

Howick Baptist Healthcare Limited - Gulf Views Rest Home

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: Howick Baptist Healthcare Limited

Premises audited: Gulf Views Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 11 June 2025 End date: 12 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: 37

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
	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

Howick Baptist Healthcare Limited – HBH Senior Living Gulf Views Rest Home (Gulf Views), provides rest home level care for up to 45 residents. The service is managed by the nurse manager, who is supported by the clinical lead and overseen by the group manager-clinical operations and quality (GMC&Q) and the chief executive officer (CEO). Both were present and interviewed on the day of the audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider’s contract with Health New Zealand – Te Whatu Ora Counties Manukau. The certification process included observations, review of policies and procedures, resident and staff records, and interviews with residents, family members, staff and the nurse practitioner.

No areas were identified as requiring improvement.

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.

Gulf Views 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 are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which was reflected in day-to-day service delivery. Residents were safe from abuse.

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

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

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

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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information was provided to the potential resident and whānau.

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

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

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

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

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

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

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

Subsections applicable to this service fully attained.

The facility met the needs of residents and was clean and well maintained. There was a current 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. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The governing body ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that were appropriate to the size and complexity of the service. An experienced and trained infection control coordinator led the programme.

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

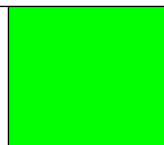
Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

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

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Gulf Views 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 marae located next door to the facility. The two lifestyle coordinators have linked with elders at the marae for an up-and-coming event. This Māori organisation has had input into providing blessings at this home, and for marae protocol training for staff including support service integration, planning, equity approaches and support for Māori. The aim, as explained by the CEO, is to ensure residents have access to tohungā and the kaumatua, as needed.</p> <p>A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori. When residents were admitted to this service their right to Māori self-determination, and culturally safe care, was promoted by the care partners and all staff. Te Whare Tapa Whā model of care has been adopted by this organisation and provision of care is in line with Te Tiriti expectations and clear objectives, and advice to ensure a secure framework was in place; this included leadership, knowledge and commitment.</p> <p>Cultural training has been completed by governance and the</p>

		<p>executive team. The most recent training presented to all staff, 'Achieving equitable outcomes and cultural responsiveness', was provided by a k̄aiawhina and Eden Associate on 9 June 2025 and was well attended. A record was maintained in the training records reviewed.</p> <p>Strategies to actively recruit and retain a M̄ori health workforce across roles were discussed. At the time of audit, there were no staff employed or residents who identified as M̄ori. Staff and ethnicity data was documented on recruitment and trended.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Gulf Views identifies 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. The CEO interviewed recognised the benefits of working closely in partnership with Pacific communities to ensure the holistic wellbeing of Pacific peoples. Partnerships also enable ongoing planning and evaluation of services and outcomes.</p> <p>Pacific care partners employed at Gulf Views interviewed felt their worldview, and cultural and spiritual beliefs, were embraced when Pacific residents were admitted to this service. The 'Fonofale' model of care was adopted by the organisation three years ago and was understood by care partners interviewed.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported through effective human resource management. Pacific staff employed represent a diverse number of Pacific countries and cultures.</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 M̄ori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code in English, te reo and sign languages were posted around the facility on notice boards.</p> <p>Residents and whānau interviewed reported being made aware of the</p>

<p>a way that upholds their rights and complies with legal requirements.</p>		<p>Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Staff understood Māori mana motuhake principles and these were incorporated into day-to-day service delivery and care planning. There were no residents who identified as Māori at the time of the audit.</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>Care partners were observed to maintain privacy throughout the audit. All residents had a private room.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through labelling of locations in te reo and English, literature in te reo and all sections of care plans had te reo and English headings. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori through the activities programme.</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, resident and whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and they reported that their property was respected. Residents' money and valuables were stored in a safe for security and residents had access to their money as desired.</p> <p>Professional boundaries were maintained by staff, as verified by</p>

		residents. 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 using the Eden Alternatives principles was evident and included use of Te Whare Tapa Whā model of care.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<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 other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/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. Informed consent forms and signed admission agreements were available in records reviewed.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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</p>	FA	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. The process met the</p>

<p>am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>requirements of the Code. Residents and family members understood their right to make a complaint and knew how to do so.</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. The nurse manager was responsible for complaints management and maintaining the complaints register. Complaints were reported monthly to the GC&QM. From June 2024 to June 2025, 12 complaints had been received and all were effectively closed out.</p> <p>The service assured the process worked equitably for Māori by ensuring an interpreter and an advocate were available if needed. The Code of Rights was displayed in both English and te reo Māori.</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. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service to the resident communities/households served, with meaningful Māori representation on governance groups. There were seven experienced directors, including the chairperson on the board of trustees. The governance group demonstrated expertise in Te Tiriti, health equity, and cultural safety. Te Tiriti advice from the kaumatua and other external Māori advisors was accessed if required.</p> <p>The leadership and including the clinical governance structures are appropriate to the size and complexity of the organisation. There was an experienced and suitably qualified person who managed the service. The nurse manager (NM) was supported by the clinical lead, and the GMC&Q was in close contact by overseeing the facility. The NM has been in the role for two years and reported directly to the GC&QM monthly or more often if needed.</p> <p>The purpose, values, direction, scope and goals were defined, and monitoring and reviewing of performance occurred through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in the business plans and monitoring</p>

		<p>documentation reviewed. The HBH clinical governance policy was reviewed, approved and implemented by the group support and development manager in August 2024. A commitment to the quality and risk management system was evident. Members of the governance group interviewed felt well informed on progress and risks. The CEO and the chairperson of the board work closely together one week prior to each board meeting, to ensure a project-/strategic-based agenda is developed for each board meeting. This was confirmed in a sample of reports to the board of directors and electronic minutes of the clinical governance meetings and senior leadership team meeting minutes reviewed.</p> <p>Compliance with legislative, contractual and regulatory requirements was overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services, and their whānau, participated in planning and evaluation of services through the review of care plans six-monthly, and resident meetings held two monthly or as necessary. Minutes of the resident meetings were maintained by the lifestyle coordinators and were sighted.</p> <p>The service held contracts with Health New Zealand – Te Whatu Ora Counties Manukau to provide rest home and rest home respite care services. On the day of the audit, 36 residents were receiving rest home level care and one resident was receiving rest home respite care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on 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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This included management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections, falls and restraint management.</p> <p>Residents, family and staff contribute to quality improvement through meetings and surveys. The last resident/family survey outcomes for November 2024 were displayed on the quality staff noticeboard, located near the dining room. Recent staff and resident surveys were</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>completed in May 2025 and were being collated and analysed by the GMC&Q. Resident meetings were held monthly and if there were any issues raised, these were brought to the attention of the NM and/or the clinical lead and addressed for quality improvement.</p> <p>The GMC&Q is responsible for quality. The quality performance system in place provided benchmarking, and currently seven residential aged care services are involved in the region, sharing and comparing data collated. The service was still transitioning to electronic record management for both resident and staff information. Positive feedback was received from staff regarding the care plans being online and accessible.</p> <p>A sample of quality and risk related meeting minutes were reviewed and confirmed there had been regular review and analysis of quality indicators, and that related information was reported and discussed two-monthly. Attendance records were maintained for all meetings held. A set agenda was used at all staff/quality meetings inclusive of Eden growth, key performance reports, external benchmarking results/outcomes, health equity initiatives, clinical equipment and medical consumables, staffing levels and general business. Each meeting commenced and ended with a karakia.</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 is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>The organisation's policies and procedures are current and maintained by the GMC&Q interviewed. The group manager, support and development also assisted with this document control process and ensured contractual requirements were effectively met.</p> <p>The CEO described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p>
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		<p>Staff document adverse and near miss events in line with the National Adverse Events Policy. A sample of incident forms reviewed showed these forms were fully completed; incidents were investigated, action plans developed, and actions followed up appropriately in a timely manner. Family/next of kin were informed if resident incidents occurred.</p> <p>The NM interviewed understood the essential notification reporting requirements. There were three Section 31 notifications in 2023, none in 2024 and none in 2025 up to the time of this audit. One was for a change in the NM position on 14 February 2023 and two separate notifications were made in May and August 2023 for residents awaiting placement for a higher level of care.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) at this rest home care setting which is built on two levels. The facility adjusted staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach was implemented to meet the needs of the residents. The care partners interviewed reported that there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Each shift was covered by a staff member who had a current first aid certificate.</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 was planned annually, including mandatory training requirements. Related competencies were assessed and 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.</p> <p>Care partners have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the</p>

		<p>requirements of the provider's agreement with Health New Zealand – Te Whatu Ora Counties Manukau. The NM reported, and training records confirmed, that care partners had completed the required training and competencies. There was a total of 16 care partners, with eight care partners having completed Level 4, five Level 3, and three had completed Level 2.</p> <p>Three registered nurses (RNs) and one enrolled nurse were currently interRAI trained. One RN was completing the interRAI training.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments. Competencies undertaken by staff included cultural training, fire, hand hygiene, hoist, restraint/de-escalation techniques, manual handling and infection prevention.</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>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were consistently implemented. Job descriptions were documented for each role.</p> <p>The NM described the procedures to ensure professional qualifications were validated prior to employment. In addition to this process, professional qualifications, registration, and the scope of practice for all employed and contracted health professionals were validated annually. The administrator interviewed maintained a register of the annual practicing certificates (APCs). The current licence for the contracted pharmacy was also sighted and recorded.</p> <p>Staff orientation included all necessary components relevant to the role. A buddy system was used and worked effectively for new care partners. Orientation included bedmaking, continence management, communication, falls prevention, residents' personal care and hygiene, security and fire emergency training. Opportunities to discuss and review performance occurred three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>

		<p>Staff performance was reviewed and discussed at regular intervals.</p> <p>Staff information, including ethnicity data, was accurately recorded and used in line with the Health Information Standards Organisation (HISO) requirements. Confidentiality was maintained.</p> <p>Care partners interviewed reported that incident reports were discussed at staff and quality meetings. The care partners have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</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. Ethnicity data was maintained. Electronic and hard copy records were reviewed. Clinical notes sampled were current. Staff have individual passwords to access the electronic system. Information was accessible for all those who needed it.</p> <p>Records were accurately recorded and complied with relevant legislative requirements and health information standards. Privacy was maintained.</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>The service provider is not responsible for accessing and issuing National Health Index numbers for residents.</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 entered the service when their required level of care had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents 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 the information that had been made available to them on admission.</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>Where a prospective resident was declined entry, there were processes for communicating the decision. Related data was documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations. Supports for Māori and their whānau when entering the service can be accessed when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team worked in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, was developed by the registered nurses or enrolled nurse 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, nurse practitioner assessment (NP), interRAI assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understood and knew how to support Māori and whānau to identify their own pae ora outcomes in their care plan, when required. This was verified from interviews of clinical staff.</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. The NP expressed satisfaction with the standard of care provided to residents.</p> <p>Tāngata whaikaha participated in service development through the assessment and care planning processes. Examples of choices and control over service delivery were discussed with care partners, tāngata whaikaha and whānau. Tāngata whaikaha and whānau can</p>

		<p>independently access information.</p> <p>Residents' records, observations and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. Residents and whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life. The activities programme was run by one activities coordinator and one activity assistant. Each resident had a copy of the lifestyle calendar. One of the activities coordinators has completed the Eden course and was in the process of completing the diversional therapy training.</p> <p>Lifestyle questionnaires and plans identified individual interests and considered the person's identity. The lifestyle plans included the Eden Alternative goals that included promoting wellbeing, combating loneliness, and helplessness. 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. Activities on the programme included visits to the local marae adjacent to the facility, and celebration of Waitangi Day, Matariki and Māori Language Week. Community initiatives met the needs of Māori, where applicable.</p> <p>Feedback on the programme was provided through residents' meetings, annual satisfaction surveys and annual care plan reviews. Interviewed residents 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.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administered medicines were competent to perform the function they managed. Current medication</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>administration competencies were available in staff files sampled for review.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber and recorded as part of the person's medication. The required three-monthly medication review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely. Residents were supported to understand their medications including Māori residents should any be admitted to the service.</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 was in line with recognised nutritional guidelines for older adults. The menu had been reviewed by a registered dietitian on 3 June 2025.</p> <p>The service operated with an approved food safety plan and registration that will expire on 18 June 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. The cook stated that Māori and their whānau would have menu options that were culturally specific to te ao Māori when requested. Residents had an opportunity to join a communal breakfast held every week.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and two-monthly resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this</p>

		provided with dignity.
<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. Whānau reported being kept well informed during the transfer of their relative.</p> <p>Transfers and discharges were recorded in the progress notes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems were in place to ensure the physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they met legislative requirements. The building warrant of fitness was publicly displayed and expires on 4 March 2026. The outside grounds and garden areas were well maintained.</p> <p>Residents interviewed confirmed they knew the processes they should follow if any repair or maintenance was required, and any requests were appropriately actioned.</p> <p>Equipment tagging and testing was current, as confirmed in records dated 11 March 2025. Current calibration of biomedical equipment and resources were sighted, dated 6 May 2025. Hot water checks were maintained, and records were reviewed.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. 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.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, natural light, privacy and</p>

		<p>maintenance.</p> <p>The current environment was inclusive of people's cultures and supported cultural practices. If any new buildings were to be planned, consultation would be sought by the kaumatua, to ensure the design reflected the aspirations and identity of Māori.</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 directed the facility in its preparation for disasters and described the procedures to be followed. The emergency plan met the needs of people with disabilities in an emergency. 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. The fire evacuation plan had been approved by Fire and Emergency New Zealand (FENZ) and was dated 28 April 1998. The last six-monthly fire evacuation training was held on 28 January 2025. A record was sighted.</p> <p>Policies and procedures provided guidance for all staff responding to civil defence and disaster events. Staff training records evidenced staff were trained in emergency procedures during orientation and annually. Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region. A water tank, emergency toolbox, batteries, torches, radio, continence products, water bottles, wound care products, paper and disposable utensils, cups and dry foods were readily available, and supplies were checked monthly. There is a memorandum of agreement signed with a portable generator company prioritizing Gulf Views in the event of an outage. Emergency lighting is available in the event of fire.</p> <p>The NM reported that a staff member who was first aid trained was on duty on all shifts. Current first aid certificates were reviewed in the staff records randomly selected to sample. The NM stated that all RNs, the EN and Level 4 care partners have completed the relevant training. The aim was to train all staff.</p> <p>Call bells alerted staff to residents requiring assistance. Residents</p>

		<p>and whānau reported staff responded promptly to call bells.</p> <p>Appropriate security arrangements were in place. The facility was locked by staff in the evenings and windows and doors were checked regularly during the afternoon and night shifts. A contracted security company provided checks during the night. Records were verified and maintained at each visit. Security lighting was available on the outside of the building. 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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</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>	FA	<p>The infection prevention and control coordinator (IPCC) was responsible for overseeing and implementing the IP programme with reporting lines to senior management or the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. They have completed the required IPC training within the past two years. Their advice and that of the nurse managers have been sought when making decisions around procurement relevant to care delivery, design or facility changes, and policies. The nurse manager stated that there were no immediate plans for new building at the time of the audit.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. Cultural advice was accessed where appropriate. The</p>

		<p>IP programme was last reviewed on 31 December 2024.</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 disease response plan was documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process was audited to maintain good practice. Single-use medical devices were not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials was promoted. The AMS programme was appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use monthly and identifying areas for improvement.</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</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 governance body, and where necessary,</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>recommendations for improvement were identified. An infection outbreak that was reported since the previous audit was managed in an appropriate manner.</p> <p>Communication between the clinical team, and those residents experiencing a health care-associated infection (HAI), was culturally safe. This was verified by residents in interviews.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <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>FA</p>	<p>A clean and hygienic environment supported prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. The infection prevention and control coordinator and the nurse manager have oversight of the environmental testing and monitoring programme. Staff involved have 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. This was documented in the restraint policy. The CEO and GC&QM interviewed, and staff, confirmed commitment to this. At the time of audit, there was no restraint in use, and this has been the case for over five years. The clinical lead is the restraint coordinator and has a job description outlining the responsibilities.</p> <p>Policies and procedures met the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Care partners confirmed they have completed competencies and received training.</p> <p>There were processes in place to report aggregated restraint data including data analysis supporting the implementation of an agreed</p>

		<p>strategy.</p> <p>Given there is no restraint being used, subsections 6.2 and 6.3 have not been audited.</p>
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.