

Tuapeka Community Health Company Limited - Tuapeka Community Health

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:	Tuapeka Community Health Company Limited
Premises audited:	Tuapeka Community Health
Services audited:	Hospital services - Medical services; Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 April 2025 End date: 11 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:	5

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

Tuapeka Community Health is certified to provide rest home care for up to five permanent rest home level residents. There are also two beds funded by Health New Zealand which can be used for rest home or hospital (medical) residents for respite care or short-term periods. There were five rest home residents on the days of the audit (one was a resident receiving respite care).

The manager (non-clinical) is supported by registered nurses and healthcare assistants. This certification audit was conducted against 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 residents, family/whānau, management, staff, and a general practitioner. A number of environmental improvements have been made including a new boiler, repainting, a new smart television, new sun blinds, extended the dining area and new laundry equipment.

The registered nurses are responsible for clinical governance, they report to the manager who reports to the board and the board has access to the general practitioner. Residents and family/whānau interviewed responded positively about the care and support provided.

This audit identified that the service meets the Standard and has been awarded a continuous improvement rating for the management of urinary tract infections.

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.
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Residents and family/whānau are informed of their rights according to Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Tuapeka Community Health has connections with local iwi and has a documented Māori health plan. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive Te Tiriti o Waitangi, tikanga Māori, and health equity training from a Māori perspective. The informed consent process is well understood and implemented by staff. Complaint processes are equitable, with complaints promptly resolved in collaboration with family/whānau.

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.
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A documented business plan (2024-2025) with a mission, philosophy, and objectives is in place. Tuapeka Community Health has implemented quality and risk management systems, with internal audits and meetings occurring as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough orientation programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

Residents are assessed by the Needs Assessment Service Coordination prior to entry as needing rest home care. Accurate information is available in an information pack and on the website. Prior to entry, residents and their family/whānau are able to visit the facility and meet with staff.

On the day of admission, the registered nurse undertakes a detailed and holistic assessment to identify residents' needs and preferences. From this, an initial care plan is developed. Within three weeks, a long-term care plan is developed in collaboration with the resident and their family/whānau. Medical care is provided by the general practitioner who sees residents within one week of entry and three-monthly thereafter. A multidisciplinary approach is taken in evaluating care plans and residents and family/whānau have input into care plan evaluation. Clinical notes are fully integrated, with all members of the multidisciplinary team contributing.

Both group and individual activities are planned by an activities coordinator who identifies residents' interests and aspirations. Activities are aimed at enhancing physical strength, balance, mental and social wellbeing. Outings in the van are provided so residents continue to be part of the wider community.

Medication management is safe and complies with legislation. Staff are competency assessed on an annual basis. Changes in medications are discussed with residents and their family/whānau.

All meals are prepared on site by cooks and health care assistants who have completed food safety training. The menu is reviewed by a registered dietitian and varies according to the season. The kitchen is well organised and clean. Nutritional supplements prescribed by a dietitian or general practitioner are available.

Transfer and discharge are planned processes that are communicated to residents and family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness. The building and grounds are well maintained. Equipment is checked and maintained. There is an approved evacuation scheme. Staff complete security checks are done to ensure the building is secure at night. There is sufficient drinking water, food, and supplies in the event of a disaster. A generator is on site and is able to provide power for the whole facility in the event of the main supply is not available. Security is maintained to safeguard 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.		Subsections applicable to this service fully attained.
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The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the directors, and integrated into the quality improvement system. There is a documented outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained. A registered nurse oversees infection surveillance, sharing infection control data with staff, and ensures that the general practitioner's recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are

confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

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.

Governance is committed to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility does not have residents currently using restraint. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around management of challenging behaviour.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan and policy describes Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Tuapeka Community Health has established connections with local iwi. The manager reported during interview that they can access cultural support and guidance from these established relationships with local maraes.</p> <p>The recruitment policy includes provision of an equitable recruitment process. The manager confirmed at interview the service supports a Māori workforce through an equitable recruitment process. There were staff identified as Māori at the time of the audit (however, no residents).</p> <p>Staff have received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori and to ensure the services are operating in ways that are culturally safe. The board has access to a Māori advisor with links to the Tokomairiro Wairoa Kaupapa Māori health service in South Otago.</p> <p>Interviews with ten staff (four registered nurses, two healthcare assistants (HCAs), one activities coordinator, one maintenance person, one cleaner and one relief cook) confirmed that mana motuhake is respected and they are well-equipped to deliver</p>

		equitable services.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific health plan is in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is facilitated by Pacific staff members.</p> <p>Interviews with the manager, registered nurses and staff confirmed they understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. There are equitable recruitment and education processes to recruit and upskill Pacific staff.</p> <p>At the time of the audit, there were no residents who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights.</p> <p>Interviews with four rest home level and one respite resident and four family/whānau (three rest home and one respite) and staff confirmed staff are respectful and considerate of residents' rights in line with the Code. The registered nurses confirmed the involvement of independent advocacy when required. Residents meet with the manager regularly with a formal meeting six monthly which provides opportunity for residents to voice their preferences regarding various aspects of the home, including food and activities. The meeting minutes (sighted) evidenced residents' wishes are conveyed to management. Documented evidence shows that the service follows</p>

		<p>up on raised issues. The service actively supports and encourages family/whānau engagement and welcomes visits. The business plan recognise Māori mana Motuhake and this is reflective in the care planning process (when Māori is admitted).</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Resident file reviews and interviews with staff, residents and family/whānau confirmed Tuapeka Community Health is inclusive of each resident’s identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal preferences are supported, which was observed during the audit and reflected in individualised care plans.</p> <p>In interviews, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work practices. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language, and mana motuhake.</p> <p>Māori cultural days are celebrated and include Matariki and Māori language week. Staff received training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, 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>Te reo Māori signage was visible throughout the facility, and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff demonstrated a clear understanding of the service’s policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident, or family/whānau interviews, or in the reviewed documentation.</p> <p>Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported their property is respected, and professional boundaries are consistently maintained. The service follows a process of managing residents’ finances through invoicing. Residents maintain a comfort account to avoid handling cash.</p> <p>Internal audits of the Code of Rights and cultural values were conducted to ensure compliance. The results confirmed that residents’ needs are being met, with audit reports showing full compliance in these areas. Additionally, the staff satisfaction survey revealed high levels of satisfaction with communication, a safe work environment, and the absence of a bullying culture. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented, ensuring wellbeing outcomes for Māori is achieved when in care.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about</p>	<p>FA</p>	<p>Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective, and they felt listened to. They expressed the ability to raise concerns with staff and management and consistently felt heard and understood. Residents and family/whānau received information by email, newsletters and other preferred methods of communication. Residents and family/whānau stated the manager is available and accessible to discuss any issues.</p>

<p>their choices.</p>		<p>Residents and family/whānau are informed of other agencies involvement in the care. Progress notes evidence communication with family/whānau.</p> <p>Review of five incident/accident forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the Enduring Power of Attorney (EPOA) were kept current, with a secondary contact noted when the EPOA was unavailable. A general practitioner (GP) interview confirmed timely communication and appropriate follow ups. Information regarding who to speak with is provided to residents and family/whānau on admission.</p> <p>The registered nurses described the process where residents and family/whānau had time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Tuapeka Community Health has access to interpreter services and cultural advisors/advocates when required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their 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 documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Five resident files were reviewed (five rest home including one on respite care) and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. Specific consent has been signed by the resident or their EPOA for procedures such as influenza and Covid-19 vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on</p>

		<p>file.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the HCAs and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, including informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The registered nurse and manager have a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The manager and registered nurses when interviewed stated they have a good understanding of including residents and family/whānau in decision making and complaints register containing all appropriate documentation is maintained by the manager.</p> <p>There have been two complaints in 2025 and none in 2024. A process is in place to manage complaints in a responsive manner and complaints are investigated and resolved in accordance with guidelines set by the Health and Disability Commissioner (HDC). Complaints reviewed were closed off to the satisfaction of the complainants.</p> <p>There were no complaints from external agencies since the previous audit. Compliments for 2024 and year to date were sighted on the day of audit.</p> <p>The welcome pack includes comprehensive information on the</p>

		<p>process for making a complaint, which complies with the Code. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>The complaints process is equitable for Māori. The manager and registered nurses are aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Tuapeka Community Health is a community-owned medical centre and rest home in Lawrence. The service provide high-quality medical care and community health services to the Tuapeka community. Tuapeka Community Health holds contracts with Health New Zealand to also provide rest home services across five beds. Furthermore, there are two dedicated respite beds funded by Health New Zealand which can be used for rest home or hospital (medical) residents for respite care or short-term periods. On the days of audit, there were five rest home residents in the facility including one on respite care. All other residents were funded through the age-related residential care (ARRC) contract.</p> <p>Tuapeka Community Health has a 2024-2025 business plan that includes a mission, philosophy, and objectives of the service. The business and quality plans are regularly reviewed against set goals. Tuapeka Community Health documented annual goals and objectives support outcomes to achieve equity for Māori and tāngata whaikaha and address barriers to equitable service delivery.</p> <p>Board meetings occur two monthly and include a professional director and three other directors, and the manager. The board has a term of reference, this forms part of the suite of governance policies. On interview, the chair of the board confirmed to be knowledgeable and have a commitment towards legislative, contractual, and regulatory requirements. The board chair is available at any time to the manager. The manager provides a comprehensive monthly</p>

	<p>report regarding all aspects of the rest home and health centre services, which is reviewed and discussed. The clinical governance structure is appropriate for the service and include a general practitioner and four senior registered nurses who work together to provide the manager and board with clinical oversight.</p> <p>The manager and registered nurses are knowledgeable around contractual and legislative requirements and have completed cultural training and demonstrated an understanding of Te Tiriti o Waitangi, health equity and support meaningful inclusion of Māori to ensure the service's values and goals reflect the needs of Māori. The board has access to a Māori advisor with links to the Tokomairiro Wairoa Kaupapa Māori health service in South Otago. Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys and resident meetings.</p> <p>The manager has been in the role since June 2021, has a background of information technology, business and support, and is responsible for the day to day running of the rest home and medical centre. The manager attends relevant meetings, training and conferences and has exceeded eight hours of training. The manager is supported by a part-time quality assurance administrator, who has an administration background and setting up policies and procedures. The quality assurance administrator completes all non-clinical internal audits and oversees quality systems. They are supported by four registered nurses who collectively also undertake roles as district nurses, practice nurse roles and provide nursing services to the community and a team of experienced HCAs.</p> <p>One of the four registered nurses is allocated to the aged care facility each day. There are regular meetings with the manager related to day-to-day operational activities and reporting on the quality and risk management programme, including meetings; training; health and safety; infection prevention and control; staffing; internal audits; complaints (if any); cultural safety; and survey results. Auditors observed the manager actively interacting with residents and family/whānau, demonstrating a thorough understanding of the daily operations of the service.</p>
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<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>Tuapeka Community Health has implemented a comprehensive quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. Policies and procedures are up to date. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Any issues that arise in the audits are signed off and discussed at staff meetings The service collects and collates monthly data on falls incidence and accidents, and any injuries or harm sustained during a fall such as skin tears. The service has adopted a multi-disciplinary team approach to reducing falls in their resident cohort. Incident and accident data collected as part of the falls prevention programme has seen a decrease in falls. A continuous improvement rating has been awarded for the surveillance and management of urinary tract infections (UTIs) [link5.4.4]. Regular meetings occur to evidence a collaborative approach to manage the quality and risk programme. Comparing monthly clinical indicator data provide an avenue for critical analysis of organisational practices.</p> <p>Resident and family/whānau satisfaction surveys are conducted annually with results indicating high levels of satisfaction with the service. Policies and procedures are available on the electronic system, and staff confirmed they can access these documents as needed.</p> <p>Each incident/accident is documented in the resident management system. Five incident/accidents were reviewed and indicated the forms are completed in full and signed off by the registered nurses. Incident and accident data is collated monthly and reported in the monthly staff/management meetings. Any external and internal risks and opportunities are identified and a plan is developed to respond to them.</p> <p>Health and safety meetings occur six-monthly, with an annual health and safety walk around which includes the board members. A monthly health and safety report is included in the manager report to the board and information is shared as well as reported and discussed as part of the integrated staff and management team</p>

		<p>meetings, these meetings include a review of all quality data. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation and annually. The hazard and risk register is reviewed six monthly was reviewed in February 2025.</p> <p>Discussions with the registered nurses, and manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 or notifications to the Health Safety Quality Commission.</p> <p>Tuapeka Community Health has established connections with local marae. The manager advised there is access to local iwi to provide essential cultural support and guidance, ensuring culturally appropriate care. Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Staff interviewed reported adequate staffing and support from the registered nurses who are on site each weekday 0830 to 1500 hours and each weekend day a registered nurse does a four-hour shift. Residents and family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs.</p> <p>The registered nurses provide seven day on-call service, with the registered nurse available to attend on site if required. The manager is available for non-clinical issues after hours. The level four HCAs work as team leaders and have received additional training and competencies to support their clinical decision making, with the support of the manager.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority qualifications. Four HCAs have New</p>

		<p>Zealand Certificates in Health and Wellbeing Level four, two are at level three, and one HCA is enrolled and training towards level three through Careerforce. One HCA was an overseas RN . There is a comprehensive annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older people. Staff knowledge was checked by completing competency assessments. The orientation package has a range of competencies which staff are required to complete as part of their orientation. Staff who administer medication complete annual medication competency assessments and a record of completion is maintained.</p> <p>Staff training records showed that they completed training related to Māori health outcomes and disparities, and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing, with staff having access to resources and online modules.</p> <p>All registered nurses maintain their training requirements (one is interRAI trained). Staff reported a positive work environment and an employee assistance programme is available to them, when required.</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>	FA	<p>Human resource policies are in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Tuapeka Community Health demonstrated that the orientation programme supports registered nurses, HCAs, to provide a culturally safe environment to Māori. Staff performance</p>

		<p>appraisals were completed annually.</p> <p>All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded.</p> <p>The results of annual staff satisfaction survey and staff interviews indicate that staff feel supported in their roles. Communication and teamwork were rated positively, and staff feel comfortable discussing any issues with the registered nurse, or manager. The manager reported that debrief and discussion occur following any incidents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident records, including medication management system and staff files, are stored electronically. There is a resident management system and a medication management system that are secure and require user identification and passwords to access.</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 and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus</p>	FA	<p>Prospective residents are assessed by the needs assessment service coordination, as requiring rest home care or short - term respite care. Prior to entry, prospective residents and their family/whānau are invited to visit the facility and meet with staff. An information pack is available for them to take away and there is further information available on the internet.</p> <p>The admission, discharge and transfer policy specify the entry criteria, and the processes and documentation required on</p>

<p>on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>admission. The policy specifies the admission process must comply with legislation, particularly maintaining a person's right to be kept informed and to respect their dignity, beliefs, and values.</p> <p>If a prospective resident does not meet the entry criteria, they and their family/whānau are informed and referred to needs assessment service coordination. Staff collect data on admissions and declined entries and this data includes ethnicity. Information, including the Code, is displayed in the entranceway in English and te reo Māori. The service has established links with local Māori to support Māori residents and their whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed, including four rest home and one respite resident. All showed an initial assessment is completed on the day of admission by the registered nurse. The initial assessment includes the use of validated assessment tools. From the initial assessments, an initial care plan is developed that outlines the resident's needs and supports required. Family/whānau interviewed confirmed they were involved in the initial assessment and care planning process. A registered nurse completes interRAI assessments for residents, who require these on admission.</p> <p>Within three weeks of admission, a detailed long-term care plan is developed which covers all medical, social, cultural, and spiritual needs and preferences and care for individual medical conditions. Long-term care plans are reviewed at six-monthly intervals following the interRAI reassessment by the registered nurse. Family/whānau and residents interviewed confirmed they are involved in care plan reviews. The registered nurse consults HCAs, and the activities coordinator when reviewing care plans. Where new needs are identified or the condition of a resident changes, the care plan is updated to reflect current needs and goals. Interventions are documented in detail to meet each resident's individual needs and guide in risk management and early warning signs. Short-term care plans are used to address short-term needs such as wounds or infections.</p> <p>Between shifts there was handover and any concerns are</p>

	<p>communicated. Progress notes are documented by staff every shift. Registered nurses also complete a weekly review of each resident and record this in the progress notes.</p> <p>Medical care is provided by the Tuapeka Community Health medical centre general practitioner who does an initial assessment within five working days. The registered nurses provide after-hours on-call service with back up from the GP when required. The GP attends to residents to undertake three-monthly medical and medication reviews and to see those who needed to be assessed sooner than three months. If there were any changes to medications, the GP stated they would talk to the family/whānau. They were also involved in advanced care planning discussions with family/whānau and residents. They confirmed staff communicate with them in a timely manner if the condition of a resident changes. All resident's files reviewed evidenced six weekly podiatrist visits. If needed, the registered nurse could refer residents to a community physiotherapist.</p> <p>The activities coordinator completes an assessment of hobbies, interests and life experiences and uses this information to develop a care plan for group and individual activities. All files reviewed included information about the residents' life experiences and significant events. This information is obtained from the resident and their family/whānau.</p> <p>Monitoring charts sighted in resident's files include monthly vital signs, weights, and blood sugars, as per care plans when indicated. At the time of the audit, there were no wounds being treated and no pressure injuries. Wound care plans reviewed for past wounds included wound assessments, interventions and evaluations being done at each dressing change. The registered nurse confirmed when needed they could refer more complex wounds to a nurse specialist.</p> <p>The Māori health and cultural safety policy requires staff to follow tikanga best practice and to consult Māori and their whānau during all stages of service delivery. It specified services are to be free of discrimination and there are to be no barriers for Māori receiving services. The registered nurses interviewed described removing barriers so all residents have access to information and services required, to promote independence and working alongside residents</p>
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		and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities coordinator started in their role in November 2024 and works 10 hour per week. Individual activities care plans are completed, in consultation with residents and their family/whānau. The activities coordinator plans group and individual activities and records residents' participation in activities.</p> <p>Monthly activity schedules were sighted and showed a range of activities are available to enhance physical strength and balance with steady as you go programme in place, mental stimulation, social engagement, and enjoyment of life. Activities include celebrating seasonal events. A van is used to transport residents on van outings. For residents who choose not to participate in group activities, individual activities such as card games, puzzles and reminiscing are provided. The facility maintains connections with their local community and events involving the community are facilitated at Tuapeka Community Health.</p> <p>During the audit, residents were seen to be enjoying an exercise group and housie in the rest home. Te reo Māori is incorporated into activities. On weekends, staff provide activities and can access the activities resources and have movies available to play. Tea o Māori is facilitated through the activities programme.</p> <p>Residents confirmed they are consulted about their interests and aspirations and can choose if they wish to participate.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current</p>	FA	<p>The medication management policy and protocol is in accordance with current legislation and guidelines. An electronic system is in use for documenting photographic identity, prescriptions, administration, and allergies/adverse effects. Staff complete annual training and competency assessment by the registered nurse. Completed and current competencies were sighted in staff files.</p> <p>An agreement with a local pharmacy for supply of medicines was</p>

<p>legislative requirements and safe practice guidelines.</p>		<p>sighted. When medicines arrive at the facility, they are checked against the medication chart. Medications are individually packed in a blister pack system. The GP prescribes all medications, including over-the-counter supplements. When there are medication changes, the family/whānau and residents are kept informed of the reasons and potential side effects.</p> <p>A medication round was observed in the rest home. Staff were seen to be following the policy and administering medications safely. Staff were observed to explain to residents what medication they were being administered. Medicines are stored in a locked cupboard. There is a dedicated medication refrigerator, and the temperature is recorded daily and seen to be within an acceptable range. Expired and no-longer used medications are returned to the pharmacy for disposal. Weekly stocktakes and medication reconciliation are done and signed by two staff. `As required` medication is administered as prescribed and effectiveness of the medication is recorded in the progress notes.</p> <p>The policy covers safe self-administration of medication. At the time of the audit, there was one resident self-administering their medications; all assessments for this had been completed and residents had a secure place to keep medications. There are standing orders that comply with the Ministry of Health guidelines for standing orders, other medications are kept in the medical centre.</p> <p>The registered nurses work in partnership with residents and the general practitioner to ensure residents have access to their regular medications and over-the-counter supplements. Residents interviewed confirmed they are involved in review of their medications. At the time of the audit there were no residents who identified as Māori; however, the registered nurse could describe providing support and advice to all residents regarding their medications and side effects.</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>FA</p>	<p>All meals and baking are done on site by two cooks who share the role Monday to Friday. Health care assistants prepare, cook and serve food over the weekends. All staff involved in food service have</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>been orientated to the service and role and have completed food safety training. Kitchen staff were seen to be wearing appropriate personal protective clothing.</p> <p>Meals are prepared in the kitchen where food is plated and covered and transported on a trolley to the rest home dining room. The dining area has recently been extended with a new dining table and chairs and sun blinds which have all contributed to an improved dining experience.</p> <p>Residents are asked on admission about their food preferences, intolerances and cultural needs and this information is communicated to the cooks. The menu is seasonal and there is a four-week cycle for each season. The menu was last reviewed by a registered external dietitian in October 2024. Residents interviewed confirmed they enjoy the meals. Residents and family/whānau are asked to give feedback on the meals as part of an annual survey.</p> <p>The food control plan expires in February 2026. The kitchen was observed to be clean and well organised. Dry stored pantry and refrigerator items are labelled with the dates they are opened. Refrigerator and freezer temperatures are monitored daily and maintained at an acceptable temperature. Specialised utensils are available when required.</p> <p>Residents are weighed monthly and if there is loss in weight, consultation occurs with the general practitioner. The service has access to a dietitian. Food supplements are provided where prescribed. Staff demonstrated their knowledge of tikanga in relation to food management.</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>FA</p>	<p>The admission, discharge and transfer policies specify the process and required documentation for transfer and discharge. Interview with the registered nurses confirmed transfer and discharge is a planned process that includes discussion with the resident and their family/whānau. If they are transferring to a higher level of care, the Needs Assessment Service Coordination completes a re-assessment and family/whānau are informed of their options for</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>entering another aged care facility.</p> <p>Prior to transfer or discharge, the interRAI is updated and handover occurs between the registered nurse and other facility. Medication charts, interRAI documents, enduring power of attorney documents, and resuscitation status are sent with the resident and family/whānau. Where residents wish to be or need to be seen by another health and disability service, including Kaupapa Māori agencies, a referral is made. Staff keep a list of contact details of other health and disability services in the area. At the time of the audit, the service had no residents who identified as Māori.</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 warrant of fitness is current to 13 December 2025.</p> <p>There is a maintenance schedule in place for regular maintenance of the building, grounds, and equipment. If equipment needs repair or a hazard is identified, this is entered into a maintenance book and remedied as soon as possible. Electrical equipment is tested and tagged annually and was last done 25 November 2024. Hot water temperatures are monitored and within the acceptable ranges.</p> <p>The facility is an old building which also houses the medical centre, it is well appointed and well maintained. The environment is inclusive of peoples' cultures and supports cultural practices. Residents are able to bring their own personal belongings and items for their room. There are handrails in the hallways, stairways, toilets, and showers. A number of environmental improvements have taken place since the previous audit: a new diesel boiler, the lounge has been repainted and the hallways and bedrooms are currently being repainted, new dining furniture, sun blinds in and lounge and dining area, a new smart television, and new washing machines.</p> <p>There is a servery and dining area (this has recently been extended) and opens into a large lounge and a further sitting/sunroom area, with comfortable seating. An extra small lounge is being developed so residents can sit if they want to be alone or to visit with family/whānau. There is safe access to the outdoors with seating and shade.</p> <p>There are sufficient toilets and showers with clear written signage</p>

		<p>when in use. Staff have a separate bathroom.</p> <p>Bedrooms are spacious enough for residents to move freely and have their own chairs and personal belongings. All bedrooms have an external window, and the facility is warm ,dry with appropriate heating and ventilation.</p> <p>The service has no plans to expand or alter the building, the manager at interview was aware of their obligations to consider how design and the environment reflects the aspirations and identity of 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 emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation notices are posted around the building. The fire plan was approved in June 1997. Records show fire drills are held six-monthly; the last fire drill was 12 November 2024 (one is planned for May 2025). Staff are trained in emergency procedures. Fire extinguishers were sighted in the hallways and in the kitchen; there is also a fire blanket. Evacuation procedures were explained to the auditors before the opening meeting.</p> <p>Current first aid certificates were sighted in staff files , with at least one person with a current first aid certificate on each shift. Call bells are located in each bedroom. Residents confirmed call bells are answered promptly.</p> <p>The van used to transport residents has a current warrant of fitness and registration. There is a first aid kit inside the van which is checked and restocked as required.</p> <p>A 2000 litre water storage tank is available for emergency use. Additionally, a diesel generator with an automatic transfer switch is available to address power disruptions. The generator automatically starts 30 seconds after the loss of mains power. There is an adequate supply of non-perishable food stored, along with extra blankets and dressing supplies. Civil defence equipment is stored in cupboard is maintained and checked six - monthly.</p> <p>Staff check each evening to ensure the building is secure. The facility is locked at night and if there is a breach of security, staff phone the police. There is lighting in the carpark. Security</p>

		arrangements are explained to staff, residents and visitors. Staff are identifiable.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and control programme and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, is approved by the directors and is linked to the quality improvement system. The manager provides daily input to the facility and supports the infection prevention and control activities within the service. Any infection issues are reported to the directors at defined intervals, which includes escalation of significant incidents. Directors receive information related to infection prevention and control data, including the annual review of the programme. This was confirmed in an interview with the manager. The service has access to an infection prevention and control clinical nurse specialist from the local 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>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality improvement system and reported on annually. A registered nurse is the infection prevention and control coordinator. The infection prevention and control coordinator has completed external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. There is a signed position description for the infection prevention and control role. The infection prevention and control policies have been developed by an external provider. The procedures and policies reflect the requirements of the standard and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that may impact on HAI risk.</p> <p>Staff became thoroughly familiar with policies through comprehensive training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly residents who independently undertake community visits and are</p>

		<p>informed about respiratory illnesses.</p> <p>Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and which was audited to ensure its safe working state and regular decontamination.</p> <p>There is a pandemic plan. An outbreak response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p> <p>The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control.</p> <p>The manager understands the process of involvement should there be plans for further development and ongoing refurbishments of the building. The manager and registered nurses procure all equipment and consumables.</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 service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The registered nurses and the general practitioner monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates and antimicrobial use are monitored monthly and presented at meetings. Prophylactic use of antibiotics is deemed inappropriate and is actively discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections</p>

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the integrated staff /management meetings. Residents and staff are offered influenza and Covid-19 vaccinations.</p> <p>The registered nurse oversees the infection surveillance programme. Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP and external consultants are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed. The service is awarded a continuous improvement in relation to the reduction and management in urinary tract infections (UTI).</p> <p>There have been no recent infectious outbreaks including no Covid-19 outbreaks since the pandemic began in 2020. Tuapeka Community Health staff can access the outbreak management plans and are aware of the requirement to notify local public health authority. There was sufficient PPE stored including outbreak kits and pandemic resources. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</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>	FA	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management. Staff involved in laundry and cleaning services have completed relevant training. Chemicals were stored securely, and closed chemical dispensing system is used. Material safety and data sheets are available. Cleaning trolleys are stored securely when not in use. There are cleaning schedules available to the cleaner.</p> <p>All laundry is completed on site. Linen cupboards had sufficient linen and towels. The laundry has a dirty to clean flow. There is sluicing</p>

		<p>facility with appropriate PPE. The staff manage all personal and facility laundry services. Healthcare assistants stated that they received training on operating the washing machines and knew how to manage personal laundry. Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility is consistently very clean.</p> <p>Any concerns raised are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provide 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 board and manager have an ongoing commitment to remain restraint free. The restraint minimisation and safe practice policy is in accordance with this standard and specifies the directors are committed to a restraint-free environment. At the time of the audit, no restraints were in place.</p> <p>A registered nurse is the restraint coordinator with a documented job description for the role. The coordinator ensures the care plans explore all alternatives, including strategies to avoid the use of restraint. This includes identifying cultural needs and beliefs, falls prevention strategies and strategies for managing challenging behaviour. Staff meetings are held, and any use of restraint would be discussed there. Staff have ongoing training relating to maintaining a restraint-free environment and safe practice and current annual competencies were sighted.</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.

No data to display

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	CI	<p>Infection prevention and control surveillance data includes monthly collection, collation, and analysis of infections. The service identified that the prevalence of urinary tract infections in the resident cohort remained high throughout each quarterly review of infection data. A multidisciplinary team approach was used to discuss actions for reducing and preventing urinary tract infections. The GP researched use of Hiprex as an alternative to antimicrobial prescriptions, and as an antibacterial agent in preventing urinary tract infections. Four residents over the past two years were identified as having frequent urinary tract infections. The service has imbedded best practice in the methods for prevention, diagnosis, and treatment of UTI.</p>	<p>For the period of August- December 2023 there were seven urinary tract infections diagnosed for four residents; January to June 2024 there were eight UTI's identified and in July to December 2024 there were three UTIs. The team of registered nurses and GP developed an action plan to prevent UTIs through the prescribing of Hiprex as an antibacterial agent. If UTI is expected the RN's use the “Urinary tract infection (UTI) decision-support tool for the treatment of medically stable residents in aged residential care.” Following this guideline helps make decisions based on best practice and reduces the rate of urinary antibiotic prescriptions for residents whose symptoms do not meet clinical criteria for UTI. Short term care plans, or updates of long-term care plans are made to reduce the risk of UTI's. This has included increasing fluids, monitoring the</p>

			<p>frequency of changes of continence products, and increase in the support and supervision given to personal hygiene and cleaning. Education has been provided to residents on the importance of changing incontinence product more frequently, following admission to the rest home. Staff had identified that some residents were reluctant to change products given the previous financial burden they had encountered when living in their own home. This had impacted on the frequency in which they changed them. The team referred to the HQSC UTI decision making tool in diagnosing UTI and the Frailty Care Guides 2023 UTI guide, and Best Practice Advocacy Centre (BPAC) UTI guide for diagnosis and treatment of UTI. One long term resident at Tuapeka Community Health had five UTI's in 2023; and six in the period for January to August 2024. This resident was commenced on Hiprex and Vitamin C in June 2024 and has experienced no signs or symptoms of urinary tract infection since. Another resident had two UTI since admission in late 2024 and two UTI in early 2025. This resident was commenced on Hiprex and Vitamin C in January 2025 and has had no recurrence of UTI since then. The outcomes of the team approach to best practice prevention and treatment of UTI have seen a marked decrease in the prevalence and incidence of urinary tract infections. There have been no urinary tract infections reported or recorded at Tuapeka Community Health since 21 January 2025. The quality improvement measures implemented are now imbedded in practice and will continue to be used for any resident with a history of urinary tract infections.</p>
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End of the report.