

Kyber Health Care Limited - Waikiwi Gardens Rest Home

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 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:	Kyber Health Care Limited
Premises audited:	Waikiwi Gardens Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 June 2025 End date: 4 June 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	42

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

Waikiwi Gardens, located in Invercargill. Waikiwi Gardens provides care for up to 45 rest home residents. On the day of audit there were 42 residents.

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

The owners/directors (non-clinical) are supported by a facility manager, financial manager, registered nurses, and care assistants.

Residents interviewed were complimentary of the service and care provided.

The service has addressed the previous shortfall identified at the previous certification audit in relation to the completion of mandatory training and residents self-administering medication.

Ongoing shortfalls include care plan timeframes, interventions, monitoring, and medication management.

This audit identified shortfalls around meetings, staff orientation and annual equipment checks.

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.

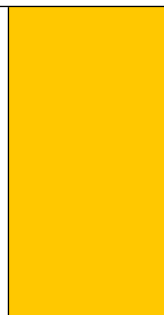


Subsections applicable to this service fully attained.

Waikiwi Gardens has a Māori health plan in place. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Waikiwi Gardens demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse and staff are aware of professional boundaries. There are established systems to facilitate informed consent and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights and complainants are kept fully informed.

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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Waikiwi Gardens Care has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. The staffing and rostering policy is in place. Human resources are managed in accordance with good employment practice. A staff training plan are in place to support staff in delivering safe quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals occurs in a 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.		Some subsections applicable to this service partially attained and of low risk.
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The building holds a current building warrant of fitness. A maintenance plan is in place.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved by management. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been two outbreaks since the last audit.

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.
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The restraint coordinator is one of the registered nurse team. The owners/directors are committed to Waikiwi Gardens being restraint free. The facility has no residents using restraint. Minimisation of restraint use is included as part of the education and training plan.

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	13	0	2	3	0	0
Criteria	0	42	0	2	5	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>A Māori health plan is documented for the service, which Waikiwi Gardens utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit the service had both residents and staff who identified as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and in the care plan of one resident identified 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>	FA	<p>The Ola Manuia Pacific Health and Action Plan and Te Mana Ola are the chosen models for the Pacific health plan and Pacific Peoples Culture and General Ethnicity Awareness Policy. At the time of the audit there were residents who identified as Pasifika. There were Pacific staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Waikiwi Gardens.</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 English and te reo Māori. The facility manager confirmed it was provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with three family/whānau, and five residents confirmed they are informed of their rights and their choices are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Waikiwi Gardens policies provide guidelines to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Nine staff were interviewed; four care assistants, three registered nurses, one maintenance person and one cook and management (facility manager and financial manager) demonstrated an understanding of professional boundaries when interviewed.</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</p>	<p>FA</p>	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) or welfare guardians. All documentation regarding EPOA and activation is on file.</p>

<p>to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been two complaints made in 2024. One of the complaints include the involvement and support of the National Health and Disability Advocacy service; all complaints were resolved to the satisfaction of the complainant. No complaints were received in 2025 year to date. There were no trends identified.</p> <p>Complaints documentation reviewed included follow up and outcome letters demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The facility manager is responsible for the management of complaints, if these complaints were clinical, they would consult with the registered nurse team. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation.</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>FA</p>	<p>Waikiwi Gardens is privately owned by Kyber Healthcare. Waikiwi Gardens provides rest home level care for up to 45 residents. On the day of the audit there were 42 residents. There were three residents under younger persons disabled contracts (YPD), and one funded through mental health services. All remaining residents were on the age-related residential contract (ARRC).</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>There were no residents on respite care. There are four double/shared rooms, currently three are occupied by two residents.</p> <p>Since the last audit, a new pathway has been created from the main entrance to the gateway. Room refurbishments are ongoing when rooms are vacant. The assistant manager became the facility manager in 2025 as the owners/directors no longer are on-site weekly. One of the owners supports the facility manager and the financial manager in operational/staff management and the other owner supports the full-time maintenance person. Staff interviewed confirmed the transition to the new management structure has been seamless. The facility manager and finance manager are supported by registered nurses and an experienced care team. The facility manager meets regularly with the owners/directors to facilitate the link between management and governance.</p> <p>The facility has been owned by two owners/directors since March 2017; they no longer own any other facilities. The owners/directors attend the monthly management/quality improvement meeting which discusses and minutes discussions related to day-to-day operational activities and reporting on the quality and risk management programme, including meetings and training regarding health and safety, infection prevention and control, staffing, internal audits, complaints (if any), cultural safety, and survey results.</p> <p>The facility manager is knowledgeable around contractual and legislative requirements.</p> <p>A 2024-2025 business plan is in place and includes a mission, philosophy, and objectives of the service. The business plan is regularly reviewed against set goals as part of the quality improvement meeting. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.</p> <p>The facility manager undertakes professional development activities related to managing an aged care facility through attending regular aged residential care forums and online training. The registered nurses are responsible for clinical governance, and each have at least eight hours of professional development each year.</p>
Subsection 2.2: Quality and risk	PA Low	Waikiwi Gardens is implementing a quality and risk management

<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>programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality and staff meetings are held quarterly as scheduled. The quality system is documented and includes an internal schedule which is adhered to; however, the information from audits and other internal monitoring is not shared at the relevant meetings. Quality, health and safety goals and progress towards attainment are discussed at management/quality improvement and staff meetings. There was evidence of high staff attendance at meetings.</p> <p>Benchmarking occurs within the electronic system. Resident and family/whānau satisfaction surveys were completed in November 2024 and evidence a high degree of satisfaction in all areas of service delivery. The facility manager confirmed these results were communicated to residents in the four monthly resident meetings and were displayed on the noticeboard in the main hallway.</p> <p>A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers and meetings. Electronic entries are completed for each adverse event, and immediate action is documented with any follow-up action(s) required, evidenced in a sample of twelve accident/incident records reviewed. Adverse event data is collated monthly and analysed. Results are discussed in the management/quality improvement and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There was one Section 31 notification and a severity assessment code (sac) report to the Health Quality and Safety Commission in progress at the time of the audit. There have been no other events in 2024 that required notification. There have been two reported outbreaks.</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</p>	<p>FA</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and owners/directors are available full time from Monday to Friday and also provides afterhours on-</p>

<p>whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>call cover. The owners/directors are on site for one week per month. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The roster reviewed evidenced short notice absences are covered by casual staff. There are sufficient numbers of care assistants allocated on each shift to meet the care needs of residents. There are separate kitchen staff, maintenance/gardener. Laundry and cleaning duties are completed by the care assistants. Care assistants interviewed stated the workload is manageable. The registered nurses and all care assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>The annual education and training schedule; has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. This is an improvement from the previous audit, # 2.3.4. Staff reported they are provided with most training in formal face to face sessions and impromptu toolbox trainings. The facility manager has started to use the online platform that is available with the resident quality management system to support training. All staff are required to complete competency assessments as part of their orientation and include hand hygiene, correct use of personal protective equipment (PPE) and manual handling and transfers. The facility has commenced using the neurological observations competency with staff. Staff who administer medication complete annual medicine competency and a record of completion is maintained.</p> <p>Care assistants are encouraged to attain Careerforce New Zealand Qualifications Authority training (NZQA) levels in Health and Wellbeing. Three care assistants have achieved Level 4, and eight have achieved Level 3. There are a large number of staff with many years' experience who are on the Level 4 pay rate, with equivalent qualifications. The facility manager (non-clinical) has attended a variety of external training sessions including the Aged Care Association Education Trust Workshop 2025, a record of completion is maintained in the education folder. The registered nurses have completed the annual interRAI assessment competency.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge,</p>	<p>PA Moderate</p>	<p>The five staff files (one registered nurse, one cook and three care assistants) reviewed included evidence of training and competencies and professional qualifications on file where required. The care assistants and</p>

<p>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>cook had completed orientations on file. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</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. The registered nurse file that was reviewed did not have a completed orientation package; the sample was extended to include the other two registered nurses who also did not have a completed orientation. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and care assistants to provide a culturally safe environment for Māori. All staff who have been employed for a year or more have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five resident files were reviewed including a younger person with disability (YPD). The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plan reviews. Registered nurses advised risk assessments and initial care plans were completed on admission. Initial care plans are developed at admission with information provided by the resident, family/whānau and the pre-entry assessments. The long-term care plan is completed within the required timeframes and reviewed at least six-monthly or earlier if there is a change in health status. The previous audit shortfall #3.2.1 has been partially addressed.</p> <p>The initial care plans are evaluated by the registered nurses within three weeks of admission, and the long-term care plan is developed including interventions from the initial care plan; however, interventions in the long-term care plans did not consistently provide sufficient detail to guide care, therefore #3.2.3 remains ongoing.</p> <p>All residents (including residents on YPD contracts) have interRAI assessments completed. The interRAI assessments in the residents reviewed were completed on time and were current. Health New Zealand requested a review on interRAI assessments, and the sample was</p>

	<p>extended. The extended samples identified overdue interRAI assessments. When interviewed the registered nurses confirmed this was related to the Covid – 19 outbreak and they were committed to ensure all interRAI assessments are completed on time.</p> <p>Long-term care plans are evaluated and document progress toward the residents identified goals. Where progress is different from expected, the registered nurses update the care plan, this update is either added to the long-term care plan or a short-term care plan is developed. Short-term care plans are used for infections, wounds such as skin tears, and any decline in health status. Resident care is evaluated on each shift and reported at handover and in the progress notes. The planned weekly review of each resident and a weekly registered nurse note was noted to be inconsistent. If any changes are noted by the care assistants, it is reported to the registered nurses. The general practitioner completes at least a three-monthly review or more often as required.</p> <p>The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop residents' individual activity care plans.</p> <p>Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition, the evaluation includes the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews with the nurse practitioner within required timeframes and when their health status changes. The general practitioner visits two weekly and as required. Medical documentation and records reviewed were current. The general practitioner interviewed noted the improved communication with the</p>
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		<p>service and was complimentary of the oversight provided by the registered nurse team. Out of hours calls are supported by the general practitioner and the emergency department at the local hospital. Access to hospice, medical specialists, wound, and continence specialists are available as required through Health New Zealand. Allied health professionals such as the podiatrist visit regularly or the physiotherapist when referred to.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. The policy documents that where there are unwitnessed falls, staff must complete neurological observations for a minimum of 24 hours; however, this was not evidenced in documentation reviewed. In three of five unwitnessed falls, neurological observation recordings were not documented at intervals as per policy, this is an ongoing shortfall. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; intentional rounding, food intake charts, fluid balance monitoring, stress, and distress monitoring. Staff interviews confirmed they are familiar with the needs of all residents in the facility, and they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit. Wound management policies and procedures are in place. Wound documentation is available and includes assessments, management plans, progress, and evaluations. There were four wounds being managed, these included: one chronic ulcer, one blister, and two abrasions. Adequate dressing supplies were sighted in the treatment room.</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>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have completed current medication competencies. Staff were observed to be safely administering medications. Registered nurses and care assistants interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in accordance with requirements. Controlled</p>

		<p>medications are checked by two staff for accuracy in administration. The weekly stock checks are not completed consistently and the six-monthly quantity stock check was not done in June or December 2024 (it was completed in April 2025). This shortfall remains ongoing from the previous audit. The treatment room has a dedicated fridge for medication storage in the medication room and room temperatures are monitored as per policy. All eyedrops have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all residents' medication charts three-monthly and each drug chart has a photographic identification and allergy status identified. There were four residents self-administering their medications, all had the correct self-administering competency completed. The previous shortfall #3.4.6 has been addressed. There were no standing orders used. All pro re nata (PRN) medications had been administered as prescribed, including reason for administration and efficiency documented.</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>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook reported they accommodate residents' requests.</p> <p>There is a verified food control plan which expires February 2026. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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>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>PA Low</p>	<p>The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices, residents are able to personalise their rooms. There is a full-time maintenance person. A monthly maintenance plan is documented, implemented, and includes annual calibration of medical equipment, testing and tagging of electrical equipment; however, this has not been completed since February 2024. The facility manager confirmed contractors are booked for August 2025 to complete this. Weekly hot water temperatures are completed across the facility and evidence to be within the appropriate parameters. A building warrant of fitness expires 1 June 2026.</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>There is an infection prevention and control programme (this includes the pandemic plan and antimicrobial stewardship) that has been developed by an external aged care consultant and their infection control specialists. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed annually by the consultant who collaborates with the infection control coordinator. The infection control programme links to the overarching quality programme and the infection prevention and control programme is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand hygiene competencies; and donning and doffing of personal protective equipment (PPE).</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>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection surveillance is discussed at management/quality improvement and staff meetings. Meeting minutes and graphs are available for staff. Action plans are required for any infection rates of concern. Internal infection prevention and control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, infection control and cultural safety aseptic technique, and transmission-based precautions. There have been two outbreaks of Covid – 19 since the last audit. The latest outbreak finished the week before the audit and a debriefing meeting was being planned. All notifications had been completed, including a section 31. Family/whānau were advised of the outbreak. At interview, the infection prevention and control coordinator advised, hand sanitisers other PPE had been available for visitors.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the</p>	<p>FA</p>	<p>The owners/directors demonstrates a commitment to having no restraint. The registered nurses maintain a focus on ensuring care is provided in the least restrictive way possible. There were no residents using restraint. A registered nurses undertakes the restraint portfolio and drives the ongoing philosophy of eliminating restraint. The restraint policy confirms that restraint consideration and application must be made in partnership with family/whānau, and the choice of the device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p>

use of restraint in the context of aiming for elimination.		Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed at orientation and annually.
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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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Quality and staff meetings are held monthly as scheduled. The quality system is documented and includes an internal schedule which is adhered to; however, the information from audits and other internal monitoring is not shared at the relevant meetings.</p> <p>Adverse events and infection rates are monitored; however, trends are not evidenced as being discussed at quality or staff meetings.</p>	<p>(i). Information from audits and other internal monitoring is not shared at the relevant meetings.</p> <p>(ii). Meeting minutes did not evidence discussion around quality data including (but not limited to) trends, quality indicators, survey outcomes or complaints.</p>	<p>(i). Ensure information from audits and other internal monitoring is shared at the relevant meetings.</p> <p>(ii). Ensure meeting minutes evidence discussion of quality data.</p> <p>60 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service</p>	PA Moderate	<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. The registered nurse file that was</p>	<p>The three registered nurses did not have completed orientations.</p>	<p>Ensure all staff evidence completed orientations.</p> <p>30 days</p>

provided.		reviewed did not have a completed orientation package; the sample was extended to include the other two registered nurses who also did not have a completed orientation.		
<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 registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plan reviews. Registered nurses advised risk assessments and initial care plans were completed on admission. The residents whose files were reviewed as part of the audit process had current and correct interRAI dates. As requested by Health New Zealand the sample was extended and noted that there were three residents whose interRAI assessments were being worked on (due in May) and three that were due in the month of May that had not been started or completed. When interviewed the registered nurses confirmed this was related to the Covid – 19 outbreak and they were committed to ensure all interRAI assessments are completed on time. Progress notes evidenced entries by care assistants; however, not all RN progress notes were documented as expected.</p>	<p>(i).The extended sample of interRAI assessments evidenced that the six reassessments due in May 2025 had not been completed.</p> <p>(ii).The registered nurses weekly review notes were not consistently completed in four of the five files reviewed.</p>	<p>(i). Ensure interRAI assessments are completed in the correct time frames.</p> <p>(ii). Ensure registered nurse weekly notes are completed.</p> <p>60 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a</p>	<p>PA Moderate</p>	<p>All residents had a long-term care plan documented which addresses all</p>	<p>In three of the five files reviewed the</p>	<p>Ensure interventions are sufficient to guide care.</p>

<p>care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>triggers identified in the interRAI assessment and risk assessments completed. Care plans were developed by a registered nurse in partnership with residents and family/whānau. Care plan templates are holistic and were tailored to residents individual preference and routines; however, not all interventions in the long-term care plans consistently provided sufficient detail to guide care, therefore this is an ongoing shortfall.</p>	<p>interventions regarding pain, management of behaviours and consent were insufficient to guide care.</p>	<p>60 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p>	<p>PA Moderate</p>	<p>Care assistants ensure registered nurses are advised of all incidents. The policy documents that where there are unwitnessed falls, staff must complete</p>	<p>In three of five unwitnessed falls, neurological observation recordings were not</p>	<p>Ensure all neurological observations are completed as per policy.</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>neurological observations for a minimum of 24 hours; however, this was not evidenced in documentation reviewed. There are a range of monitoring charts in use which were completed as per instructions in the care plans.</p>	<p>documented at intervals as per policy.</p>	<p>60 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>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have completed current medication competencies. Medications are stored securely in accordance with requirements. Controlled medications are checked by two staff for accuracy in administration. The weekly stock checks are not completed consistently, and the six-monthly quantity stock check was not evidenced as being completed in 2024. This shortfall is ongoing from the previous audit.</p>	<p>(i). The weekly stock checks are not completed consistently completed.</p> <p>(ii). The six-monthly quantity stock check was not completed in June or December 2024.</p>	<p>(i). & (ii). Ensure weekly and six-monthly stocktaking is conducted in line with policy and legislation.</p> <p>30 days</p>

<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>Essential contractors are available as required. The building has a current warrant of fitness. The hoists, medical equipment, and weigh scales have not been evidenced as calibrated, tagged, and tested within the required timeframe. The facility manager confirmed they have the contractors booked for August 2025 to complete this.</p>	<p>The hoist, medical equipment, and weigh scales have not been evidenced as calibrated, tagged, and tested annually.</p>	<p>Ensure the hoist, weigh scales and other medical equipment/electrical appliances, are calibrated, tagged, and tested within the required timeframe.</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.