

MA HealthCare Group Limited - Awanui Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: MA HealthCare Group Limited

Premises audited: Awanui Rest Home

Services audited: Dementia care

Dates of audit: Start date: 17 April 2025 End date: 17 April 2025

Proposed changes to current services (if any): None.

Total beds occupied across all premises included in the audit on the first day of the audit: 23

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Awanui Rest Home provides dementia level care for up to 24 residents. There were 23 residents on the days of audit.

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

The business and care manager is a registered nurse and is appropriately qualified and experienced and is supported by the chief executive officer and other business and care managers at sister sites. There are quality systems and processes being implemented. Feedback from family/whānau interviewed was very positive about the care and the services provided with this corresponding with family/whānau survey results. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls relating to assessments and care plans, and annual review of the infection prevention and control programme.

Ō tātou motika | Our rights

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



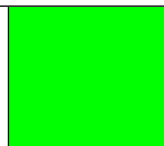
Subsections applicable to this service fully attained.

Awanui Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan with input and support from a community Māori provider. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents, their representatives, 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 individuals to make a complaint is understood, respected, and upheld by the service. Concerns are actively managed and there have not been any complaints lodged since the last audit.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. There are policies and procedures that guide staff in service delivery. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions resolved in a timely manner.

There is a staffing and rostering policy. A role specific orientation programme is documented, and regular staff education and training is provided throughout the year. Staff complete annual competencies relating to clinical care.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Awanui Rest Home has an admission package available prior to, or on entry to the service. The business and care home manager manages the entry process to the service and admissions. Resident files included medical notes by the general practitioner and visiting allied health professionals. The business and care home manager assesses, plans and reviews residents' needs, outcomes, and goals.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

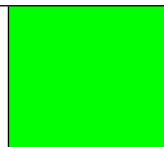
Medication policies reflect legislative requirements and guidelines. The business and care manager and medication competent health care assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were 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, nutritional and cultural needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. Snacks are available 24/7.

Residents were 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 fully attained.

The building holds a current building warrant of fitness certificate. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The facility is secure with a secure enclosed outdoor area. All bedrooms are single occupancy. Rooms are personalised.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Security of the facility is managed to ensure safety of residents and staff.

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

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

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

Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been two outbreaks reported since the last audit.

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. The service is committed to maintain restraint free. Restraint is overseen by the restraint coordinator who is a registered nurse (business and care manager). The facility currently has no residents using restraints. Use of restraints is considered as a last resort only after all other options are explored. Education is provided to staff around restraint minimisation and de-escalation. Restraint free strategies are discussed at quality/staff meetings.

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	25	0	2	0	0	0
Criteria	0	166	0	2	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>Awanui Rest Home seeks to embed and enact Te Tiriti o Waitangi in all aspects of service delivery, including the recognition of mana motuhake as part of their strategy. A Māori health plan is documented for the service. At the time of the audit there were Māori residents and resident records reviewed as part of the audit identified their whakapapa , cultural assessments and plans supported te ao Māori. The service has now included a cultural component to the activities plan which connects to the care plan. All staff have access to relevant tikanga guidelines.</p> <p>On the day of audit, the auditors were welcomed to the service with a powhiri led by the Panamasian O Tuia Hui-MOA Mt Wellington which is a local community group that supports Māori. The group is active at Awanui Rest Home and come each week to take activities with the residents and to support staff when required. Managers and staff interviewed described the commitment the organisation had to improving equity for Māori with practical interventions for Māori residents that included activities in the community, learning of te reo Māori for all staff, culturally appropriate food services, and creating an environment that welcomed Māori.</p> <p>The chief executive officer (CEO) and business and care manager</p>

		<p>support increasing Māori capacity by employing Māori staff. At the time of the audit there were no Māori staff members. The CEO has a partnership with the Ministry Social Development who send applicants to the service for consideration for employment. All staff interviewed stated that they receive cultural training and described ways of supporting residents within Te Whare Tapa Whā framework. The service currently no staff who identify as Māori.</p> <p>The CEO, business and care manager, three healthcare assistants [HCAs], an activities coordinator, consultant diversional therapist and cook were interviewed during the audit. All could describe how care is based on the resident's individual values, beliefs, and preferences that includes recognising aspirations and mana motuhake in everyday life.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Awanui Rest Home recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a Pacific health plan documented and is being currently implemented. The service is able to access the Tongan Community, Otahuhu, for advice and support.</p> <p>On the day of audit there were Pacific residents living at Awanui Rest Home. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from resident (if possible) and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile; activities plan and care plan.</p> <p>The business and care manager described how they encourage and support any staff that identifies as Pasifika during the employment process. This was confirmed in interviews with staff who identified as Pasifika.</p> <p>Interviews with staff members, management, and five family/whānau identified that the service puts people using the services and their whānau, at the heart of their services. The service can consult with</p>

		Pacific Island staff to access community links and continue to provide equitable employment opportunities for the Pacific community.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The business and care manager discusses aspects of the Code with the resident and their family/whānau on admission.</p> <p>All family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents' family/whānau. There are links to spiritual support through the local churches. Church services are held regularly.</p> <p>Staff receive annual in-service education in relation to the Code at orientation and through the education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management, staff, and family/whānau of Māori residents.</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</p>	FA	<p>Staff members interviewed described how they support residents in their choices. Family/whānau interviewed stated their loved ones had choice and examples were provided. The principles of Partnership, Participation, and Protection are described by managers and staff and confirmed the principles are embedded in service delivery. Staff state that they honour each resident's values</p>

<p>experiences.</p>		<p>and beliefs, give options for end-of-life care and treatment plans, and talk about care plans with residents (as much as possible) and their family/whānau. Residents were observed being offered choice around clothes to wear, activities to engage in etc. Communication was observed to be respectful.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. This was also confirmed during interviews with family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who can speak and understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity, and complete a cultural validation questionnaire following training in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with 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</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service. There is a suite of policies that provide guidelines to address the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism, recognise systemic racism and own bias.</p>

<p>safe and protected from abuse.</p>		<p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Staff and management interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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>Information is provided to family/whānau on admission. Individual meetings with family/whānau identify feedback and consequent follow up by the service and this is documented in the individual resident files. Family/ whanau interviewed all praised the communication with the service and they stated that the business and care manager stayed connected throughout the week as much as possible. It was noted that over half of the residents did not have family/whānau engaged at all in the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau and next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English. Healthcare</p>

		<p>assistants and management interviewed described how they would assist residents that do not speak English with interpreters or resources to communicate should the need arise.</p> <p>Non-subsidised residents` family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. They are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand (e.g. clinical nurse specialist for wound care, older adult mental health service, hospice nurse, and dietitian). The delivery of care includes a multidisciplinary team. The business and care manager gave examples of open communication with family/whānau, including the time and support around discussions and decision making.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent that provide guidelines according to the Code. Five resident files reviewed included informed consent forms signed by the activated power of attorney or welfare guardians. Consent forms for flu vaccinations were also on file where appropriate. Family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>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 family/whānau in decision-making. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of care.</p> <p>Admission agreements had been signed and sighted in all resident records reviewed. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files reviewed. Certificates of mental incapacity and activation of the EPOA documents were also on file. It was noted that Public Trust was engaged to support</p>

		resident's when family/whānau were not part of the resident's life.
<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>There is a policy that guides an equitable and fair complaints management process. The service has a register to record any complaints, both verbal and written if they are forwarded to the service. There have been no complaints since the last audit.</p> <p>The CEO and the business and care manager could describe the complaint documentation process, including expectations around acknowledgement, of the complaint investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff interviewed confirmed they are reminded of documenting complaints if these arise in the quality/management meetings.</p> <p>Discussions with family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori. Complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for Māori. There have been no external complaints received from external authorities.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in</p>	FA	<p>Awanui Rest Home provides care for up to 24 residents at dementia level of care in a secure unit. On the day of the audit there were 23 residents. All residents were under the aged related residential care (ARRC) agreement.</p> <p>Awanui Rest Home is owned by MA HealthCare Group Limited, with</p>

<p>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>the chief executive officer [CEO] and director (chief financial officer [CFO]) having specific roles. They form the governance team with the CFO responsible for financial management. The CEO and the CFO talk daily and meet monthly to discuss strategy, operations, quality and risk. The CEO (registered nurse) provides strategic oversight of Awanui Rest Home and three other sites that have rest home and hospital level of care. The business and care manager provides operational management and leadership of activities at Awanui Rest Home. The business and care manager (registered nurse), reports to the chief executive officer who is regularly on site during the week. A clinical and quality manager was appointed in 2023 across all four services and supports the team with quality and risk management as well as with recruitment and employment.</p> <p>The service has a current business plan developed by the CEO with input from the CFO. This is also discussed with the business and care manager and there are clear business and quality goals to support the documented vision, mission, and values. The business plan is reviewed though the monthly governance meetings. The CEO and business and care manager could describe the company's goals. The CEO provides the lead for clinical governance with support from the business and care manager (RN).</p> <p>The mission of Awanui Rest Home is 'the staff here are a fantastic group of people dedicated to providing quality care for the residents. They are compassionate, empathetic and demonstrate the special attributes required to work in this setting. The model of care sits within this framework and incorporates Māori concept of wellbeing using the Te Whare Tapa Whā model. 'We pride ourselves in giving quality of life to our residents by establishing routines as close as possible to those they would experience at home.'</p> <p>The service has documented links through the Panamasian O Tuia Hui-MOA Mt Wellington who provide input at a governance level and operational level. This includes input into policy and annual service reviews. The business plan aligns with the Ministry of Health strategies , addresses barriers to equitable service delivery and committed to improve wellbeing outcomes for Māori and tāngata whaikaha. The CEO confirmed that family/whanau of residents receiving services are provided with opportunities to participate in</p>
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		<p>the planning and evaluation of service delivery through annual surveys, the complaints management process and meetings. .</p> <p>All staff including the governance team have completed training and are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The CEO and business and care manager state that they will continue to engage with the Panamasian O Tuia Hui – MOA Mt Wellington community two to three times weekly to foster relationships.</p> <p>The business and care manager has managed Awanui Rest Home for six months, is a registered nurse (RN) and is on site 40 hours through the week. The business and care manager has a Post Graduate Certificate in Business Administration and Management, has completed annual training courses conducted by third party providers and is experienced in aged care and management. The business and care manager is supported by managers including RNs at the other three facilities. The business and care manager was supported on the day of audit by the CEO and a business and care manager from another site.</p> <p>The governance body have completed more than eight hours of training related to managing an aged care facility, including cultural training, business courses, and privacy training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Awanui Rest Home has an established and implemented quality and risk management programme. There is a quality and risk management plan (1 January 2025 to 31 December 2025) documented with goals discussed at the monthly quality/staff meeting. The programme includes performance monitoring and benchmarking through internal audits, and through the collection, collation, and analysis of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. All staff have completed cultural safety training to ensure a high-quality service is provided for Māori.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting</p>

	<p>accepted good practice and adhering to relevant standards. A document control system is in place. Policies were initially developed by the CEO with input from managers across the facilities and are regularly reviewed. They have been updated to meet the HDSS:2021 standard. New policies or changes to policy are communicated to staff.</p> <p>There are monthly governance meetings, and monthly quality/staff meetings include the CEO, business and care manager and staff. There is also a 'Stop and Watch ' meeting that is not minuted but that is held every Monday, members attending include clinical leads, RNs and the business and care managers across all four sites. This meeting provides an opportunity to catch up after the weekend and the ensure that any risks are addressed. There is a well implemented internal audit schedule which is now electronically recorded. The quality/staff meeting minutes evidence discussion of quality data and of risk. The agenda includes topics as follows: health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education, internal audits, risk management and satisfaction. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff. A satisfaction survey was undertaken March 2024 with a score of 3.67 out of 4 (15 respondents). An action plan was documented in response to some suggestions made.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all quality/staff meetings. The business and care manager is the health and safety representative (interviewed) who has undertaken health and safety training relevant to the role. Hazard identification forms and an up-to-date hazard and risk register were reviewed. Health and safety policies are implemented and monitored by the health and safety representative and staff. A staff noticeboard keeps staff informed on health and safety issues. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the</p>
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		<p>accident/incident form.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, as evidenced in eleven accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Next of kin are notified following adverse events (confirmed in interviews and documented on the electronic incident and accident register). Opportunities to minimise future risks are identified by the business and care manager who reviews every adverse event.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. One adverse event related to a resident who absconded with police involvement was reported with a Section 31 notification to notify HealthCERT. The service uses the Severity Assessment Code (SAC) to rate risk at each event noting that there have not been any rated as a SAC 1 or 2 to date since the last audit. There was a notification made for a change in business and care manager (not sighted).</p> <p>There have been two outbreaks since the last audit (Covid-19 in June 2024 and norovirus in February 2025), these have been appropriately documented and reported.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The business and care manager (RN) is available Monday to Friday and are on call out of hours. Another RN from a sister facility is able to support the staff if the business and care manager is on leave. Interviews with HCAs, and the management team confirmed that their workload is manageable. Staff and family/whānau are informed when there are changes to staffing levels, as evidenced in staff interviews, quality/staff meetings and family/whānau interviews. The rosters reviewed evidence there are sufficient medication competent HCAs on each shift to support medication administration tasks.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists core</p>

		<p>training, which in 2025 year to date has included cultural awareness, management of challenging behaviour, Medimap and observations, infection prevention and control, nutrition management, pain management, promoting independence, care planning, restraint, skin management and pressure injury prevention, Māori and Pasifika health models. Competencies are completed by staff, which are linked to the education and training programme. Competencies sighted as being completed annually in staff files reviewed included hand hygiene, medications, infection prevention and control, restraint minimisation, Māori and cultural. A record of completion is maintained.</p> <p>Of the nine HCAs, seven have attained their dementia standards, and two are in training and in progress to complete the training in the required timeframe.</p> <p>The business and care manager completes the same competencies as other care staff, as well as an interRAI assessment competency. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Both the Board meetings and the quality/staff meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Wellbeing programmes include offering one to one assistance, shared of food as part of everyday life, and generally providing kind supportive and encouraging leadership.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored in hard copy. Five staff files reviewed (one business and care manager, three healthcare assistants, cook) evidenced implementation of the recruitment process, employment contracts, and police checking.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>achieved in each position. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (e.g., restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatrist, and dietitian). The appraisal policy is implemented. The staff files reviewed evidenced staff who had been employed for over a year, have an annual appraisal completed (last completed for all in November 2024).</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori. The service is putting all documentation related to human resources onto a new electronic system. Staff records reviewed showed evidence that orientation had been completed for new staff employed.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room/ scanned in and are easily retrievable when required.</p>

		Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<p>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 about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The business and care manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with family/whānau during the admission process and declining entry would be if the service had no beds available or the potential resident had not been assessed as requiring dementia level of care. Potential residents' family/whānau are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Awanui Rest Home is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and liaison with Panamasian O Tuia Hui – MOA Mt Wellington.</p>
Subsection 3.2: My pathway to wellbeing	PA Low	Five files were reviewed for this audit. The business and care manager (a registered nurse) is responsible for conducting all

<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>assessments and for the development of care plans. When possible, family/whānau are involved in the assessment, care planning and review process as evidenced in the files reviewed.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pasifika health care plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All but one file reviewed had interRAI assessments completed. All but one long-term care plan was completed. Where long-term care plans were completed, they include interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. There is also behaviour care plan with prevention-based strategies for minimising episodes of challenging behaviours and a description of how the behaviour of the resident is best managed.</p> <p>An activities care plan is implemented and provide a description of the activities that meet each resident's needs in relation to individual diversional, motivational, and recreational therapy during the 24-hour period. The activities care plan is evaluated at the same time as the long-term care plan.</p> <p>Short-term care plans for infections weight loss and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>An independent general practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. The GP provides on-call service for after hours and visits the facility every two weeks. The business and care manager is available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and stated that staff were caring with residents whose behaviour could be challenging Specialist referrals are initiated as needed. An independent</p>
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		<p>physiotherapist and a dietitian can be contacted as required. A podiatrist visits six to eight weekly. The facility has a close liaison with the mental health services for older people.</p> <p>Health care assistants and the business and care manager interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by the health care assistants. The business and care manager further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>When a resident's condition alters, the staff alert the business and care manager who then initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>There are currently no wounds or pressure injuries. Any wounds are documented in a short- term care plan. The health care assistants and business and care manager interviewed confirmed there are adequate clinical supplies and equipment provided, including continence and wound care supplies.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Health care assistants and the business and care manager complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour and blood glucose levels. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head and an escalation pathway is implemented when a resident refused continuation of observations.</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</p>	<p>FA</p>	<p>There is one activities coordinator in training to complete the diversional therapy certificate who is supported by a consultant diversional therapist who visits once weekly. The programme is supported by the HCAs and the Panamasian O Tuia Hui – MOA Mt</p>

<p>activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>Wellington who come in at least once a week to engage with residents.</p> <p>The programme is planned monthly and weekly. The monthly calendar is placed in large print on a wall in the foyer. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Waitangi weekend, Māori language week and Matariki. A Māori and Pasifika cultural group visit frequently to chat and sing with residents and residents visit their marae.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. There is a set programme, but all staff are very aware that this programme needs to be flexible. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits; however, the majority of the residents engaged in the programme. There is a conservatory off the main lounge and chairs grouped in the foyer, where residents can choose to sit and have quiet time.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; music and movement; crafts; games; quizzes; entertainers; bingo; happy hour; and movies. There are regular van drives for outings, regular entertainers visiting the residents, and an interdenominational church service every Sunday. The van outings are short for those with a short attention span. There is a facility cat and pet rabbit.</p> <p>Activities staff rely on feedback from other staff and family/whānau. Family/whānau can also provide feedback on activities at the six-monthly reviews. Family/whānau interviewed stated the activity programme is meaningful and engaging. Family/whānau acknowledged the difficulties in a dementia unit but said staff did an 'amazing job'.</p>
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<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>A medication management policy is available for safe medicine management 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.</p> <p>Staff were observed to be safely administering medications. The business and care manager and HCAs interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in a locked trolley in the nurses' station. Medication trolleys were always locked when not in use. The medication fridge and nurses station temperatures are monitored daily. Extra supplies are kept in a locked cupboard. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart. There are currently none in use. Standing orders are not in use.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Due to the nature of the service and level of care of the residents, there are no opportunities to self-administer medications.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent healthcare assistants or the business and care manager sign when the medication has been administered. There are no vaccines kept on site.</p> <p>Family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is</p>

		<p>documented in the progress notes.</p> <p>The business and care manager described the process to work in partnership with family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Family/ whānau are supported to understand their family member's medications when required.</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. There is a cook who works Monday to Friday and a relieving cook at the weekends. They are helped by the HCAs who support residents to eat and help serve meals. All have completed safe food handling education.</p> <p>The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was verified 18 December 2024.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian. There is a food services manual available in the kitchen. The cooks receive resident dietary information from the business and care manager and are notified of any changes to dietary requirements (vegetarian, diabetic) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whanau can bring special meals for their relatives. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. HCAs interviewed understand tikanga guidelines in terms of everyday practice.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures 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 served directly from the kitchen to the dining room.</p>

		<p>Residents were observed enjoying their meals and some commented that the meal was nice. Staff were observed assisting residents with meals in the dining area where required. Encouragement is given to stay seated for those residents who wander/constantly walk. Modified utensils are available for residents to maintain independence if required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The business and care manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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 24 February 2026. There is a maintenance person (who also gardens) who works five days a week Monday to Friday to address day to day repairs and complete planned maintenance. Maintenance requests are documented in a maintenance book in the nurse's station. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (completed January 2005). Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range a plumber is notified. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment was completed March 2025.</p> <p>The dementia unit is secure. The service has recently renewed all flooring, and the facility now has non-slip vinyl throughout. There is adequate space for storage of mobility equipment. Residents are</p>

		<p>encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and can personalise their room. All rooms are single and all have handbasins. The residents share communal toilets and showers. All doors are labelled, and the toilet doors are painted red to make recognition easier. Residents were observed moving freely around the areas with mobility aids where required. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and communal toilets and showers. The hallways are wide. There is a large lounge where activities take place. There is a conservatory and sensory room off this where residents can have quiet time. There are sufficient communal toilets situated in close proximity to communal areas. There is a large dining room off the kitchen.</p> <p>There are secure outdoor areas with outdoor seating, shaded areas and a raised garden. The entire outdoor area is safely fenced. There is a long looped pathway which circles the entire facility that promotes for safe wandering. The front courtyard is called 'Memory Lane,' there are items such as a telephone box, a post box, a stop sign and a sign saying farm- fresh eggs available.</p> <p>The building is appropriately heated and ventilated. There are electric wall panel heaters in each room. There is ample natural light in the rooms.</p> <p>The business and care home manager described how links with Panamasian O Tuia Hui – MOA Mt Wellington would be used to ensure the designs and environments reflect the aspirations and identity of Māori in any new construction.</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>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. A fire evacuation plan is in place that has been approved by Fire and</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>Emergency New Zealand. Fire evacuation drills are held six-monthly, and one was last completed January 2025. Civil defence supplies are stored in an identified cupboard and are checked six-monthly. There are gas barbeques to cook on. There is appropriate access to a generator when required. There is an adequate food supply available for each resident to last for two weeks and there are five litres of water per person.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells and sensor mats in the residents' rooms, communal toilets/showers and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. The facility is secured and there are security cameras both internally in hallways and the lounge area and externally.</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>	<p>FA</p>	<p>Infection prevention and control is part of the strategic and quality plans. The CEO receives monthly reports from the business and care manager (IP&C coordinator) on progress towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS), including any significant infection events. Infection control data is also reviewed by the CEO and RNs at the weekly Stop and Watch meetings and benchmarked internally.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand.</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>PA Low</p>	<p>The business and care manager (registered nurse) is the infection prevention and control (IPC) coordinator, and they oversee infection control and prevention across the service, with support from the CEO as needed. The job description outlines the responsibility of the</p>

<p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>role. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the quality, risk, and incident reporting system. Infection control audits are conducted. Infection rates are presented and discussed at staff/quality meetings. The infection prevention and control programme has not been reviewed in the last 12 months.</p> <p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is also an outbreak management plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the CEO and all policies are available to staff. The IPC coordinator has input into other related clinical policies.</p> <p>The IPC coordinator has completed education at their previous place of work (aged care facility). They have also completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good internal support from the CEO and external support from the GP, laboratory, and Health New Zealand IPC nurse specialist should this be required. There is enough personal protective equipment (PPE) available as sighted during the audit.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. There has been additional training and education around pandemic responses and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through meetings and emails on relevant policies when they are implemented e.g. policies and procedures used during the two outbreaks. Posters regarding good infection control practice were displayed in English, and te reo Māori.</p>
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		<p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>There are policies that include aseptic techniques for the management of wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables and personal protective equipment (PPE), in collaboration with the CEO. The business and care manager or CEO would liaise with Panamasian O Tuia Hui – MOA Mt Wellington contacts should the design of any new building or significant change be proposed to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The IPC coordinator monitors use of antimicrobial agents and reports to the CEO on use. The service has antimicrobial use policy and procedures and monitors 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 size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meetings and discussed at the Stop and Watch meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and the IPC coordinator discuss use of antimicrobials as part of the three-monthly review or as required.</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Awanui Rest Home infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections</p>

<p>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>		<p>(including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends.</p> <p>Infection control surveillance is discussed at the staff/quality, with the monthly report submitted by the business and care manager (IPC coordinator) to the CEO. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>There have been two outbreaks since the last audit (Covid-19 in June 2024 and norovirus in February 2025). The facility followed the outbreak management plan and policy. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with all relevant parties. Staff wore personal protective equipment, and family/whānau were kept informed by phone or email. Visiting was restricted. All communications documented between residents and family/whānau were performed in a culturally sensitive manner.</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 kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is managed on site, with duties shared by the HCAs on morning and afternoon shift. The HCAs have dedicated time to complete laundry and cleaning duties. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the</p>

		<p>linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and the staff interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control.</p> <p>The site was clean on the day of audit. Surfaces are made of products that are easy to clean, and this has been helped by the replacement of the floor surface in all wet areas. The IPC coordinator monitors laundry and cleaning of the facility. 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>The facility is committed to providing services to residents without use of restraint. The 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. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator is the business and care manager (RN). There are currently no restraints.</p> <p>The restraint free strategies are reviewed monthly by the restraint coordinator and reported at the quality/staff meetings. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	An initial assessment and care plan is completed for all residents within 24 hours of admission. Not all files had an initial interRAI assessment completed within the required timeframes. Those residents that been in the facility for more than six months had a reassessment interRAI is completed six monthly or earlier as required. Not all long-term care plans were completed within three weeks of admission . Longterm care plans reviewed are based on information from the interRAI assessment. After the six monthly interRAI reassessment changes to the care plan are implemented as required.	<p>(i).One resident (admitted three months ago) has no long-term care plan documented within the required timeframe.</p> <p>(ii). One resident has not had an interRAI assessment or care-plan completed within the three-week time frame post admission (initial assessment and plan completed).</p>	<p>(i)-(ii). Ensure the initial interRAI assessments and care planning processes comply with the timeframes required by the ARRC.</p> <p>90 days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a</p>	PA Low	An annual review of the infection prevention and control programme was last documented	An annual review of the 2024 infection prevention	Ensure the 2024 infection prevention and

<p>clearly defined and documented IP programme that shall be:</p> <ul style="list-style-type: none"> (a) Developed by those with IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually. 		<p>in January 2024 for the 2023 year. An annual review of the programme for 2024 has not yet been documented.</p>	<p>and control programme has not been completed.</p>	<p>control programme is reviewed for effectiveness.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.