

Te Awa Care Limited - Te Awa Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Te Awa Care Limited

Premises audited: Te Awa Care

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

Dates of audit: Start date: 6 May 2025 End date: 7 May 2025

Proposed changes to current services (if any): This partial provisional audit was to verify the newly built dual purpose hospital level and rest home level of care.

care bed wing RD4: 18 dual purpose beds which includes four couple rooms. The total number of beds will move from 78 to 80.

Total beds occupied across all premises included in the audit on the first day of the audit: 62

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Te Awa Lifecare Village (Te Awa) is owned and operated by Te Awa Care Limited with two facilities owned by the company. The service provides care for up to 80 residents at hospital (geriatric and medical), rest home and dementia level care. On the day of the audit there were 62 residents.

This certification and partial provisional audit were conducted against Ngā Paerewa Health and Disability Services Standard and the contract with Health New Zealand - Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, management, the general practitioner and staff.

A partial provisional audit was also conducted to establish the level of preparedness for Te Awa applying for certification of a new wing to provide a further 14 dual purpose beds (including four rooms suitable for dual occupancy by couples). Total number of beds will be 96. The new wing has not been opened to date; however, the service wishes to open as soon as approved.

The chief executive officer is supported by a clinical manager, clinical lead, and a team of experienced staff. All have extensive experience in managing an aged care facility. Quality systems and processes are implemented. Feedback from residents was positive about the care and the services provided. Equipment requirements, and documented systems and processes are appropriate for the increase in beds.

The certification audit identified improvements required in relation to neurological observations, and interRAI assessments.

The partial provisional audit identified no improvements required.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Te Awa Care provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. The service works to provide high-quality and effective services for all the residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Te Awa Care provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. There is evidence that residents and family/whānau are kept informed. The rights of the resident and their family/whānau to make a complaint is understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The strategic plan includes mission and values statements and operational objectives that are regularly reviewed. The service has established quality and risk management systems that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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.		Some subsections applicable to this service are partially attained and of low risk.
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On entry to the service, information is provided to residents (and their whānau if engaged with the resident) and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission and complete the required assessments and care plans. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations were completed. Residents who identify as Māori or Pasifika have their needs met in a manner that respects their cultural values and beliefs.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme is managed by a diversional therapist. The activity programme provides residents with a variety of individual, group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. A contracted dietitian reviews the menu plans. Residents confirmed satisfaction with meals provided.

Transition, discharge or transfer is managed in a planned and coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building holds a current building warrant of fitness certificate, and a certificate of public use for the newly completed wing. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All resident rooms and suites have full ensuite facilities. Rooms are personalised. Communal areas are easily accessible to all residents using mobility aids and include a bowling alley and cinema. The secure dementia unit external area provides areas of interest including a chicken coop.

Documented systems are in place for essential, emergency and security services. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, family/whānau, staff, contractors, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the staff. Documentation evidenced relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Outbreaks have been well managed. There are sufficient supplies of personal protective equipment.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures are implemented for cleaning and laundry services. Appropriate monitoring systems are in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint coordinator is the clinical lead. There are residents utilising restraints. Restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only use an approved restraint as the last resort.

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	28	0	1	0	0	0
Criteria	0	175	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a Māori health plan in place. Te Awa Care is committed to ensuring the specific needs of Māori residents are met in a way that is acceptable to both the resident and their whānau, hapū and iwi. The Māori health plan acknowledges the principles of Te Tiriti o Waitangi.</p> <p>The Māori health plan specifies Te Awa Care acknowledges the traditional owners of the land that are used by the service, including the Ngāti Koroki Kahukura and Ngāti Hauā. Links are formally in place as per memoranda of understanding with these Iwi and there is a section of land that was formerly a pā that has been made into a reserve which Te Awa Care look after. The Māori health plan further specifies the organisation’s respect to the ancestors, the kaitiaki (leaders) past, present and emerging. The principles of Te Tiriti o Waitangi underpin service provision (tino rangatiratanga, equity, active protection, options, and partnership). The service has documented their commitment to providing a supportive environment that empowers mana motuhake for Māori and non-Māori to ensure the best health outcomes for them, recognising that good health outcomes are essential for wellbeing. They practice whanaungatanga and work collaboratively with the resident, family/whānau, and residents’ chosen healthcare providers to</p>

		<p>achieve this. Tikanga is embedded into general practice with karakia before all meetings. Te Awa Care has ongoing links with iwi by providing space in the facility for meetings and events.</p> <p>During this full certification audit, the service had no residents who identified as Māori. There are staff members and one director who identify as Māori.</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>The Pacific people’s culture and general ethnicity awareness policy specifies the organisation’s commitment to support Pacific people to achieve tino rangatiratanga. The clinical manager, clinical lead and the registered nurses advised that family/whānau of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pasifika. There were staff members identify as Pasifika. Individual cultural beliefs are documented in all resident care plans and activities plan.</p> <p>The intent of Te Awa Care, as stated in policy, is to provide a supportive environment that empowers Pacific peoples to ensure the best health outcomes for them, recognising that good health outcomes are essential for wellbeing. While there is no specific Pacific Island community or organisation in Cambridge, Te Awa Care continues to seek Pacific support should there be residents who identify as Pasifika. The Fonofale model of health is the tool that Te Awa Care uses to create understanding of the values and beliefs which underpin their health service provision to Pacific people.</p> <p>Interviews with two managers (the chief executive officer and clinical manager), twenty-one staff (eight healthcare assistants, three registered nurses, one enrolled nurse, two student nurses, one laundry, three housekeepers, one admin manager, one diversional therapist, and one head chef), six residents (four rest home, two hospital), four family/whānau (one hospital, two rest home, one dementia); and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The chief executive officer, clinical manager, clinical lead, or registered nurse discusses aspects of the Code with residents and their family/whānau on admission. Residents and family/whānau interviewed confirmed they are aware of their rights under the Code.</p> <p>Discussions relating to the Code are held during the six-monthly resident meetings. Residents and family/whānau interviewed reported residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Church services are held monthly with communion available more frequently.</p> <p>Staff receive education in relation to the Code during orientation, and ongoing through the education and training programme and in the toolbox talks. Topics covered include (but are not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Age Concern speakers discuss the role of advocacy during staff training. Access to Māori advocacy services would be facilitated if needed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	<p>FA</p>	<p>Healthcare assistants and registered nurses interviewed described how they support residents to make choices around their support needs and activities. Residents interviewed stated they make choices for themselves related to their care and activities. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p>

<p>experiences.</p>		<p>The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed confirmed that residents and family/whānau are treated with respect. This was confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Information on values and beliefs is gathered on admission with resident and family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available, and a spirituality policy is in place.</p> <p>Te reo Māori is celebrated. Words in te reo Māori are introduced on a regular basis, evidenced on notice boards and in toolbox meeting minutes. Karakia are recited before all meetings.</p> <p>All staff regardless of their role are required to complete a cultural safety competency and these were evidenced in the ten staff files reviewed. Staff have ongoing training in Te Tiriti o Waitangi and cultural awareness.</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>An abuse and neglect policy is implemented. Te Awa Care is inclusive of all ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during new employees' induction to the service with evidence of staff signing the code of conduct policy. The code of conduct policy addresses the elimination of discrimination, racism, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe</p>

		<p>working environment.</p> <p>Staff complete education on orientation and annually on how to identify abuse and neglect. Staff are educated on valuing the older person and showing them respect and dignity. All residents and family/whānau interviewed confirmed staff are very caring, supportive, and respectful.</p> <p>Care plans reviewed reflect a holistic approach to care with residents being supported to make choices for themselves and maintain their strengths.</p> <p>Police vetting is completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Prospective residents and family/whānau can visit the facility prior to entry and meet with the chief executive officer, clinical lead, and clinical manager where any questions are addressed. An information pack is provided to residents and family/whānau on admission and there is additional information on the website. Six-monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident, incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident or incident that occurs. Accident and incident forms have a section to indicate if family/whānau have been informed of an accident or incident. Twelve accident and incident forms reviewed confirm family/whānau are kept informed unless they have specifically requested not to be. Family/whānau interviewed stated that they are kept informed whenever there are changes in the wellbeing of residents or when there are accidents or incidents.</p> <p>An interpreter policy and contact details of interpreters is available.</p>

		<p>Interpreter services would be used if needed. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident (with their consent) such as the hospice and public specialist services such as older persons health, mental health services for older people and other hospital specialists. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed expressed the chief executive officer, clinical lead and clinical manager are easily accessible to them and address any concerns in a timely manner.</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 is an informed consent and advanced care planning and resuscitation policy (including enduring power of attorney) in place. General consent is included in the admission agreement. General consent includes (but is not limited to): consent to have names displayed on resident doors; sharing of health information; use of photographs; outings; and withdrawal of consent. There is information around informed consent in the Te Awa Care brochure, and leaflets are available around the facility. The policy includes information around enduring powers of attorney (EPOA) and mental capacity. Staff receive training on informed consent. There were signed consents in place for all eight of the resident files reviewed. All enduring powers of attorney of residents in the dementia unit were activated.</p> <p>Advance directives and resuscitation forms were appropriately</p>

		<p>signed by the resident and the general or nurse practitioner. Medically initiated resuscitation orders are signed appropriately based on clinical assessment. The advance directive form includes the 'acute care and treatment' statement which describes the facilities limitations around provision of acute care and where possible in the case of fractures for example, residents would be sent to hospital for treatment. This includes consent for a nominated representative to make the best judgement at the time in the resident's best interests, and for clinical staff to act according to their clinical judgement.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent by involving the resident and family/whānau in decision making at every opportunity. Residents interviewed confirm staff ask their consent before entering their room or providing cares.</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>There is a complaints and concerns management policy in place that is in accordance with the Code. The chief executive officer has overall responsibility for managing the complaints process at the service. Documentation for two complaints was sighted, one from the Health and Disability Commission that was later withdrawn by the complainant. Documentation relating to the complaints show the policy is implemented. Residents and family/whānau interviewed stated that any concerns are discussed with the chief executive officer or clinical manager and are rectified in a timely manner. Improvements suggested are implemented if issues are raised.</p> <p>Staff interviewed described the complaints process as per the Code and demonstrated their knowledge of how to support a resident or family/whānau in making a complaint including providing information on advocacy services.</p> <p>The complaints procedure is provided to residents and family/whānau on admission. Discussion with residents and family/whānau confirmed they know how to make a complaint.</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>Te Awa Care is located in Cambridge. The service is certified to provide rest home, dementia, and hospital (geriatric and medical) level care for up to 80 residents.</p> <p>There were 62 residents living at the facility at the time of the audit (35 rest home level, 16 hospital level, and 11 dementia level). All residents are under the age-related residential care agreement (ARRC).</p> <p>The service is governed by a board of two directors (one of whom identifies as Māori) who have experience in owning aged care facilities. Board members have completed training on te Tiriti o Waitangi and cultural awareness. The board membership includes the two directors, finance manager and chief executive officer. There are terms of reference in place for the board. The board meets monthly (11 months of the calendar year). The directors have offices onsite. A current overarching strategic executive plan is in place for the period 2024 to 2026. The vision and values are posted in visible locations throughout the facility and are reviewed in meetings and toolbox talks with staff. The plan reflects links with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities and how these inequities are addressed. Goals are regularly reviewed with evidence of being signed off when met.</p> <p>Barriers to equity for Māori and people with disabilities have been addressed through a number of initiatives. The buildings are all wheelchair accessible. Resource consent for Te Awa required consultation with the local community for their input. Local community links are evident through the Chamber of Commerce, sponsorship of the Autumn Festival and Riding for the Disabled and providing a venue for meetings such as the District Council, Rotary, Lions Club, and Iwi. The organisation plan to place a sculpture on the land as part of the Cambridge River Trail. On the part of land that was a pā, the organisation has planted native trees and there is a stream with eels and freshwater crayfish.</p> <p>Clinical governance is led by the clinical manager, clinical lead, and healthcare assistant lead. There are daily toolbox updates given at</p>
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		<p>handover and these talks focus on implementation of core values within the service. Staff state these talks are an opportunity to embed values and to positively reinforce staff efforts. Monthly reports to the board reflect evidence of communicating quality and risk activities. Residents and family/whānau provide feedback on the services through satisfaction surveys and on an ongoing basis by communicating with the chief executive officer and clinical manager.</p> <p>The chief executive officer has extensive experience in managing businesses and is supported by the clinical manager who has many years experience in hospice care, particularly as a clinical nurse specialist. The clinical manager is a designated nurse prescriber and has completed training in mental health and dementia.</p> <p>Partial Provisional.</p> <p>There are no changes to the governance structure as a result of adding RD 4 wing with 14 rooms (four suitable for double occupancy by couples). The service plan to open the wing once they are authorised to do so. There is no current waiting list, and the management are expecting residents will be admitted in small numbers and currently have staff and resources to manage this.</p> <p>With the inclusion of RD4 (new wing of 14 beds), there are now a total of 80 beds; RD1 has 19 beds; RD2 has 13 beds; RD3 has 17 beds and RD4 has 14 beds. This includes seven double rooms and two beds funded by Health New Zealand. These 63 beds are all certified as suitable for dual purpose (rest home and hospital level of care). There are 12 beds in the dementia (homestead) unit and there are five cottages (all double rooms) that are certified to provide rest home level of care.</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</p>	<p>FA</p>	<p>There is a current quality and risk management plan in place. The plan has been developed to provide a systematic, company-wide approach to quality systems and process improvement within Te Awa Care. It involves all staff with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme. The quality and risk management system includes monitoring systems for health and</p>

<p>achieving Māori health equity. 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>safety, incidents and accidents, infection control, restraint minimisation, education, surveys, and key performance indicators. Internal and external risks have been identified and analysed for the likelihood of occurrence and consequences and mitigation strategies have been implemented. Data is critically analysed and utilised to provide equitable care. Cultural safety and awareness has been embedded into the quality programme.</p> <p>Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Monthly staff meetings provide an avenue for discussions in relation to (but not limited to) health and safety, infection control/pandemic strategies, complaints received (if any), staffing, education and quality improvement. Meeting minutes have evidence of feedback to staff on incidents and accidents, infections, wounds, clinical concerns, hazards, and results of internal audits.</p> <p>A satisfaction survey was completed in 2024 that reflected high levels of satisfaction with the services received and the environment. Comments made by residents and family/whānau include suggestions for improvement and where possible these have been implemented. This was confirmed during interviews with the residents and family/whānau. Results are communicated to residents, staff, and the directors, and evidenced in meeting minutes.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are reviewed two-yearly and meet the 2021 Ngā Paerewa health and disability services standards. New policies or changes to policy are communicated to staff with evidence of staff signing new or revised policies.</p> <p>A health and safety system is in place. The chief executive officer is the health and safety officer. The chief executive officer stated there has been a substantial improvement in engaging staff in health and safety and there are representatives on the committee from each</p>
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		<p>department and from another facility owned by the company. Hazard identification forms and an up-to-date hazard register was sighted. Health and safety policies align with current legislation and are implemented. There are regular manual handling training sessions for staff, led by the physiotherapist. The noticeboard in the staffroom keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Accidents and incidents are documented on an electronic system. Accident and incident documentation includes immediate action(s) undertaken and any follow-up action(s) required, evidenced in the accident and incident forms reviewed (witnessed and unwitnessed falls, behaviours of concern, absconding, choking incidents and medication errors). Adverse events are discussed during staff handover. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Opportunities to minimise future risks are identified. The clinical manager is responsible for reviewing and signing off on all clinical adverse events.</p> <p>Discussions with the chief executive officer and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed since the last audit and there have been no notifications required to be made to the Health Quality and Safety Commission. The management interviewed could describe instances where reporting would be required.</p> <p>All staff regardless of their role have completed cultural safety competencies as viewed in staff files.</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.</p>	<p>FA</p>	<p>There is a staffing rationale policy that describes rostering and provides guidance on staffing numbers and skill mix dependent on acuity and the needs of the residents. Two weeks of rosters sighted provides evidence of sufficient and appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents.</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>Challenges arise when staff call in as unavailable. An agency is used to assist with cover when needed. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The chief executive officer and clinical manager are onsite Monday to Friday and take turns on-call over the weekends and public holidays. The clinical lead is rostered Monday to Friday and there is a senior registered nurse on in the weekends and public holidays.</p> <p>In RD one, two and three (hospital and rest home level) there are three registered nurses rostered on the morning shift; allocated to the area of highest acuity. There is one registered nurse and one enrolled nurse on the afternoon shift and one registered nurse on the night shift who works across all areas. There is a lead healthcare assistant on the morning shift and eight healthcare assistants. On the afternoon shift there are five healthcare assistants and there are two healthcare assistants on the night shift.</p> <p>In the Homestead (dementia) wing (11 residents) there is a registered nurse on the morning shift, two healthcare assistants and an additional healthcare assistant to provide one-to-one care for one resident. On the afternoon shift there are two healthcare assistants plus an additional healthcare assistant until 9pm for the resident having one-to-one care and on the night shift there is one healthcare assistant who can summon help from the registered nurse or other healthcare assistants on duty if needed.</p> <p>The education and training plan is incorporated into the quality and risk management plan. There is an annual education and training schedule implemented that includes mandatory training in cultural safety, restraint minimisation, rights, informed consent, privacy, advanced directives, resuscitation, abuse and neglect, continence, weight and hydration, medication management and competency, manual handling, fire safety, falls and neurological observations, pain management, spirituality, death, health and safety and personal protective equipment, hazards and chemicals, the ageing process, hygiene and grooming, skin and prevention of pressure injuries. Additional training including external training has been completed on palliative care, wounds, de-escalation, oral care and first aid. Registered nurses confirm they receive sufficient training to meet the</p>
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	<p>requirements of the New Zealand Nursing Council.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There is a CareerForce assessor on staff and 26 full time and 13 casual healthcare assistants. Seven healthcare assistants have completed level two, nine have completed level three and 26 have completed level four. All healthcare assistants working in the dementia unit have completed level four except for one who is awaiting their certificate. The required dementia modules have been included into level 4 training.</p> <p>Competency assessment is linked to the staff training and development policy. All staff are required to complete the cultural safety competence. Clinical staff are required to complete competencies in medication, restraint minimisation, hand hygiene, chemical safety and health and safety including fire safety. Medication competencies are repeated annually. Nine registered nurses are interRAI trained and three are undergoing training in interRAI. External students such as nursing students are required to have a brief induction that covers emergency preparedness, resident rights, and health and safety.</p> <p>Staff wellness is encouraged. Staff are provided with fruit and vegetables in the staff room. Signage supporting the Employee Assistance Programme (EAP) are posted in visible staff locations. The chief executive officer stated EAP is encouraged where indicated.</p> <p>Partial Provisional.</p> <p>The current rosters reviewed show sufficient registered nurses are on duty to respond to the increase in bed numbers. The chief executive officer stated healthcare assistants and other staff will be recruited as the beds fill. In the meantime, there are sufficient healthcare assistants on each duty to provide a safe level of care. There is always staff on duty able to provide first aid.</p> <p>The training topics are appropriate for hospital level care and will remain unchanged. There are sufficient number of registered nurses that are interRAI trained and with syringe driver competencies.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Ten staff files were reviewed (two healthcare assistants, two registered nurses, two household staff one maintenance and three kitchen staff) evidenced implementation of the recruitment process, employment contracts, police checking, reference checks and completed orientation programmes. There are job descriptions in place for all positions. Each job description includes outcomes, accountability, responsibilities, authority, and functions to be achieved. A register of practising certificates is maintained for all health professionals. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data for employees is maintained. Following any staff incident or accident, evidence of debriefing and follow-up action taken is documented. Wellbeing support is provided to staff. Staff are offered and supported to receive physiotherapy following any accident affecting their work.</p> <p>Partial Provisional.</p> <p>There are no changes required to the recruitment or human resource processes. A plan of recruitment is underway to staff the new wing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy. Electronic information is regularly backed-up using cloud-based technology and is individually password protected. The service uses both hard copy and an electronic</p>

<p>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>resident management system.</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.</p> <p>Residents entering the service have initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>On enquiry, an information booklet detailing entry criterion is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed prior to entry to the service to determine the level of care.</p> <p>The admission policy requires the collection of information that includes but is not limited to; ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and referring agency. Interviews with residents and review of records confirmed the admission process was completed in a timely manner.</p> <p>Residents' ethnicity is being collected and analysed by the service.</p>

		The clinical manager described relationships with identified Māori service provider groups within the community.
<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>	PA Low	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files reviewed: four at hospital level, two at rest home level care, and two dementia. Initial care plans are developed in partnership with the residents/EPOA within the required timeframe. Care plans are based on data collected during the initial nursing assessments and information from pre-entry assessments.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. The long-term care plans and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs.</p> <p>When there are residents who identify as Māori, a Māori health care plan is implemented which describes the support required to meet their needs. The registered nurse and clinical manager interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and relatives when developing care plans so residents can develop their own pae ora outcomes.</p> <p>Short-term care plans are developed for acute problems, for example, infections, wounds, and weight loss.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP service visits the facility three times per week and provides out of hours cover. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. A physiotherapist visits the facility</p>

	<p>weekly and reviews residents referred by the clinical manager, clinical lead, or RNs.</p> <p>Contact details for family are recorded in the clinical file. Resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There was one resident with an unstageable pressure injury. Other wounds included skin tears, abrasions, surgical wounds, and chronic ulcers. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Registered nurses collaborate with HCAs to evaluate interventions for individual residents at risk of falling. Neurological observations were reviewed, and these were recorded for unwitnessed falls and/or suspected injuries to the head; however, not all had been completed as per policy. Family/whānau (whenever possible) are notified following incidents, as evidenced on the accident/incident forms. Opportunities to minimise future risks are identified by the clinical manager in consultation with RNs and HCAs.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months and when there is a change in the resident's condition; however, not all interRAI reassessments sampled had been completed within the required six-month timeframe. Evaluations are</p>
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		<p>documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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 recreation activity programme policy is implemented and guides staff around documentation requirements, the activities programme for rest home and hospital level residents and activities in the dementia unit. The diversional therapist is employed 40 hours a week from Monday to Friday, they are assisted by an activities coordinator and physiotherapist. There are 'boredom buster' packs available for residents, family/whānau, and staff to use outside of activity team staffed hours.</p> <p>There is a weekly planner for the Homestead (dementia) wing. Residents are provided with the planner. Activities include (but are not limited to); walking, daily exercises, singing, group games, quizzes, one on one time, country drives, music therapy, nail cares, happy hour, and puzzles. There is a small chicken coup in the garden, resident collect the eggs regularly.</p> <p>A monthly planner is made for the dual-purpose wings, which is provided to each resident and includes (but are not limited to) weekly drives, nail cares, bible studies, movies, craft, indoor bowling, and movies. Planners are printed with quizzes, word finders, pictures to be coloured in.</p> <p>Each resident has a recreational assessment and a social and recreational profile completed soon after admission to the service. Activity care plans are included in the resident care plan, and covers cultural, spiritual, and social preferences. Residents and family/whānau are included in activities assessments and care planning. A record is kept of individual resident's activities. The activity sections of the care plan are reviewed six-monthly with care plan evaluations. Twenty-four-hour plans are well documented for each resident in the dementia unit with residents' rhythms and routines documented for the morning afternoons and nights</p>

		<p>including usual morning and night-time routines and preferences.</p> <p>One to one and group activities are provided. The one-to-one activities are focused on the resident's personal interests. Community involvement includes engagement with the Te Awa village, village farm tours, and pre covid, the wider community. Families and residents interviewed reported they enjoyed the activities programme. Popular activities include happy hour (twice weekly), exercises (adapted in the dementia unit to include balloon games), outdoor activities and musical entertainment. There are frequent activities that reflect celebratory events such as Christmas, birthdays, Mother's Day, Father's Day, and Waitangi Day. Cultural activities include (but are not limited to); flax weaving, poi exercises, and karakia occurs every morning and evening.</p> <p>Resident meetings provide the opportunity for residents to identify activities they would like to be included. Residents throughout the facility were observed to be engaged in a range of meaningful activities that encouraged social, physical, and mental wellbeing.</p> <p>Partial Provisional:</p> <p>The addition of the 14 care beds will have no impact upon the activities programme as it operates with sufficient resources, using a team approach between the diversional therapist, activities coordinator, physiotherapist, and HCAs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. The medication charts reviewed had allergies documented, and all medications were administered and signed for appropriately.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for</p>

	<p>returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily. Medications are stored securely in accordance with requirements.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. All staff who administer medications have current competencies in place. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical manager, clinical lead, or registered nurses. Medication information for residents and whānau can be accessed online as needed.</p> <p>There were two residents self-administering medication on the day of the audit. A resident was observed to be administering their medications safely. An assessment, review, and the provision of safe storage was all implemented. There is a policy and procedure in place to guide staff. Standing orders are not used.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p> <p>Partial Provisional:</p> <p>Registered nurses and HCAs assessed as medication competent will continue to be responsible for medication administration. The service will utilise the electronic medication management system and use the existing medication room as per their current practice. The service has sufficient equipment in place (including locked medication storage space in each resident's room) to cater for the</p>
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		new wing.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>All meals are prepared on site and served in the dining room or in the residents' rooms if requested. There is a main dining room in the dual-purpose area, in addition each of the four wings has a dining room, and each resident has a dining room/lounge area within their room, suite or cottage. The dining rooms are spacious, pleasurable, and decorated in line with the culture of the area and residents tastes. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary.</p> <p>The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan is current (expires 19 March 2026). The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the head chef was familiar with the concepts of tapu and noa. The head chef discussed occasions where the service has</p>

		<p>provided culturally appropriate meal services and has menu options available for Māori and Pasifika.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.</p> <p>Partial Provisional:</p> <p>The addition of 14 care beds will have no impact on food services as the residents will utilise the existing dining areas or have food delivered to their rooms in heated scan boxes which the service already has on site. It is the resident's choice whether they would like to eat in the dining areas or their own room.</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>The resident discharge and transfer planning policy guides staff around internal transfers to another wing in the facility, external discharges to another facility and associated documentation and processes. The policy guides staff to ensure a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described discharges or transfers being coordinated in collaboration with the resident and family/whanau to ensure continuity of care. There was evidence that residents and their families were involved for all transfers or discharges to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' Health New Zealand patient transfer system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the yellow envelope. A verbal handover is provided. Resident files reviewed evidence follow up and completion of all recommendations and follow up actions documented on the discharge letters.</p> <p>All discharge letters and correspondence with allied health teams including the mental health services for older people, medical specialist service is filed in the resident clinical record. The registered nurses, clinical manager, and clinical lead confirmed that any residents who identified as Māori are supported and encouraged</p>

		to access Māori health services as appropriate.
<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>	FA	<p>The facility has four 'wings' RD1 and RD2 are dual purpose rooms, RD3 is dual purpose care suites. Homestead is the secure dementia unit all are situated on the ground floor of the facility, with the CEO' office, support roles, meeting room and storage in the mezzanine floor above reception.</p> <p>The maintenance policy ensures residents are provided with an appropriate accessible physical environment and facilities that are fit for purpose and planned and reactive maintenance occurs. The site manager, and administration manager jointly oversee a team of four full time maintenance personnel.</p> <p>Reactive and preventative maintenance occurs. There is an annual maintenance plan, which includes monthly checks, for example, hot water temperature, call bells, resident equipment, and safety checks. Electrical equipment has been tested and tagged, and calibration of medication equipment is completed annually. Essential contractors are available 24-hours a day. The building warrant of fitness expires on 12 July 2025.</p> <p>There is a country/ farming theme throughout with grass styled privacy frosting. Farming scenery, farm animal photos and paintings around the facility. Ornamental bales of wool as decoration. The café/ community area is known and the woolshed, exteriors of the facility are farm/ industrial style. All residents have access to the cinema, gym, and café facilities, indoor bowling alley, and snooker room. There are two large rooms with large tables, which residents can access for family events such as birthday celebrations. There is a small whanau room. The reception area has large sofas in front of a large fireplace. All bedrooms and communal areas have ample natural light and ventilation. There are radiators or heat pumps in all areas. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective.</p> <p>Each wing has a dining room and separate lounge areas with fireplaces. All corridors are wide. All rooms in RD1 and RD2 have</p>

	<p>full ensuite facilities that are spacious and provide adequate space for hospital equipment. Resident rooms are furnished with a fridge, microwave, and tea and coffee facilities. All rooms have large windows with views across the countryside or the paddocks within the grounds. The courtyards are easily accessible, with areas of interest and provide seating and shade. There is a large communal dining room and lounge area with adjacent servery area where evening meals are served and large gatherings occur. Each wing has a laundry room where all personal laundry is completed by residents as able or staff. Visitor's toilets are available and there are toilet facilities located close to communal areas.</p> <p>The RD3 wing has care suites which have a separate bedroom, and large lounge/ dining area with larger kitchenette area with all amenities and a dishwasher. Most suites have access to a decked area. There are seven double rooms which are used for married couples. Two rooms were occupied by married couples.</p> <p>The dementia (homestead) wing is secure. There are large spaces in the unit for resident activities to take place. There are large outdoor areas that include gardens, outdoor furniture, a hen house, and farm gates. Resident rooms provide adequate space for personal adornments. There are no doors on wardrobes or ensuites (not common practice in dementia); however, privacy is maintained as the ensuite doors are away from the entrance to the room. Staff ensure bedroom doors are always closed during provision of cares. There are darker coloured tiles around the toilet. There is a large open plan kitchen, lounge, and dining area with smaller quiet seating areas. All doors are open to allow residents to go for walks in the enclosed courtyard.</p> <p>There are five cottages (all double rooms) that are certified to provide rest home level of care for more independent residents. These have a separate bedroom and large lounge/dining area a full ensuite.</p> <p>Māori consultation was sought during the construction of the new wing to ensure the design and aspirations of Māori were included.</p> <p>Residents and family/whānau interviewed were complimentary of the environment and well-maintained grounds.</p>
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		<p>Partial Provisional:</p> <p>The new wing RD4, (14 dual purpose beds) is in the same building as the current care services, and the environment was determined to be safe and appropriate for rest home and hospital level care. A certificate of public use is in place. The wing is decorated in the same style, has the same amenities as existing wings, and all rooms have a full ensuite. There is adequate equipment and amenities in place to provide rest home and hospital level care. All required furniture is in place.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (10 April 2025). A recent fire evacuation drill has been completed, and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard in each wing and checked at regular intervals.</p> <p>In the event of a power outage there is back-up power available (generator on site) and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of seven days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets, and lounge/dining room areas. Residents were observed to have their call bells near to them. Residents and family/whānau interviewed confirmed that call bells are answered in a timely</p>

		<p>manner.</p> <p>The building is secure after hours, staff complete security checks, and a security patrol completes external checks overnight. The entrance to the grounds has a locked gate with an intercom for access. There are security cameras installed, both indoors and outside. Visitors and contractors are required to sign in on entry.</p> <p>Partial Provisional:</p> <p>An updated fire plan is in place that has been approved by the New Zealand Fire Service (10 April 2025). The call bell system is available for all residents living at Te awa Lifecare Village. A recent fire evacuation drill was completed with staff which included the new wing. Sufficient emergency supplies and water are in place for the additional residents.</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 and control programme includes infection control objectives and lines of reporting. The programme includes infection prevention and antimicrobial management that align with the organisation's strategic document. The board and management team knows and understands its responsibilities for delivering the infection control and antimicrobial programmes and seeks additional support where needed to fulfil these responsibilities. The infection control programme is appropriate for the size and complexity of the service.</p> <p>Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings. The infection control coordinator and clinical lead described reporting requirements for infections and outbreaks reported. The results and analysis of the data collated each month are reported to the board.</p> <p>Partial Provisional:</p> <p>This audit verifies the governance related to the infection prevention and control programme and antimicrobial stewardship is suitable for the increase in beds.</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 annual infection control plan is developed by the general manager, clinical manager, and the clinical lead with specialist and general or nurse practitioner input as required and is reviewed annually. There are policies and procedures for infection prevention and control that meet Ngā Paerewa standards and acknowledge the spirit of Te Tiriti o Waitangi. These were developed using an external contractor and Bug Control guidance. The clinical manager is the infection control coordinator who has a signed defined job description that outlines the role and responsibilities on file. The clinical lead supports the infection control coordinator. The infection control team is the management team. The Māori health plan ensures staff are practicing in a culturally safe manner.</p> <p>All policies, procedures, and the pandemic plan are up-to-date and include covid-19 guidelines and precautions in line with current Ministry of Health recommendations. Staff follow the Covid-19 management plan and the pandemic policy which is available for all staff. Staff and most residents are vaccinated for Covid-19 and influenza. There are sufficient stocks onsite of PPE to support any possible outbreak.</p> <p>The infection control coordinator provides a report including graphs of data which is reported to the board and communicated to staff during meetings, evidenced by meeting minutes. The infection control coordinator described support from the infection control specialist from Waikato Hospital and other clinical managers in the area. The infection control coordinator described utilising the Ministry of Health and Health New Zealand websites for information around the latest Covid-19 guidelines and recommendations as needed.</p> <p>The infection control coordinator is booked to attend a four-month external online course in infection control and liaises with the infection control coordinator at the other aged care facility owned by the organisation. Staff education around infection control commences at orientation to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Staff education includes (but is not limited to); standard precautions, isolation procedures, hand hygiene competencies and</p>
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		<p>donning and doffing of personal protective equipment (PPE). The infection control coordinator is involved in any policies that may impact healthcare associated infection surveillance, such as cleaning and laundry. The infection control coordinator is also responsible for ordering clinical supplies and equipment. The infection control coordinator had input to the build of RD four. The site was closed off to staff and residents.</p> <p>There are implemented procedures for single use items and cleaning and decontamination of equipment. This is monitored by the infection control coordinator and there is a process to undertake corrective action if needed.</p> <p>There are resources in te Reo Māori including for hand hygiene above hand basins. Registered nurses, healthcare assistants, housekeeping and laundry staff interviewed could describe how they acknowledge cultural practices for example not using dining tables for clinical practices and keeping food away from clinical areas.</p> <p>Partial Provisional:</p> <p>This audit verifies the infection prevention and control programme is suitable for the increase in bed numbers.</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 antimicrobial stewardship policy aims to: promote judicious use of antimicrobials in treating infections and evaluate the efficacy of the prescribed antimicrobial; to implement infection control interventions within the facility to reduce the need for antimicrobials; and to reduce the harmful effects of inappropriate antimicrobial use within the facility.</p> <p>All infections are logged on an individual infection notification form, and a short-term care plan is implemented. This generates a monthly report, which is fully analysed and discussed at meetings. The infection control coordinator collates data around the type of infection, type of antimicrobial used and the duration of the treatment. Responsible use of antimicrobials is promoted. The effects of the prescribed antimicrobials are monitored.</p>

		<p>Partial Provisional:</p> <p>This audit verifies the antimicrobial stewardship programme is suitable for the increase in bed numbers.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The monitoring surveillance of infections policy specifies the aim to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection and prevention control.</p> <p>Infection monitoring is the responsibility of the infection control coordinator. All infections are entered into the electronic resident system, which generates a monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events. Ethnicity data is recorded for all infections. Outcomes are discussed at the daily handovers when residents have infections, and collated data is discussed at staff and management meetings and reported to the board.</p> <p>There has been one outbreak of Covid-19 in February 2025 with six residents affected. There are clear records of the start dates of the infection, symptoms, actions taken including isolation and the date of resolution. When a resident is placed in isolation, a supply of PPE, sanitising wipes, dissolving laundry bags and yellow rubbish bags are placed outside the door and staff do not rotate throughout the facility during an outbreak. Clinical records show clear communication with family/whānau when residents develop infections.</p> <p>Partial Provisional:</p> <p>This audit verifies the surveillance of infections is suitable for the increase in bed numbers.</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</p>	<p>FA</p>	<p>There are laundry and cleaning policies and procedures. Material safety datasheets are available in the laundry. There are sluices in the laundry in the service area and this area requires electronic fob access. There is a 'wash' (dirty) access and 'dry' (clean) automatic</p>

<p>the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>sliding door access and exit from the laundry. Personal protective equipment including gloves, long sleeved aprons and visors are used by laundry assistants when sorting laundry. All sheets, blankets and bathroom laundry are laundered in the laundry. Each wing has a small laundry where personal laundry is washed, dried, and returned to the residents. Laundry is collected from the wings in covered trolleys. Laundry services are provided across seven days a week. Resident's personal clothes are laundered by the healthcare assistants in the laundry in RD2, and Homestead wings. Each wing has a sluice room with appropriate PPE, sanitiser and hand washing facilities.</p> <p>The cleaner's trolley is locked away adjacent to the laundry service area when not in use. All chemicals on the cleaner's trolley were labelled and in original containers, chemicals are stored in the lockable cupboard in the cleaning trolley when in use. The cleaner interviewed could easily describe processes in line with current best practice including the use of colour coded cloths and mops. Internal audits are completed for laundry and cleaning services as part of the internal audit schedule and overseen by the clinical manager who is the infection control coordinator. Staff have completed chemical safety training. The laundry assistant and cleaner interviewed were knowledgeable around infection control practices including hand hygiene.</p> <p>During the audit, the facility was noted to be clean and tidy and residents and family/whānau interviewed expressed their satisfaction with cleaning and laundry services. Part of the role of the infection control coordinator is to ensure the building and new wing meet infection prevention and control requirements.</p> <p>Partial Provisional.</p> <p>This audit verifies the cleaning and laundry processes are suitable for the increase in bed numbers. When the new wing opens the same processes will remain with healthcare assistants doing personal laundry in the wing and bed linen and towels will be laundered in the main laundry. There is a sluice room in the new wing.</p>
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<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 restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The clinical lead is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination and implementation across the organisation. The reporting process to the governance body includes restraint data that is gathered and analysed monthly. There are processes for assessment, consent, monitoring, and evaluation should restraint use be required.</p> <p>The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. On the day of the audit there were seven residents utilising restraint. Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination.</p> <p>Regular training occurs. Review of restraint use is completed and discussed at all staff meetings. Training for all staff occurs at orientation and annually. This includes a competency assessment.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. The resident's family/whānau confirmed their involvement in the process. Access to advocacy is facilitated as necessary. A restraint register is maintained and reviewed at each head of department, and quality meeting. Seven hospital level residents were using bedrails as a restraint. The register contained enough information to provide an auditable record. Restraint use was documented in staff and management meeting minutes. Restraint monitoring records</p>

		<p>were completed for each restraint use.</p> <p>Emergency restraint is only used when all other alternatives have failed. If emergency restraint is required, the registered nurse will consult with the restraint coordinator, clinical manager, and resident or family/whānau (where applicable). A debriefing session with staff involved and resident or family/whānau would be held following any emergency restraint use. The restraint coordinator stated that no incidences of emergency restraint use have occurred since the previous audit.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint coordinator undertakes a three-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. The restraint use evaluation includes identifying trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	Initial assessments, care plans, initial interRAI assessments and long-term care plans have all been developed by a RN in partnership with the resident and family/whānau. All care plans are individualised and holistic to overall resident needs and preferences. Long-term care plans are formally evaluated every six months and when there is a change in the resident's condition; however, not all interRAI reassessments sampled had been completed within the required six-month timeframe. The service is aware of the issue and had a corrective action plan in place at the time of audit.	Six of eight residents reviewed had not had their routine interRAI assessment completed within the required six-month timeframe.	<p>Ensure all routine interRAI assessments are completed within the required six-month timeframe.</p> <p>90 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans,</p>	PA Low	A suite of monitoring charts are available for staff to utilise. The monitoring charts in use	Four of four unwitnessed falls did	Ensure all neurological

<p>service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>have been maintained as per care plan instructions. All wound charts include detailed wound assessment, management plans and evaluations evidencing progression or deterioration of the wound.</p> <p>Registered nurses collaborate with HCAs to evaluate interventions for individual residents at risk of falling. Neurological observations were reviewed, and these were recorded for unwitnessed falls and/or suspected injuries to the head; however, not all had been completed as per policy. The service is aware of the issue and had a corrective action plan in place at the time of audit.</p>	<p>not have neurological observations completed as per policy.</p>	<p>observations are completed as per policy.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.