

Tamahere Country Club Care Centre Limited - Tamahere Country Club Care Centre

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Tamahere Country Club Care Centre Limited

Premises audited: Tamahere Country Club Care Centre

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

Dates of audit: Start date: 28 April 2025 End date: 28 April 2025

Proposed changes to current services (if any): This partial provisional audit was to verify phase 1 of a new build. There are a total of 34 beds in place that will offer an Occupation Right Agreement (ORA) to residents in the Tamahere Country Club Care Centre. The care centre is co-located with an independent village called Tamahere Country Club. Phase 1 of the care centre

(audited) offers 20 bedrooms for residents with memory loss (dementia unit) and 14 dual purpose bed area with all amenities in place. The owners wish to open the care centre (phase 1) on 3 June 2025 dependant on the outcome of this audit. This audit has verified the building as fit for purpose.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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.

General overview of the audit

Tamahere Country Club Care Centre is a new build (phase one) that will provide rest home and hospital level of care for 14 residents (dual purpose beds) and a memory loss unit (dementia level care) for up to 20 residents.

This partial provisional audit was to verify the new building as fit for purpose for a total of 34 residents when opened. This audit has verified the total number of beds as fit for purpose.

The audit process included the review of policies and procedures, documentation including transition, education and staffing plans, observation of the environment, a review of established systems and processes relevant to the audit, and interviews with managers and staff. There are clear procedures and responsibilities in place for the safe and smooth transition of residents into the care centre when opened. There are sufficient staff already employed into key positions ready for opening of the facility. The directors wish to open the care centre on 3 June 2025.

The director clinical and operations (registered nurse) and clinical manager (registered nurse) are appropriately qualified, experienced and can support the admission of residents into the care centre.

This partial provisional audit identified two shortfalls around obtaining a Certificate of Public Use and to close one temporary access that is currently in place into the new build and to put in place temporary hoardings to close off any areas that will not be accessible to residents as phase 2 is built.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

There is an executive governance team and a clinical governance team that includes the director/s, chief financial officer, director clinical and operations and clinical manager along with a cultural advisor. The director of care (registered nurse) oversees the clinical operations of the service. The organisational business and quality plans inform the site-specific operational objectives.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. There are sufficient staff (registered nurses and care support) employed who will work in the care centre and all have completed orientation. All care staff employed have completed level four New Zealand Qualifications Authority training with dementia.

There is a transitional (business) plan in place that is being operationalised.

Ngā huarahi ki te oranga | Pathways to wellbeing

An activities programme developed by a diversional therapist is ready to be implemented on the first day of occupancy.

Medication policies reflect legislative requirements and guidelines. The registered nurses already employed will be responsible for administration of medicines and they have completed relevant training including medication competencies. There is an agreement for nurse practitioners to provide medical review of residents. Areas to store medications securely are set up.

The service has a current food control plan. The executive chef is ready to deliver food services to residents when occupied.

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

There are 34 rooms ready for occupation at ground level in a new building (care centre). There is a secure memory loss (dementia) unit and a 14-bed unit for residents requiring rest home or hospital level of care. A fire evacuation scheme has been signed off. Documented systems are in place for essential, emergency and security services. Employed staff have completed training around emergency management, have completed an orientation to the building, and have a first aid certificate.

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

Infection prevention management systems are in place to minimise the risk of infection to residents, staff and visitors. The clinical manager is the infection prevention and control coordinator. Information for staff and residents along with resources are in place ready for occupancy.

Here taratahi | Restraint and seclusion

The philosophy within the service is that restraint will not be used. The service has also purchased products that support and environment of no restraint. A clinical manager will be appointed as restraint coordinator. The service have included restraint in the orientation training completed by staff who have been employed. Restraint is included in the training plan.

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) |
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| Subsection | 0 | 13 | 0 | 1 | 0 | 0 | 0 |
| Criteria | 0 | 93 | 0 | 1 | 0 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
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| 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 |
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| <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> | FA | <p>Tamahere Country Club Care Centre is a standalone aged care facility being built in Tamahere, Hamilton. Although the care centre is located on the same site as the independent village called Tamahere Country Club, this is a separate business entity. This partial provisional audit was to verify phase 1 of a new build. There are a total of 34 beds in place with the service envisioning that they will provide long term residential care under the age related residential care (ARRC) agreement and provide services for people over 65 years of age. All the care rooms will be sold under an occupational right agreement. Phase 1 of the care centre offers 20 bedrooms for residents with memory loss (dementia unit) and 14 dual purpose beds. The owners wish to open the care centre (phase 1) on 3 June 2025 dependant on the outcome of this audit. This audit has verified the building as fit for purpose.</p> <p>A director (owner), the director clinical and operations (registered nurse – RN), clinical manager (RN), administration manager, and chef kitchen manager were interviewed.</p> <p>There are two directors (owners) including one who has extensive building experience with the Sanderson Group (family-owned company). The director has a background in quantity surveying, a bachelor construction majoring in property development and is currently a director</p> |

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| | <p>and shareholder of three retirement villages. The second owner (family) is an occupational therapist. The director interviewed is committed to and passionate about delivering a high-quality building and provision of service delivery for residents who require care.</p> <p>The directors are supported by an experienced director clinical and operations (RN) who started in the role in May 2024, and has extensive experience in managing aged care facilities. The clinical manager has 11 years' experience in aged care (rest home, hospital and dementia levels of care) with seven of these in clinical manager roles. The clinical manager has been a nurse prescriber in aged care since 2019 and was nominated as young nurse of the year in 2007 and started in the current organisation in the role in November 2024. The team is supported by the administration manager who started in February 2025.</p> <p>The executive governance team has overall accountability for clinical governance with this seen as a core concern of the Tamahere Country Club Care Centre. The obligations of the executive governance team include the requirement to ensure an appropriate committee structure is in place for Tamahere Country Club Care Centre to support quality and safety and that roles and responsibilities are defined. Clinical governance exists within a broader system of governance oversight, strategy and assurance. The clinical governance team is a sub-committee of the executive governance team.</p> <p>The executive governance team has documented and have available links to a range of external services who can provide advice and support. These include industry advisors, cultural advisors, solicitor; and nurse practitioners who will offer onsite review of residents at any time seven days a week, 24 hours a day,</p> <p>The clinical governance framework is documented, and this includes the vision: Aged care redefined: luxury, inclusion and empowerment for all; a mission statement and values (integrity, empowerment, respect and dignity). The framework states that the principles of Te Tiriti o Waitangi (tino rangatiratanga, equity, active protection [options providing for, and properly resourcing kaupapa Māori health and disability services] and working in partnership are applicable to Tamahere Country Club Care Centre. The service is committed to ensuring the principles of the Treaty of Waitangi underpin policies, work practices and services. Māori are included in the governance as co-designers. The governance team have</p> |
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| | | <p>also engaged the services of a local Māori advisor (Project Manager, Te Wānanga o Aotearoa, who was previously education advisor to Waikato Tainui). They are already having input into cultural issues and provide advice where policy or practice changes may be required to improve our service or to reduce inequity for Māori. The Māori advisor will attend the quarterly executive governance meetings and will have a catch up at clinical operations level fortnightly. The executive governance team is also collaborating with an architect (Ngāti Awa, Tuhourangi) to integrate art and design traditions of the Pasifika heritage of Māori into the new building. Tainui Māori signed off input into planning and the building after the initial consultation but have declined further engagement. Kaumatua are already in place when required to bless the building and site prior to occupancy. The directors and management team have completed cultural safety training in Māori governance.</p> <p>There are currently weekly meetings attended by the director/s, director clinical and operations, clinical manager, administration manager, general manager for the Tamahere Country Club village, and the chief financial officer. This group is operating currently as the executive governance and clinical governance group along with the inclusion of the Māori advisor. The financial governance document describes the relationship between Tamahere Country Club (including the Care Centre) with the Sanderson Partners Ltd to provide management and support for all financial activities in the aged care businesses. The clinical governance structure in place that is appropriate to the size and complexity of the service provision.</p> <p>The business plan 2025 - 2027 includes a SWOT analysis and identification of key risks to the organisation. Goals are documented and these will serve to guide transition into the opening of the building. The goals include work to address barriers to equitable service delivery. A template to document risk/hazards is available. Sanderson Group has a health and safety manager who provides health and safety training and oversight for this organisation. Progress to completion of goals will be documented in executive management meeting minutes. A planned schedule of meetings that will start once the care centre opens includes monthly executive governance, clinical governance, staff, RN, and kitchen meetings along with two monthly resident meetings and daily team meetings.</p> |
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| <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 staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support initially for up to 10 residents (in either the memory loss unit and/or the dual-purpose beds). Staff have already been employed to ensure that there is a RN on each shift; two care support staff on shift in Kaimai (dual purpose neighbourhoods [wings]); and three care support staff in the morning, two in the afternoon and one overnight in Pirongia (memory loss/dementia unit). When fully staffed, there is a roster that includes the following: Kaimai: three care support staff on the morning and afternoon shifts and two overnight; Pirongia (memory loss unit): six care support staff on morning and afternoon shift and three care support staff overnight; two RNs on each shift (one in each unit).</p> <p>There is a full-time CM and director clinical and operations who are both on site during the week and available on call after hours. To date the organisation has recruited all managers, five RNs, eight care support (all have completed their NZQA level 4 with dementia), with five remaining vacant care support positions (interviewed, waiting for sign off of contracts), receptionist, executive housekeeping, laundry assistant. The service supports and encourages care support staff to obtain a New Zealand Qualification Authority (NZQA) qualification.</p> <p>There is an annual education and training schedule documented. The education and training schedule lists compulsory training which includes cultural awareness training, dementia language skills, abuse and neglect, death and dying and infection control. Staff employed have already attended cultural awareness training, and all staff completed a cultural competency to reflect their understanding of providing safe cultural care, Māori worldview and the Treaty of Waitangi. The training content provided resources to staff to encourage them to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for RNs include training through the Health New Zealand, hospice, Age Concern, and other external providers as required.</p> <p>Training, support, performance, and competence will be provided to staff to ensure health and safety in the workplace including manual handling,</p> |

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| | | <p>handwashing, hoist training, chemical safety, emergency management including six-monthly fire drills and PPE training. Staff wellness is encouraged through participation in health and wellbeing activities. A local Employee Assistance Programme (EAP) will be available to staff that supports staff to balance work with life.</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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The director clinical and operations is currently employing all staff along with the clinical manager. They oversee all aspects of recruitment and retention.</p> <p>Staff files are securely stored. Six staff files reviewed (clinical manager, director clinical and operations, two RNs, one care support staff, executive chef) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. All staff have been orientated to the new building that is set up to welcome new residents. All staff are required to complete competency assessments as part of their orientation including competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. The orientation programme reviewed demonstrated that the orientation programmes support RNs and care support staff to provide a culturally safe environment to Māori. Each staff member will be expected to have an annual performance appraisal as per policy.</p> <p>The resident management system is in place and will record ethnicity data of residents. The staff records confirmed that ethnicity of each employee is documented.</p> <p>There is a policy in place that describes how staff would have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing. The clinical manager</p> |

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| | | could describe how the policy would be operationalised. |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | FA | <p>The service has an activities programme developed by a diversional therapist (DT). Activities are planned across seven days with a plan in place for each unit (Kaimai and Pirongia). The group programme is ready for implementation from the first day of resident occupancy. The DT is available to staff for consultation and support until activities staff are recruited permanently to the role. Individualised activity plans will be developed in consultation with each resident once they have been admitted. Care support staff will be implementing the structured and individualised activity programmes until a suitable candidate is found. All care staff who will be involved with the activities programme have completed level 4 qualifications.</p> <p>The service has activity supplies on site suitable for the implementation of the group and individualised activities.</p> <p>The lounge areas include quiet lounges, and a specific activity room and area in both the Kaimai and Pirongia units for activities. The lounges include seating placed for individual or group activities. Some of the regular activities to be provided will include music, exercises, visiting entertainers, movies, visits to the community, exercises, intellectual activities and group games. One-on-one sessions will be offered according to individual wishes.</p> <p>Activity assessments are to be completed for residents on admission and an individualised activities plan is developed from this. The activity plans on the electronic resident management system allow for identifying individual diversional, motivational, and recreational therapy across a 24-hour period. Assessment templates identify former routines and activities that the resident is familiar with and enjoys. The activities plan is to be integrated within the overall care plan on the resident record.</p> <p>There are cultural events already in the planning stages including Matariki. The Māori health plan includes an admission flowchart that aims to support Māori residents with their health needs and aspirations in the community. The flowchart includes notifying and accessing support/advice from significant others, such as whānau and kaumātua. The service has identified links with local iwi. Te reo is to be encouraged</p> |

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| | | through greetings, in meetings and through documentation. |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | FA | <p>The medication management policy is documented and in line with current legislative requirements. The system described medication prescribing, dispensing, administration, review, and reconciliation. The service has an electronic system in place to record prescribing and administration of medication. Medicine will be supplied to the facility from a contracted pharmacy (contract sighted).</p> <p>The medication prescribing and administration system allows for the prescriber's name and date to be recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. Medicine allergies and sensitivities are able to be documented on the resident's chart where applicable. The three-monthly medication reviews will be recorded on the medicine charts.</p> <p>A secure medication room is set up with medications to be brought in with any resident admitted. Orders will be placed 'just in time' with a bar code system to monitor stock. Temperatures of the room and of the medication fridge have started to be recorded and are monitored by the CM to ensure they are within the range documented in policy. The CM stated that medication reconciliation will be conducted by the RNs when received from the pharmacy and when a resident is transferred back to the service. Unwanted medicine will be returned to the pharmacy in a timely manner as stated by the CM.</p> <p>There is a policy around any resident who is deemed competent to self-administer medication. Currently there is no locked storage in any resident room and self-administration of medication at this stage is not being considered. The director clinical and operations stated that this would be reviewed in context of the resident needs following admission.</p> <p>There are no standing orders. The CM stated that any over-the-counter medication or supplements would be considered by the prescriber as part of the person's medication.</p> <p>There is a process for documentation and analysis of medication errors. The internal audit schedule identified medication audits to be completed. The managers interviewed stated that the registered nurses will be</p> |

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| | | <p>expected to work in partnership with 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>Staff employed have already been trained around medication management and administration and a review of relevant staff records confirmed they have competencies completed.</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>The executive chef was appointed in March 2025. They have a 40-year background in hospitality with more recent experience in teaching culinary arts. The menu has been approved by a dietitian (18 December 2024) who is working with a software developer currently on a food service joint venture to connect dietary assessments to the kitchen with a pictorial menu available for residents to order from. The executive chef is currently recruiting a baker, three chefs and kitchen assistants noting that there are sufficient staff already appointed to cook for up to 15 residents once opened.</p> <p>All meals and baking will be prepared and cooked on site by qualified chefs who are supported by rostered morning and afternoon kitchenhands. All food services staff currently employed have a food safety certificate or in-house food safety training. The executive chef stated that likes and special dietary requirements will be accommodated including food allergies. The menu provides pureed/soft meals, texture modified diets and other foods. The kitchen will serve meals from hot boxes with these taken to the rooms or dining areas with the CM stating that residents will be encouraged to come to the dining room for meals. The dining room is spacious and can easily accommodate residents using hospital level equipment.</p> <p>There are snacks scheduled to always be available. The executive chef interviewed understood basic Māori practices in line with tapu and noa. The service has adopted a holistic approach to menu development that ensures nutritional value, respecting and supporting cultural beliefs, values, and protocols around food. Māori and whānau have menu options on the menu that are culturally specific to te ao Māori. The managers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines related to food service are</p> |

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| | | <p>available to staff.</p> <p>The food control plan has been issued and expires on 7 April 2026. Daily temperature checks are recorded electronically for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required).</p> <p>The kitchen is set up ready for service with personal protective equipment (PPE) in place e.g. gloves, hats. Cleaning schedules are in place once food services start.</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>PA Low</p> | <p>The Certificate of Public Use is not yet in place. The building has yet to be handed from the Sanderson Group Construction to Tamahere Country Club Care Centre Limited with this scheduled to take place on 21 May 2025.</p> <p>This is a new build and the construction team from Sanderson Group Construction will provide onsite interventions for any maintenance for the first 12 months. A planned maintenance schedule will then include testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. All equipment is new. Hot water temperatures have started to be monitored, and the reviewed records are within the recommended ranges.</p> <p>The reactive maintenance programme will be put in place once the building is handed over to Tamahere Country Club Care Centre Limited. Staff will place a request with the director clinical and operations directing this to the Sanderson Group Construction for review. Any issues will be expected to be signed off when repairs have been completed.</p> <p>The new building is fully completed with furnishings in place. The care centre is at ground level with the following in place: a reception area, staff offices and staffroom, hair salon, a large central lounge/dining area with a kitchenette, and single bedrooms for residents requiring rest home or hospital level of care (Kaimai). The bedrooms are either a standard room which is smaller than the large rooms (and do not have a kitchenette) or large rooms which have a living/dining area and kitchen area with a fridge.</p> <p>The memory loss unit is secure and is called Pirongia. The bedrooms</p> |

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| | | <p>are either a standard rooms, or large rooms which have a living/dining area and kitchen bench. One of the rooms has a sink in the kitchen area. Residents can bring personal items to furnish their rooms. There is a large lounge/dining area with a kitchenette. The kitchenette is fitted with an oven, induction cook top and a boiling water tap. There are safety devices on the oven, cook top and boiling water tap for safety. Pirongia has secure outdoor areas that have shade and seating.</p> <p>There are small lounge rooms in both Pirongia and Kaimai. All bedrooms in both Kaimai and Pirongia are single rooms with an ensuite.</p> <p>There are outdoor areas available for residents in Kaimai to access and these include seating and shade. Railings are in place in all of the building. There are heat pumps with individual settings in each room. Hallways are wide and promote safe mobility with the use of mobility aids. Fixtures, fittings, and flooring are appropriate and able to be cleaned effectively. Toilet/shower facilities are easy to clean and there are visitor and communal toilets and bathrooms should these be required.</p> <p>All areas in the care centre are ready for occupancy with equipment and chattels in place. Each room has at least one external window, providing natural light, and there is adequate ventilation and heating throughout the facility.</p> <p>One section of an internal wall has been left open temporarily to give tradespeople access to the care centre. This will be closed prior to occupancy. Hoardings will be put up to section off the care centre from other building projects (phases 2 and 3 of the new care centre).</p> <p>There has been consultation and co-design of the environments to reflect the aspirations and identity of Māori. The executive governance team has had sign off from Tainui Māori around the appropriateness of the building and site for Māori.</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</p> | <p>FA</p> | <p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and</p> |

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| <p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | | <p>timely evacuation. A business continuity plan is documented.</p> <p>A fire evacuation scheme is in place that has been approved by the New Zealand Fire Service (31 March 2025).</p> <p>Each new employee has been orientated to the building and has attended a fire evacuation drill. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A sprinkler system is in place with mimic panels in the nurse stations in Kaimai and Pirongia. In the event of a power outage there is back-up power available with a large generator on site and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is also ongoing as part of the education plan. All staff are required to hold a first aid certificate. There is a first aid trained staff member rostered on duty 24/7 in both Kaimai and Pirongia.</p> <p>The building is secure after hours. Currently there is always a static security guard on site after hours and at night and the security company provides a daily report on activity. Staff will complete security checks at night and there are security cameras installed in communal spaces. A security firm has been organised to stay on site at handover times with spot checks overnight once the building is occupied.</p> <p>There are operational call bells in the ensuites, bedrooms and lounge areas and other communal areas in the care centre. Vocera technology (call bell, GPS tracker, phone) has been installed so that staff can communicate and identify risk and movement in rooms. The technology allows for tracking of residents in the dementia unit if they wander into other residents' rooms.</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</p> | <p>FA</p> | <p>The infection prevention and control programme, its content and detail, is documented and is appropriate for the size, complexity and degree of risk associated with the service. Infection control data will be discussed both the executive governance meeting, and the clinical governance meeting as confirmed by the director and the director clinical and operations interviewed. Any emergent issues will be reported to the</p> |

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| <p>component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | | <p>executive governance team immediately. Infection prevention and control is part of the business and quality plans. The service has access to an external infection prevention and control specialist and also to infection prevention and control specialists from Health New Zealand. The nurse practitioners will also provide advice. All of whom will also be able to provide support and advice to actualise the antimicrobial programme.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>The infection prevention and control (IPC) coordinator is the CM (RN) who will oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The IPC coordinator has completed relevant training last in February 2025 with extensive training in 2024.</p> <p>The infection control programme is not yet required to be reviewed annually; however, the review is documented in the internal audit schedule. Infection control audits are also scheduled. The CM stated that infection rates will be presented and discussed at the clinical governance meeting and the RN meetings.</p> <p>The service has a pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There are outbreak kits available and access to personal protective equipment (PPE). Extra PPE equipment will be supplied as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the IPC coordinator and the clinical governance team. Policies are available to staff. The director clinical and operations and the CM (IPC coordinator) have had input to the development of the care suites along with an external provider who specialises in infection prevention and control.</p> <p>There are policies and procedures in place around reusable and single use equipment. Audit tools are in place to check these are being utilised and best practice standards are being met. All shared equipment will be appropriately disinfected between use. The service has information</p> |

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| | | <p>available in te reo around infection control for Māori residents and the CM states that staff will be expected to encourage culturally safe practices acknowledging the spirit of Te Tiriti. The IPC coordinator is already involved in the procurement of all equipment and consumables.</p> <p>The IPC policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed handwashing and personal protective equipment competencies along with IPC training.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>The service has an antimicrobial use policy and procedures and will monitor compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the expected size, scope, and complexity of the resident cohort. Infection rates will be monitored monthly and reported to the RN and clinical governance meetings. The CM stated that prophylactic use of antibiotics will not necessarily be considered to be appropriate and will be discouraged.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in the IPC manual. Monthly infection data will be collected for all infections based on signs, symptoms, and definition of infection. Infections will be entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) will be entered onto a monthly infection summary. This data will be monitored and analysed for trends, monthly and annually. Infection control surveillance will be discussed at RN and clinical governance meetings. Meeting minutes and graphs are expected to be displayed for staff.</p> <p>The facility will incorporate ethnicity data into surveillance methods and data captured around infections. The managers interviewed stated that residents and family/whānau (where required) would be advised of any infections identified, in a culturally safe manner. This would include face</p> |

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| | | to face discussions, and discussions that included the nurse practitioner. |
| <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> | FA | <p>There are policies regarding chemical safety and waste disposal. All chemicals already on site were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Staff have completed chemical safety training as part of orientation. A chemical provider will monitor the effectiveness of chemicals. Safety data sheets and product sheets are already available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff.</p> <p>There is a rubbish room with a roller door where trucks can back up to pick up waste. The room is vented.</p> <p>All laundry is completed on site. The laundry has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. There is a linen press. Clean linen is returned to linen trolleys while personal laundry is returned in individual baskets. There are plenty of linen cupboards. The washing machines and dryers are checked and serviced regularly.</p> <p>There is a laundry manager with laundry staff seven days a week. There is a cleaner seven days a week noting that the service has a universal care model in place that aims at encouraging residents to be involved in cleaning of their spaces (with the support of cleaning staff as required). Equipment purchased has considered what residents may be able to use and this has included handheld vacuum cleaners. Cleaning and laundry services are monitored by the CM.</p> <p>There is a sluice room with a macerator in the care centre.</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> | FA | <p>The philosophy within the service is that restraint will not be used, and this is included in policies. The service has also purchased products that support and environment of no restraint e.g. very low beds, sensors that pick-up movement rather than sensor mats, staffing that allows for</p> |

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| <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>supervision of residents in communal areas. The CM and director clinical and operations confirmed that restraint would not be used; however, noted that compliance to policy would be monitored in practice and through meetings. Staff have and will be trained around management of behaviours that challenge with strategies that do not involve restraint. If restraint did need to be used, this was be documented as an incident, and reported to the directors through the clinical manager, and data would be collated along with quality data and discussed at facility meetings. The clinical manager has been appointed the restraint coordinator role and has a signed job description in place.</p> |
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Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
|--|-------------------|--|--|--|
| <p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p> | PA Low | <p>The site has not yet been handed over from the building company to the care centre's Certificate of Public Use has not yet been provided. One section of an internal wall has been left open temporarily to give tradespeople access to the care centre. This is expected to be closed prior to hand over of the building to Tamahere Country Club Care Centre Limited. Hoardings will be put up to section off the care centre from other building projects (phases 2 and 3 of the new care centre).</p> | <p>i). A Certificate of Public Use is not yet in place.</p> <p>ii). A section of a wall has been left open temporarily to allow access to the care centre for tradespeople.</p> <p>iii). Hoardings are not yet in place (should they be required) to section off any areas that will separate the care centre from further building sites.</p> | <p>i). Ensure that a Certificate of Public Use is in place.</p> <p>ii). Ensure that the building is secure.</p> <p>iii). Ensure hoardings are put in place (should they be required) to section off any areas that will separate the care centre from further building sites.</p> <p>Prior to occupancy days</p> |

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.