

North Health Limited - Hummingbird House

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

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

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

The specifics of this audit included:

Legal entity: North Health Limited

Premises audited: Hummingbird House

Services audited: Dementia care

Dates of audit: Start date: 20 May 2025 End date: 21 May 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: 27

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
Yellow	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
Red	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

Hummingbird House operates under the management and ownership of North Health Limited, and it has been operating under this entity since 2022. The service provides dementia-level care for up to 44 residents. On the first day of the audit, 27 residents were in the facility. Albatross Lodge is closed for repair of the fire system and is pending final assessment by an independent assessor.

Significant changes to the service and facilities since the previous audit included changing roles in the management structure. The facility manager has resigned from their position as director and currently serves as the facility manager for the two facilities owned by North Health Ltd. The new clinical manager oversees both facilities.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contract held with Health New Zealand – Te Whatu Ora. The audit process included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with relatives, residents, staff, management, and the general practitioner. Residents and whānau were complimentary about the care provided.

There were no areas requiring improvement as a result of this audit.

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.

Hummingbird House works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

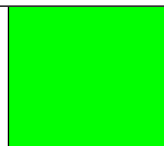
Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which was reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complied with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This included supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

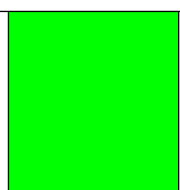
The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. Residents and whānau provided regular feedback, and staff were involved in quality activities. An integrated approach included the collection and analysis of quality improvement data, which identified trends that led to improvements. Actual and potential risks were identified and mitigated.

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

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff were appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supported safe, equitable service delivery.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

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.
---	---	--

When people entered Hummingbird House, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.


Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents were referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
---	---	--

The facility met the needs of residents and was clean and well maintained. There was a current Certificate of Public Use in place. Electrical equipment was tested as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities.

Staff were trained in emergency procedures and the use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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.

The governing body ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that were appropriate to the size and complexity of the service. An experienced and trained infection control coordinator led the programme.

The infection control coordinator was involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff and whānau were familiar with the pandemic/infectious diseases response plan.

The service promoted responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry 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.

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

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	167	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>	FA	<p>Hummingbird House has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisors and is used for residents who identify as Māori.</p> <p>The facility manager (FM) reported that a kaumatua was available to address the individual concerns of Māori residents and their families. All resident meetings were run in the presence of a kaumatua to ensure that those residents who identified as Māori have a fair representation and were comfortable conveying any concerns they may have.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of the audit, there were staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended.</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>Hummingbird House identified and worked in partnership with Pacific communities and organisations to provide a Pacific plan that supported culturally safe practices for Pacific peoples using the service and on achieving equity. Partnerships enabled ongoing planning and evaluation of services and outcomes. Residents have the opportunity to identify individuals' spiritual, cultural, and other needs as part of the care planning process. The whānau of any resident who identified as Pacific were consulted to ensure any individual needs and supports for the resident were identified and met. There were no residents of Pacific descent at the time of the audit. Staff interviewed reported that any resident who identified as Pacific would have their worldview, and cultural and spiritual beliefs, embraced.</p> <p>Active recruitment, training and actions to retain a Pacific workforce were supported. There were no staff who identified as Pacific at the time of the audit.</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>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code in English, te reo Māori and sign languages were posted on notice boards in Tui lodge and Kakapo lodge.</p> <p>Residents' whānau/legal representatives interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Māori mana motuhake principles were observed in practice. Residents and their legal representatives were involved in the assessment and care planning processes.</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>The service supported residents in a way that was inclusive and respected their identity and experiences. Residents, including people with disabilities and their legal representatives, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents had a private room.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through the activities programme and information in te reo Māori posted in the lodges. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident and/or whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and residents' legal representatives reported that their property and finances were respected. There was a comfort account used to keep residents' money safe.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.</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</p>	<p>FA</p>	<p>Residents' and whānau/legal representatives reported that communication was open and effective, and they felt listened to.</p>

<p>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>Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to whānau or legal representatives in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if 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>	FA	<p>Residents and their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Signed admission agreements and consent forms were available in residents' files.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. EPOA documents were activated.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system was in place to receive and resolve complaints, leading to improvements. This met the requirements of the Code. Residents and whānau understood their right to complain and knew how to do so. There were eight complaints in 2024, and three in 2025 (year to date). The FM reported that the complaint process timeframes were adhered to, and service improvement measures were implemented as required.</p> <p>Documentation, including follow-up letters and resolutions, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and whānau confirmed they were provided with</p>

		<p>information on the complaints process and remarked that any concerns or issues were promptly addressed.</p> <p>Whānau making a complaint can, if they choose, involve an independent support person. The complaints process was linked to advocacy services. The Code of Health and Disability Services Consumers' Rights was visible and available in te reo Māori and English. Whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>An external complaint was received anonymously from Health New Zealand – Te Whatu Ora. The service was informed of this pre-existing complaint at the time of the audit, which resembled the previously reviewed complaints in the register. Evidence indicated that these complaints were thoroughly investigated, and corrective action measures implemented. Key learnings from the complaints were implemented.</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>Hummingbird House provides dementia-level care within a facility comprising two distinct buildings. The complex consists of Tui Lodge, a smaller structure with 13 beds and an administrative office located below, and a larger building that contains two sections: Kakapo Lodge with 20 beds and Albatross Lodge with 11 beds. Albatross Lodge is presently closed for the upgrading of the fire system and is pending final inspection by an independent assessor.</p> <p>There were some positional changes in the management hierarchy. The facility manager resigned from their position as director and currently serves as the facility manager for the two facilities the organisation owns, allocating equal time to each. The new clinical manager oversees both facilities. The clinical manager dedicates four hours daily to each facility from Monday to Friday and is available on call as needed. The other director is now the sole director of the two facilities. The leadership team oversees compliance with legislative, contractual and regulatory requirements; external advice was sought as required.</p>

	<p>The governing body of North Health Ltd, Hummingbird House, assumes accountability for delivering a high-quality service by supporting the meaningful inclusion of Māori and Pacific people in the governance group. This approach honours Te Tiriti and focuses on improving outcomes for Māori, Pacific people, and tāngata whaikaha. The FM indicated that employed Māori kaumātua are being utilised to facilitate meaningful Māori inclusion at both the service and governance levels, ensuring adherence to Te Tiriti o Waitangi. Cultural safety training has been undertaken by all staff, including the senior management team and governance.</p> <p>The purpose, values, direction, scope and goals are defined, and performance monitoring and review occur through regular meetings at planned intervals. A focus on improving outcomes was evident in monitoring through staff meeting minutes and the internal audit programme. A commitment to the quality and risk management system was evident.</p> <p>Equity for Māori, Pacific peoples and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control). The service continues to work towards recruiting Māori and additional Pacific staff. The leadership team members interviewed felt well informed about progress and risks. A review or evaluation of resident outcomes to assess equity for Māori residents was achieved and completed. Ethnicity data was analysed monthly to identify potential inequality outcomes between Māori residents and their whānau. Initial, long-term care plans and 24-hour diversional therapy plans are developed to address all residents' needs.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation, and there is an experienced and suitably qualified person managing the service.</p> <p>Residents receiving services, and their whānau, participated in planning and evaluation of services through regular reviews of care needs, satisfaction surveys, feedback, and incident/complaint</p>
--	--

		<p>investigations. Whānau interviews evidenced satisfaction with the services.</p> <p>The service has age-related residential care (ARRC) contracts with Health New Zealand – Te Whatu Ora for dementia-level care (44 certified beds) and residential respite care services for older people in residential aged care. On the audit day, 25 residents were receiving care under the ARRC contract, and two under the respite contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This included the management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of several resident safety/quality indicators (e.g., falls, skin tears, bruising, infections), policies and procedures, clinical incidents, and any quality improvement projects. Relevant corrective actions were developed and implemented to address any shortfalls identified from internal audit activities. Trends were analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data was conducted by comparing data with previous months' results and other external facilities.</p> <p>Residents and whānau contributed to quality improvement through satisfaction surveys and residents' meetings, and staff contributed through reviewing data as part of regular staff meetings, registered nurses' meetings and audit activities. Staff meeting agendas and minutes reviewed showed good attendance, and comprehensive agendas covered quality and safety measures/activities. The outcomes from the resident/whānau satisfaction survey conducted in August 2024 were favourable. Minimal corrective actions were identified, and these had been implemented. The external consultant has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard.</p> <p>Critical analysis of practices and systems, using ethnicity data, identified possible inequities and the service worked to address these. Delivering high-quality care to Māori residents was supported</p>

		<p>through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>The management team described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. These were reported during meetings.</p> <p>Staff documented adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of 10 incident forms reviewed showed these were fully completed; incidents were investigated, action plans developed, and actions were followed up in a timely manner. The management team was aware of the new Severity Assessment Code (SAC) 1 and 2 event reporting processes.</p> <p>The service complied with statutory and regulatory reporting obligations. The management team interviewed was familiar with essential notification reporting requirements. There were six Section 31 notifications completed to Health New Zealand – Te Whatu Ora for missing residents, the appointment of clinical managers and the facility manager, and death reported to the coroner.</p> <p>The FM reported that there had been no notifications to the Public Health Unit completed since the previous audit.</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 documented and implemented process for determining staffing levels and skill mixes to provide safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A team approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. There is a registered nurse who works five days a week. All reviewed annual practising certificates were current.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes of each role, ensured services were delivered to meet the needs of residents.</p>

		<p>Continuing education was planned annually, covering a wide range of topics including, but not limited to, infection prevention and control, medication management, care planning and assessment and cultural safety, wound care management, palliative care, emergency evacuation, falls prevention, skin management, fire safety, and challenging behaviour. Related competencies were assessed.</p> <p>Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme, to meet the provider's funding and service agreement requirements. Seven care staff have completed Level 4, eight have completed Level 3, and two are in the process of enrolling. Staff reported that they had completed the required dementia units. The FM reported that nine staff members had completed dementia training, six were in training, and others had been at the facility for less than a year and were due to be enrolled. Staff records were reviewed to confirm completion of the required training and competency assessments.</p> <p>High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery. Cultural advice was sought in a timely manner through local Māori organisations and a kaumatua who visits the service and two staff employed in the service. At least one staff member on duty in each wing had a current medication competency.</p> <p>Each staff member interviewed reported feeling well supported and safe in the workplace. The employment process, which includes a job description defining each role's skills, qualifications and attributes, ensured that services were delivered to meet residents' needs.</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>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of six staff records reviewed confirmed the organisation's policies were consistently implemented. Job descriptions were documented for</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. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>each role. Professional qualifications and registration (where applicable) had been validated prior to employment.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occurred three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance was reviewed and discussed at regular intervals.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements. A process to evaluate this data was in place, and this was reported to management and discussed at meetings. Following incidents, the FM and CM were available for any required debriefing and discussion. Staff had access to the Employee Assistance Programme if required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. An electronic information management system was in use. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The clinical notes were current, integrated and legible and met current documentation standards. Information was accessible for all those who needed it.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Policies and procedures guide staff in the management of information. FM reported that staff had their own logins. An external provider held backup database systems.</p> <p>The service is not responsible for the National Health Index registration of people receiving services.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents entered Hummingbird House when their required level of care had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents entered the service based on documented entry criteria available to the community and understood by staff. The entry process met the needs of residents. Residents' legal representatives consented for admission to the service. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident was declined entry, there were processes for communicating the decision. Related data was documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>The multidisciplinary team worked in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, was developed by registered nurses following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment was based on a range of clinical assessments and included residents' and whānau/legal representatives' input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff and whānau.</p> <p>Management of any specific medical conditions was well</p>

		<p>documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of assessment outcome measures including interRAI. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents' whānau/legal representatives confirmed active involvement in the process. The general practitioner (GP) stated that there were no issues of concern with the care provided to residents.</p> <p>Tāngata whaikaha participated in service development through the assessment, care planning processes and residents' meetings feedback. Examples of choices and control over service delivery were discussed with staff and tāngata whaikaha/whānau. Tāngata whaikaha were supported by whānau to access information as applicable. Kaumatua support can be accessed when required.</p> <p>Residents' records, observations and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. Interviewed staff understood processes to support residents and whānau when required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life. The activities coordinator was in the progress of completing diversional therapy training. The activities coordinator was supported by a qualified diversional therapist.</p> <p>Activity assessments and plans identified individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, supported ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori. Twenty-four-hour diversional therapy plans were available in residents' files.</p> <p>Residents were observed participating in a variety of activities on the days of the audit. Feedback on the programme was provided through residents' and whānau meetings. Residents and whānau</p>

		interviewed confirmed they found the programme met residents' needs.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the days of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP reviews were consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication was not supported due to residents' cognition issues, as reported by the clinical manager. There were no residents who were self-administering medicine at the time of the audit. Residents, including Māori residents and their whānau, were supported to understand their medications.</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</p>	FA	<p>The food service was in line with recognised nutritional guidelines for older adults. A new menu was completed and reviewed by a qualified dietitian in April 2024. Recommendations made had been implemented.</p> <p>The service operated with an approved food safety plan and registration that will expire on 9 August 2025.</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau had menu options that were culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. Snacks and drinks were provided on a 24-hour basis for residents.</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>Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. Transfers and discharges were recorded in the progress notes. Discharged residents' records were archived in the electronic system.</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,</p>	<p>FA</p>	<p>Appropriate systems were in place to ensure residents' physical environment and facilities (internal and external) were fit for purpose. The Certificate of Public Use (CPU) is in place and expires on 3 October 2025. The CPU was issued for Kakapo and Tui Lodge, which complied with the current fire evacuation scheme. Albatross Lodge failed to comply with the fire evacuation system, necessitating the completion of a fire upgrade. The FM indicated that a building warrant of fitness will be issued after the final inspection of the fire upgrade. The environment was comfortable and accessible, promoting independence and safe mobility and</p>

<p>independence, interaction, and function.</p>	<p>minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available inside in the lounges and dining rooms and outside on the open deck areas.</p> <p>The planned maintenance schedule included testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. The maintenance officer and certified tradespeople carry out reactive maintenance where required. Lawn mowing, gutter cleaning and weed spraying were outsourced. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes.</p> <p>The service is divided into three wings: Tui Lodge with 13 beds, Kakapo Lodge with 20 beds and Albatross Lodge with 11 beds, but currently closed under refurbishment and waiting for final inspection. All rooms, shower rooms and toilets are of suitable sizes to accommodate mobility equipment.</p> <p>There are other toilets available for staff and visitors. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and there are paper towels in the toilet areas. All areas are easily accessible to the residents. The furnishings and seating were appropriate for the consumer group. Whānau interviewed reported they were able to move around the facility, and staff assisted them when required.</p> <p>Residents' rooms were personalised according to their preferences. All rooms have external windows to provide natural light and appropriate ventilation and heating. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>The maintenance officer reported that, when there is a planned</p>
---	---

		<p>development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. Fire evacuation plans have been approved by Fire and Emergency New Zealand (FENZ). Trial evacuation drills were performed in all respective wings. The drills were conducted every six months, and these were added to the annual training programme. Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region. The FM reported that the service has a special arrangement with a local supplier to access a generator in the event of a power failure. Staff can provide a level of first aid relevant to the risks for the type of service provided. First aid training records were sighted, and most staff had completed requirements. There were always staff on duty with current first aid training.</p> <p>Call bells alert staff to residents requiring assistance. Whānau reported staff responded promptly to call bells. Appropriate security arrangements were in place, including facility locking procedures. Residents and whānau were familiarised with emergency and security arrangements on admission and as and when required. There is a closed-circuit television and video (CCTV) system monitoring the entrance, garden areas, and communal areas in the Tui House. CCTV signage was displayed around the facility.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supported risk-based reporting of progress, issues and significant events to the governing body. All staff, residents and whānau have received training and updates on managing infections. Training records and meeting minutes were documented.</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>	<p>FA</p>	<p>The clinical manager was the infection prevention and control coordinator (IPCC) and was responsible for overseeing and implementing the IP programme with reporting lines to facility manager and the governing body. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. Cultural advice was accessed where appropriate. The IP programme was reviewed and reported on annually. It was last reviewed on 16 May 2025.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic and infectious diseases response plan was documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff had been trained accordingly.</p>

		Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process was audited to maintain good practice. Single-use medical devices were not reused, as verified in interviews.
<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	Responsible use of antimicrobials was promoted. The AMS programme was appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were shared with staff and the facility manager and the governing body. Surveillance included ethnicity data.</p> <p>Communication between the clinical team, residents and legal representatives for residents experiencing a health care-associated infection (HAI) was culturally safe, as confirmed in interviews.</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>	FA	<p>A clean and hygienic environment supported prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</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>Laundry and cleaning processes were monitored for effectiveness. The infection prevention and control coordinator had oversight of the environmental testing and monitoring programme. Staff involved had completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observations.</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>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by the clinical manager and registered nurse. At the time of the audit, there was no restraint being used, and this has been the case since the previous audit. Any use of restraint is reported to the governing body.</p> <p>Policies and procedures met the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for approving the use of restraints and overseeing the related processes when necessary. Whānau/EPOA are involved in decision-making as required.</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, 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.