

# Care Alliance 2016 Limited - Waimarie Private Hospital

---

## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Care Alliance 2016 Limited
<b>Premises audited:</b>	Waimarie Private Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 28 April 2025    End date: 28 April 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	35

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Waimarie Private Hospital provides rest home and hospital level care for up to 52 residents. The service is operated by Care Alliance 2016 Limited. The facility is managed by the owner/business manager, who is supported by the clinical manager. Residents and families interviewed spoke positively about the care and management provided.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Standard NZS 8134:2021 and the provider's contract with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland. The surveillance process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents whānau/family members, the owner/business manager, managers, staff, visiting allied health providers and a general practitioner.

The corrective actions required from the previous audit were reviewed and all except one had been fully addressed.

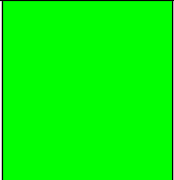
The corrective actions reviewed were related to registered nurse coverage, professional qualifications and scopes of practice of health professionals employed and contracted not being monitored, processes had not been developed and implemented to evidence analysis of entry and decline rates including specific rates for Māori, initial nursing assessments were being completed but recorded on three different forms, no specific Māori health care plans were implemented to meet cultural needs, goals, interventions and early warning signs of deterioration were not documented in the care plans reviewed.

In addition to these areas of improvement documented outcome scores of interRAI assessments were not being communicated in the individual resident long term care plans and when progress is different than expected the care plan was not updated, there was

no evidence to support Māori and whānau to identify their own pae ora, three monthly resident medical reviews were not being completed in a timely manner, the medication room temperature was not being monitored and eyedrops were not being dated when opened. Fire safety education for all staff was not being completed six monthly.

The area requiring improvement which remains open is related to the inadequate registered nurse coverage of the facility 24/7. As a result of this audit, improvements are required relating to the inadequate number of staff trained in first aid to cover all shifts, initial assessments for residents not being completed, two areas in medication management, and the infection prevention programme not being reviewed in a timely manner.

## Ō tātou motika | Our rights

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

Waimarie Private Hospital works collaboratively to support and encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples were provided with services that recognised their worldviews and were culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Service providers maintained professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. Residents' property and finances were respected.

Policies and the Code provided guidance to staff to ensure informed consent was gained as required. Residents and whānau felt included when making decisions about care and treatment.

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

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

The governing body assumes accountability for delivering a high-quality service. This included ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure met the needs of the service, supporting and monitoring good practice.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. An integrated approach included collection and analysis of quality improvement data and identified trends that led to improvements. Actual and potential risks were identified and mitigated.

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

Staffing levels and skill mix met the cultural needs of residents. Staff had the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supported safe, equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te ora | 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 partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

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

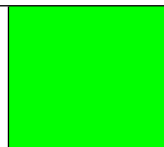
A safe medication management system was implemented. Medicines were administered by staff who were competent to do so.

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

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

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

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

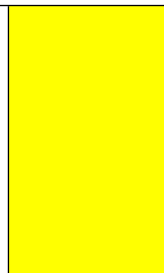


Subsections applicable to this service fully attained.

The facility, plant and equipment met the needs of residents and were culturally inclusive. A current building warrant of fitness and planned maintenance programme ensured safety. Electrical equipment was tested as required.

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

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



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

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, and was linked with the quality improvement programme.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme was appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

## 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	16	0	1	3	0	0
Criteria	0	49	0	1	3	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Waimarie Private Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Māori mana motuhake was respected. Partnerships have been established with a local iwi to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of audit, and those interviewed felt culturally safe. There were no staff who identified as Māori on the day of the audit. All staff and managers have completed training on cultural safety and Tikanga best practice.</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</p>	FA	<p>Waimarie Private Hospital provided services that were underpinned by Pacific worldviews. Pacific residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced. There were staff who identified as Pacific people on the day of the audit. Pacific values were understood by staff interviewed.</p>

outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code were posted around the facility on noticeboards.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Residents received services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Staff interviewed were fully informed about maintaining professional boundaries. Training was provided and was verified in the training records reviewed.</p> <p>Residents reported that their property and finances were respected. There was a locked safe that residents could use to store their money if desired, and they had access to their money when required. Two staff sign out the money from the safe and log sheets were kept.</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,</p>	FA	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Signed general consent forms and admission agreements were available in records sampled for review. A reviewed and updated admission agreement was implemented, and it included a clause on termination of services. Residents and whānau confirmed that the admission</p>

<p>keep well, and live well. 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>agreement was explained to them on admission to the facility. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. The service assured the process worked equitably for Māori by arranging an interpreter if needed. The complaints policy, procedure and the complaint form were available in a te reo Māori version. There have been four complaints received from external sources since the previous audit. One complaint from Te Whatu Ora Te Toku Tumai Auckland was received the day before the last audit. This was responded to on 25 January 2023 after an investigation, and the family received a formal response on 2 February 2023. This complaint was sent to the Health and Disability Commissioner (HDC) by the family. The last correspondence was recorded on 20 June 2023, and this complaint remains open. Two separate complaints were received from Health New Zealand - Te Whatu Ora Te Toka Tumai Auckland on 12 April 2024. Full responses were provided to Te Whatu Ora regarding both complaints on 9 May 2024. Both complaints were from families. Both residents had been discharged to another facility. The business manager stated that no further correspondence has been received. The register was reviewed. The last complaint received from HDC on 27 November 2024 was a family complaint. This was appropriately responded to HDC on 16 December 2024. This complaint is being managed by the resident's legal advisor. No further communication or documentation was available regarding</p>

		closure of this complaint on the day of the audit.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Care Alliance 2016 Limited – Waimarie Private Hospital assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the management team, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurred through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed in the annual business plan for 2023 to 2026. This was reviewed and updated in March 2025. The business manager ensured the objectives to achieve for this coming year were set up in readiness. Action plans were used to improve outcomes as needed. A commitment to the quality and risk management system was evident. Members of the management team interviewed felt well informed on progress and risks. This was confirmed in a sample of reports provided to the business manager.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to the two managers and monitoring of resident safety and clinical indicators monthly. Training has been provided for the management team and the clinical manager, including Te Tiriti o Waitangi and health equity training.</p> <p>The service provides age-related residential care (ARRC) and holds contracts with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland for providing rest home, respite, hospital and interim care. On the day of the audit, there were 35 residents receiving care including rest home level care 11 residents, 18 hospital level care residents, four interim care residents, one respite care resident, and one private respite care resident.</p>

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes, for example, management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections and restraint elimination. The business manager explained the processes involved and how the strategic plan is implemented. Business continuity is also part of risk management and planning. The annual resident satisfaction survey now includes any interim care residents. The most recent satisfaction survey was completed on 6 March 2025; the results have been collated but are yet to be analysed and shared with staff.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The business manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Any internal or external risks are identified. There was an up-to-date hazard register and hazardous substance register.</p> <p>Staff documented adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The clinical manager and the senior nurse manager (who works part-time) understood and have complied with essential notification reporting requirements. Section 31 registered nurse (RN) shortage forms have been completed monthly due to the ongoing shortage of RNs. This was an area of improvement identified at the previous audit that remains open (refer to criteria 2.3.1). The clinical manager stated that was one adverse event reported on 23 September 2024 for a resident who had been admitted with a categorised stage four</p>
--	-----------	---

		(SAC 1) sacral pressure injury.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The senior RN manager, interviewed, adjusted staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. There were insufficient staff trained to have a first aider on each shift and there were insufficient registered nurses to ensure 24/7 coverage in the facility. This was an area of improvement identified at the previous audit that remains open (refer to criterion 2.3.1).</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents. The clinical manager explained that there was a core of staff who have worked at this facility for some time. The clinical manager works Monday to Friday, and the senior registered nurse/manager works part time. There were five registered nurses in total including the clinical manager. Four registered nurses were interRAI competent.</p> <p>Continuing education was planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery. Records reviewed demonstrated completion of the aged residential care training requirements and competency assessments, with the exception of the first aid training (refer to criterion 2.3.1). Staff felt well supported and training was readily available online.</p> <p>Care staff have either completed or commenced a recognised New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland. There was a total of 18 health care assistants (HCAs) employed. Fourteen (14) HCAs have completed Level 4, four Level 3 and two HCAs who have</p>

		completed Level 3 are near completion of Level 4.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable). Employed and contracted health professionals annual practising certificates (APCs) were monitored and records maintained annually. This was an area of improvement identified at the previous audit which had been fully addressed.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>A process was implemented to communicate the decisions for declining entry to services.</p> <p>Residents' rights and identity were respected during the admission process. Evidence of ongoing consultation with the resident and whānau (where applicable) was available. Email communication records were sighted.</p> <p>Routine analysis of entry and decline rates, including rates for Māori, were completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	PA Moderate	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support well-being. A care plan was developed by suitably qualified staff following a comprehensive assessment,</p>

<p>what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>including consideration of the person’s lived experience, cultural needs, values and beliefs, and which considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. The previous area requiring improvement in criterion 3.2.3 has been addressed.</p> <p>A new initial assessment form used for all residents has been implemented. The initial assessments were signed by the registered nurses when completed. These were completed in consultation with residents and whānau (with residents’ consent) where applicable. Residents have an opportunity to share what is important to them during the assessment and care planning process. The previous area requiring improvement in criterion 3.2.3 in relation to the use of different nursing assessment tools has been addressed. Timeframes for the initial medical assessment by the general practitioner (GP) and long-term care plan and review timeframes met contractual and policy requirements.</p> <p>The initial nursing assessment form was not consistently completed for residents receiving short-term support and an area requiring improvement was identified in criterion 3.2.1. Staff supported Māori and whānau to identify their own pae ora outcomes in their care plan. A Māori health care plan was completed for residents who identified as Māori. Cultural customs, values and beliefs were included using Te Whare Tapa Whā model of care. The previous areas requiring improvement in criteria 3.2.3 and 3.2.7 have been addressed. This was verified by sampling residents’ records, and from interviews of clinical staff, residents, and whānau.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures and interRAI outcomes. Individualised goals of care were included in the care plans, and these were reviewed six-monthly or when required when there were changes in residents’ needs. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. The previous area requiring improvement in criterion 3.2.5 has been addressed. Residents and whānau</p>
--	--

		<p>confirmed active involvement in the process.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. Interviewed staff understood processes to support residents and whānau when required. The GP and the external physiotherapist interviewed confirmed satisfaction with the care provided.</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>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. All staff who administered medicines were competent to perform the function they managed. Current medication administration competencies were available in staff records sampled for review.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had not been completed consistently. Eye drops were dated when opened. Medicines stored were within the recommended temperature range. Records of fridge and medication room temperature records were available. The previous area requiring improvement in criterion 3.4.3 has been addressed.</p> <p>Prescribing practices met requirements as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The previous area requiring improvement in criterion 3.4.4 has been addressed. Over-the-counter medicines were charted on the prescription chart where applicable. The required three-monthly GP medication review was consistently recorded on the medicine chart. The previous area requiring improvement in criterion 3.4.3 has been addressed. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The menu has been developed in line with recognised nutritional guidelines for older adults, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys and resident meeting minutes.</p> <p>The service operated with an approved food safety plan and registration that will expire on 18 June 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Whānau reported being kept well informed during the transfer of their relative. Transfers and discharges were recorded in the progress notes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Building, plant and equipment were fit for purpose, inclusive of peoples’ cultures and comply with relevant legislation. This included a current building warrant of fitness which was displayed at the entrance to the facility and expires on 30 June 2025.</p> <p>The testing and tagging of electrical equipment and resources was last completed on 10 April 2025. Calibration of medical equipment and biomedical testing was completed in October 2024. An inventory was maintained by the contracted service provider and this was reviewed.</p> <p>Health and safety environmental checks are completed three-monthly.</p> <p>Residents and whānau were happy with the environment, including</p>

		heating and ventilation, natural light, privacy, and maintenance.
<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>	FA	There have been no changes to the building/s since the previous audit. The previous corrective action relating to trial fire evacuations has been addressed and trial fire evacuations have occurred as required by law.
<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>	PA Low	<p>The clinical manager, supported by the registered nurses, was responsible for overseeing and implementing the IP programme. The IP programme was not reviewed and reported on annually.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.</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>	FA	Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance included ethnicity data. Results of the surveillance programme were shared with staff and reported to the senior management team in meeting minutes.

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The clinical manager is the restraint coordinator.</p> <p>Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>At the time of the audit, no residents were using a restraint, and this has been the case for the last eight years. The restraint register was reviewed.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>Four weeks’ rosters were reviewed. Registered nurses were not rostered onto all shifts to meet the needs of the hospital level residents and the requirements of the contract with Te Whatu Ora Te Toka Tumai Auckland. The number of registered nurses at the previous audit was three and at this audit, there were five registered nurses. Two international qualified nurses were also on the staff and were waiting to complete the English language requirements for registration. Section 31 notifications have been completed regarding the shortage of RNs. The service was not actively recruiting at the time of the audit. This was an area of improvement identified at the previous audit that remains open. Training</p>	<p>Despite an increase in the registered nurses being employed since the previous audit, there remains a deficit to cover the roster 24/7, to meet the requirements of the Ngā Paerewa Standard and the service’s contract with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland. There are also not enough staff who have completed first aid training to ensure a first aider is rostered onto all shifts.</p>	<p>To ensure there are adequate registered nurses to cover Waimarie Private Hospital 24/7 and that a trained first aider is available on all shifts.</p> <p>90 days</p>

		records reviewed verified that three staff were current first aiders.		
<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>	<p>PA Moderate</p>	<p>The service has developed and implemented an initial nursing assessment form to be used for all residents entering the service. This assessment form was consistently utilised for all residents receiving long-term support. However, it was not consistently completed for residents who were receiving short-term support. Some of these residents were receiving interim care and they had assessments completed by the acute care team in hospital. Other assessments were completed including the skin assessment, vital observations and mobility assessment. In two of two files sampled for review for residents who were receiving short-term support, one under interim care and the other under respite care, they did not have a completed initial nursing assessment.</p>	<p>The initial nursing assessment form was not completed consistently for residents who were receiving short-term support.</p>	<p>Ensure that the initial nursing assessment form is completed for all residents as per organisational policy.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. Six-monthly controlled drugs stock checks were completed in a timely manner. However, weekly controlled drugs stock checks were not being completed consistently. Administered PRN medication was not consistently evaluated for effectiveness. This</p>	<p>i) The weekly controlled drugs stock checks were not completed consistently to meet legislative requirements.</p> <p>ii) Effectiveness of administered PRN medication was not consistently evaluated.</p>	<p>Complete weekly controlled drugs stock checks to meet legislative requirements.</p> <p>Ensure the effectiveness of the administered PRN medication is evaluated</p>

		included pain relief medication and behaviour management medication.		consistently.  90 days
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	The IP programme has been developed by those with IP expertise and approved by the senior management team. The programme was linked to the quality improvement programme. Annual review of the IP programme had not completed since the previous audit. This was confirmed by the clinical manager and review of the programme documentation.	The IP programme was overdue for annual review.	<p>Ensure the IP programme is reviewed and reported on annually to meet the criterion requirements.</p> <p>180 days</p>

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

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

No data to display
--------------------

End of the report.