

# Senior Care Investments Limited - Fraser Manor Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Senior Care Investments Limited

**Premises audited:** Fraser Manor Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 10 June 2025 End date: 11 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:** 32

# Executive summary of the audit

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## 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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

### Key to the indicators

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

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

## General overview of the audit

Senior Care Investments Limited - Fraser Manor Rest Home (Fraser Manor) is certified to provide rest home level of care for up to 41 residents. There have been no significant changes since the last audit, apart from employing a new executive chef, and an updated facility fire evacuation plan having been approved by Fire and Emergency New Zealand. The existing management team has re-allocated some responsibilities.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, the two owners, other managers, staff, the roofing contractor, and a general practitioner.

Improvements are required to ensure staff have completed the cultural competency assessment.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Fraser Manor works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and these services 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. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents were safe from abuse.

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

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

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The two owners assume accountability for delivering a high-quality service. This included honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities. Advice and support on te ao Māori were available at governance level when required.

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

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. Residents and whānau provided regular feedback and staff are involved in quality activities. 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 clinical needs of residents. Staff were appointed, orientated and managed using current good practice. Relevant ongoing training is provided for staff.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information was provided to the potential resident and whānau.

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

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

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility met the needs of residents and was clean and tidy. Processes were in place to identify and undertake required maintenance. There was a current building warrant of fitness. Electrical equipment was tested as required. External areas are accessible, safe and provide shade and seating, and met the needs of people with disabilities.

Staff were trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. An updated fire evacuation plan was approved by Fire and Emergency New Zealand in August 2024. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Appropriate security was maintained.

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

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

Subsections applicable to this service fully attained.

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

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

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

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

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

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Staff have been trained in providing the least restrictive practice, de-escalation techniques and 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	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Fraser Manor has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with a local kuia, to support service integration, planning, equity approaches and support for Māori. Alternatively, residents can identify the cultural supports of their choice. Another cultural advisor was available to the chief executive officer (CEO) for advice and support at governance level, as required. A Māori health plan has been developed by an external consultant with input from cultural advisers and is used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. A staff cultural competency assessment programme was in place. New staff were not completing the requirements. Refer to the area for improvement raised in criterion 2.3.3.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data was documented on recruitment.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Fraser Manor has identified and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes. Pacific residents were given the opportunity to identify community cultural supports of their choice.</p> <p>Pacific residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced.</p> <p>The recruitment, training and actions to retain a Pacific workforce were supported. There were staff employed who identified as Pacific peoples, including in a management role.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes and mana motuhake.</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. Information was provided in the welcome pack, pamphlets at the front entrance, and posters throughout the home.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Residents were supported to attend regular church services within the home and in the community if they so wished. Staff were</p>

		<p>observed to maintain privacy throughout the audit by knocking on the resident's door before entering. There are several large lounges and outside sitting areas where residents have space to be on their own and/or sit with other residents and whānau. Residents can personalise their bedrooms.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through the activities program and Māori signage throughout the home. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. Fraser Manor was supported by a local kuia who visits as required.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and they reported that their property was respected and finances protected. Residents felt that they could personalise their room and that their valuables were safe. Residents were also encouraged to give whānau their valuables for safe keeping.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where</p>

<p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required. There were several residents who were sensory impaired and/or for whom English was a second language. Both staff and residents had access and used an electronic translator, while others wrote on a whiteboard. Throughout the home, there was also larger signage and print, for example, larger signage and arrows pointing to call bells. Residents and staff were observed to develop their own sign language, which was very effective. Admission agreements, informed consent and the complaints form were provided in the residents' first language.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Two residents chose not to be checked on overnight, they were deemed competent to make an informed choice and there was documented evidence of discussions, including a signed agreement between the resident and the care home. Residents, either independently or supported by a staff member, depending on their mobility and/or ability to give informed consent, frequent the community. There was a sign out and sign in book that residents were aware they needed to sign when leaving and re-entering the building. Staff were observed to have conversations with residents in regard to the right footwear and appropriate clothing for the weather.</p> <p>Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the</p>

		resident's record.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system was in place to receive and resolve complaints 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. Complaint forms written in both English and te reo Māori were present in the main entrance area, along with a drop box.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. Complainants were asked if they were satisfied with the response to the complaint.</p> <p>The service assured the process worked equitably for Māori by including ethnicity data in complaints analysis. The facility manager stated that the residents' whānau would be included in the complaint resolution process when consented to/requested by the complainant. Interpreters would be accessed if required.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Fraser Manor has two owners and directors, the chief executive officer (CEO) and facility manager (FM). They have owned Fraser Manor since 4 July 2018. The CEO is responsible for business planning and financial oversight of services. The facility manager is responsible for ensuring the day-to-day care needs of the residents are being met, human resources, quality, and risk activities. The two owners assume responsibility for delivering a high-quality service to the resident communities served, and have completed training in Te Tiriti, health equity and cultural safety.</p> <p>The FM was training the assistant facility manager (AFM), who has worked at Fraser Manor in a full-time capacity in different roles for six years, about the role and responsibilities of facility manager and</p>

	<p>the Age-Related Residential Care contract (ARRC) requirements. The AFM was also responsible for administration activities, rostering, and other delegated activities. The CEO was reducing the amount of time spent on site. The CEO previously had an oversight of the care home buildings and maintenance activities. This is now the responsibility of the facility services manager (FSM), who also works full-time in the care home and has done so since the owners purchased the facility. There is an experienced clinical nurse manager, who has worked at Fraser Manor for approximately four and a half years, initially in a registered nurse (RN) role, before being appointed as clinical nurse manager (CNM) prior to the last audit.</p> <p>The CEO has a Māori governance representative available who can be consulted if additional advice or support is required at governance level. Organisational policies and procedures were developed by an external consultant who sought input from Māori.</p> <p>The leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The facility manager has completed eight hours of education in the past 12 months related to managing an ARRC service.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs via the monthly staff meetings and ongoing communications between the two owners. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed. The service continued to invest in additional bariatric equipment. A commitment to the quality and risk management system was evident. The owners interviewed felt well informed about progress and risks. The FM attended the monthly staff meetings where quality and risk activities were discussed.</p> <p>Compliance with legislative, contractual and regulatory requirements was overseen by the owners, with external advice sought if required.</p>
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		<p>People receiving services, and their whānau, participated in planning and evaluation of services through existing care planning meetings. The facility manager had an open-door policy for residents, staff and whānau and this was sighted.</p> <p>The service holds Age-Related Residential Care (ARRC) contracts with Health New Zealand –Te Whatu Ora for rest home level of care, short-term residential respite (nine categories), and Long-Term Care – Chronic Health Conditions (LTC-CHC) at ‘residential’ level of care. The service is also registered with the Accident Compensation Corporation (ACC) and occasionally provides services to applicable residents under an individual funding contract. On the first day of the audit, there were 32 residents receiving care. This included 26 residents receiving long-term care ARRC care under the ARRC contract. There were also five residents receiving services under the LTC-CHC contract at rest home level of care. Four of these residents were under 65 years of age. There was one resident receiving short-term care. There were no residents receiving ACC funded services.</p> <p>The care home comprises two buildings. The main care home building and Bellbird Suites. Bellbird Suites is comprised of three attached units, each unit contains two bedrooms, a lounge/dining area and a bathroom. Refer to subsection 4.1. There is a total of 36 bedrooms at Fraser Manor, with five designated bedrooms that can accommodate two residents who are a ‘couple’. If no ‘couples’ are present, the maximum bed occupancy is 36 residents.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflected the principles of continuous quality improvement. This included the management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of resident outcomes, policies and procedures, clinical incidents including infections, and ensuring the care home was restraint-free. The randomly sampled completed internal audits identified there was a high level of compliance with organisational policies.</p> <p>Residents, whānau and staff contributed to quality improvement</p>

<p>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>through three-monthly resident meetings and monthly staff meetings, and via involvement in care planning and review processes. A resident satisfaction survey was undertaken in May 2025. The results were still being collated. A review of the 18 responses that were received prior to the audit showed there was satisfaction with most aspects of the service, with some minor issues noted. The management team advised they will collate the data and then work to address feedback from residents. A staff satisfaction survey was also undertaken in May 2025. Staff noted that some additional equipment was needed. The management team advised they were unaware of the items wanted by staff until the surveys were received.</p> <p>Critical analysis of practices and systems, using ethnicity data, identified possible inequities and the service worked to address these. Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support roles externally if required.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The CEO and facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</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. There was detailed analysis of falls including themes, trends, time of day and location where the event occurred. An annual summary of all reported events was undertaken and the results communicated with staff. Open disclosure was occurring. The monthly staff meeting was a forum where infections, incidents, complaints, internal audits, staffing and other topics were discussed,</p>
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		<p>and education was provided for staff.</p> <p>The facility manager understood essential notification reporting requirements. There have been two events that have been externally notified since the last audit. These were a COVID-19 outbreak and a scabies outbreak.</p>
<p><b>Subsection 2.3: Service management</b></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 Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. The general practitioner visits weekly and was available on call. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate and medication competency.</p> <p>There were currently no staff vacancies. In the event of unplanned absences, replacement staff were usually found. On rare occasions, external agency health care assistants (HCA's) were used. Agency staff have been used on five occasions in the last year.</p> <p>An enrolled nurse was employed in January 2025 working 22.5 hours per week. The full time CNM and the enrolled nurse work regular rostered hours. The CNM had current interRAI competency. There was a casual RN available if the CNM was on leave. There was a minimum of three care staff on duty. Residents in Bellbird suites were checked at least two-hourly, with increased frequency of checks if a resident was unwell. Two competent residents have signed documents advising that they do not want to be checked by staff overnight.</p> <p>There were sufficient staff rostered on duty for maintenance, food services, laundry, cleaning, and to facilitate the activities programme. Residents and whānau interviewed, including of the Bellbird Suites, advised that staff attended call bells in a timely manner and there were sufficient staff rostered on duty to meet their needs. There were members of the management team on-call after</p>

		<p>hours.</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.</p> <p>Continuing education is planned on a biannual basis, including mandatory training requirements. Related clinical competencies were assessed including medication, manual handling, hoist, wound care and first aid. Competency requirements were different based on the seniority and experience of health care assistant (HCA) staff. Fourteen HCA staff and the RN and EN have a current full medication competency, with three other HCAs had witness-only competency for medications. There were 17 staff with a current first aid certificate.</p> <p>The ongoing education programme supported equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery. Records reviewed demonstrated completion of the required training and competency assessments, with the exception of cultural competency assessments. This is an area that requires improvement.</p> <p>Staff felt well supported with development opportunities. Care staff were encouraged to complete a New Zealand Qualification Authority education programme.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p>	<p>FA</p>	<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 were consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment and checked to ensure they remained current.</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>Staff reported that the induction and role-specific orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. New staff were buddied with a senior staff member for a minimum of three shifts.</p> <p>Opportunities to discuss and review performance occur annually, as confirmed in records reviewed and interviews with the management team.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>Opportunities to be involved in a debrief and discussions following any serious incidents or challenging situations were provided, as confirmed by staff interviewed.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Information was accessible for all those who needed it.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Fraser Manor is not responsible for National Health Index registration of people receiving services</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process met the needs of residents. Whānau interviewed were satisfied with the admission process and</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>the information that had been made available to them on admission.</p> <p>The facility manager interviewed confirmed that residents at rest home level of care were not declined entry to the home; however, if there were no beds available, the potential resident would go on the waiting list. Related data was documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supported Māori and their whānau when entering the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, was developed by suitably qualified staff following a comprehensive assessment, 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.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes met contractual/policy requirements. All residents had an up-to-date interRAI. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services 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. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p>

		<p>Tāngata whaikaha participated in service development through day-to-day activities. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau can independently access information.</p> <p>The GP has supported the facility for over 10 years, visits at least once a week and is available for on call as required. The GP interviewed confirmed that the care provided by staff was excellent.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life. The residents were supported by an activities coordinator from 9.30 am to 4.00 pm, who works Monday to Thursday then Monday to Friday over a fortnight. Staff have access to activities to support the residents after hours and on the weekends.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori.</p> <p>Feedback on the programme was provided through day-to-day conversations and resident/whānau satisfaction surveys. The residents were very proud of their achievement in making 586 words from one word in their group activity. Those interviewed confirmed they found the programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administered medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>There were four residents self-administering medication. This process was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Where there were difficulties accessing medications, this was identified, and support provided.</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 food service is in line with recognised nutritional guidelines for people using the services. The menu had been reviewed by a qualified dietitian within the last two years. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. The home operated with an approved food safety plan that was last audited on 13 March 2024 and was current for 18 months. There were five corrective actions that had been resolved and signed off. The home held a food registration certificate which expires on 16 March 2026.</p> <p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau had menu options that were culturally specific to te ao Māori. The executive chef was supporting several residents with individual menus that met the residents' specific food cultural requirements.</p> <p>Kitchen staff wrote the menu on the board in the dining room each</p>

		<p>morning. The residents then had the opportunity between 10.00 am – 12.00 pm and 2.00 pm to 5.00pm to complete a meal request form if they would like an alternative meal, of which they had three options, and/or if they were going out and would like their meal saved or not.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. Residents in Bellbird Suits can have their meals in their suite or in the main dining room.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. A resident was admitted to hospital due to a deterioration in health. Documentation showed a robust assessment completed by the senior health care assistant and a conversation with the on-call registered nurse prior to the ambulance being called. Documentation showed that the resident was competent and requested that their whānau was not to be informed at the time. Documentation evidenced in other residents' notes showed that whānau were kept well informed when transferring their loved one to hospital.</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</p>	FA	<p>The care home comprises two buildings. The main care home building comprises four wings called 'Kiwi, Kingfisher, Fantail and Tui' wings. Bellbird Suites (three suites each with two bedrooms, a full bathroom and a lounge) are located across the driveway from the main building. There is a front and back entrance that residents and staff can use to travel between the main building and Bellbird suites. Staff assist residents, where applicable, to travel between</p>

<p>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>the two buildings.</p> <p>Building, plant and equipment were inclusive of peoples' cultures and complied with relevant legislation. This included a current Building Warrant of Fitness (BWoF), with an expiry of 23 June 2025, and electrical and biomedical testing and calibration of clinical equipment. The FM and FSM advised the three units comprising Bellbird Suites are not included in the BWoF as they are on a separate title and that a BWoF is not required for Bellbird suites due to the size and maximum occupancy. This is unchanged from the last audit.</p> <p>Hot water was tested to ensure it was within the required temperature range. The FSM has completed training in order to undertake routine electrical test and tagging (ETT) of electrical equipment. All sampled appliances were current. The FSM training/competency records were sighted.</p> <p>There were processes in place for staff to be advised of maintenance needs or repairs. There was a leak in the roof in the corridor in one wing. A roofing contractor had been on site on a number of occasions prior to audit and was present again on the second day of audit. This area of the building had been recently re-roofed, new flashing installed and the roofing joints sealed. However, there remained a 'leak'. The contractor was checking the surrounding roof area during audit in the event the water was 'travelling'. If the source of the leak was not located, the contractor stated further work would be undertaken. The owners and contractors were also reviewing smoke alarms throughout the main building and identified the smoke alarms that needed replacing. There have been several recent false fire alarm activations due to smoke alarms. In Bellbird Suite, there are smoke and carbon monoxide alarms present. These are alerted to a panel in the main building dining room/lounge area.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. There are a number of lounge/relaxing areas and a large dining room. Personalised equipment was available for residents with disabilities, to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Some rooms</p>
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		<p>have full ensuite bathrooms or ensuite toilets.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance. Residents' rooms contained personal items, including furniture in some rooms. Scooters were stored in a designated area. There are appropriate external areas for residents' use including seating and shade.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. The FSM is aware of the need to ensure that consultation or co-design with Māori occurs when a new building is in the design process. There are no building changes proposed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and had appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency.</p> <p>The fire evacuation plan had been updated and was approved by Fire and Emergency New Zealand (FENZ) on 15 August 2024 (reference EV-59313-4). The last fire drill occurred on 21 May 2025. Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region. This included 5000 litres of emergency water, a gas barbecue and a generator with diesel. Staff can provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alerted staff to residents requiring assistance. The call bells in Bellbird Suites alerted to staff wrist watches. Residents and whānau reported staff responded promptly to call bells. Monthly checks of all call bells occurred.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and reviewed and reported on yearly. Expertise and advice were sought following a defined process. Examples sighted included a COVID-19 outbreak and scabies outbreak. A documented pathway supported risk-based reporting of progress, issues and significant events to the governing body, as verified by the FM and CEO interviewed.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) was responsible for overseeing and implementing the IP programme with reporting lines to the CEO and FM. The IPCC had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery and policies and would be consulted in the event changes to the facility/building were planned.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice was accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan was documented and had been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff had been trained accordingly.</p> <p>Medical reuseable devices and shared equipment were appropriately decontaminated or disinfected based on</p>

		recommendation from the manufacturer and best practice guidelines, and processes monitored. Single use items are not reused.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	Responsible use of antimicrobials was promoted. The AMS programme is appropriate for the size and complexity of the service, approved by the owners, and supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement. This information was evidenced in meeting minutes.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, 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 the owners, and where necessary, recommendations for improvement were identified. Summary reports for two recent infection outbreaks in April were reviewed, and they demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) was culturally safe.</p>
Subsection 5.5: Environment	FA	A clean and hygienic environment supported prevention of infection

<p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>		<p>and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. The infection prevention and control coordinator (IPCC) had oversight of the environmental testing and monitoring programme. Staff involved had completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The CEO and FM stated a commitment to this. At the time of audit, there was no restraint in use, and this has been the case since the CNM was employed. The CNM is the restraint elimination coordinator. Any use of restraint was required to be as a last resort, discussed with the FM prior to use, and approved by the GP and the resident or their whānau.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>As no restraints were in use, subsections 6.2 and 6.3 are rated as not audited.</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 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	<p>There is a cultural competency assessment that is included in the staff education programme. This includes assessing staff competence/knowledge related to equity, and culturally appropriate models of care for Pacific and Māori residents. This training and associated competency assessment was last undertaken in early 2024 and is not occurring for new staff although culturally inclusive care is a mandatory topic in the orientation programme, and staff have recent training on Te Tiriti o Waitangi.</p>	<p>The staff cultural competency assessment has not been included in the ongoing training programme for new staff.</p>	<p>Ensure all staff complete the cultural competency assessment.</p> <p>180 days</p>

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

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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
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End of the report.