restraint-free environment. Interviews confirmed that the HCAs and RN/EN had a comprehensive understanding of restraint.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Papakura Private Hospital will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval and review processes include input from the resident, family/whānau, GP, restraint coordinator and lead nurse. The approval group has access to a resident advocate when required.</p> <p>At the time of the audit, there were no residents using restraints. When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinator has a defined role of providing support and oversight for any restraint management. There are clear lines of accountability. Restraint minimisation is included as</p>

		part of the mandatory training plan and orientation programme and an annual competency has been completed by staff. Seclusion is not used at Papakura Private Hospital.
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.