

# Waihi Senior Citizens Home Incorporated - Hetherington House

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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:

<b>Legal entity:</b>	Waihi Senior Citizens Home Incorporated
<b>Premises audited:</b>	Hetherington House
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 9 July 2025      End date: 10 July 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	50

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

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

### Key to the indicators

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

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

## General overview of the audit

Hetherington House provides rest home, hospital and secure dementia care services for up to 50 residents. The service is owned and operated by the Waihi Senior Citizens Home Incorporated, a charitable trust.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the facility's contracts held with Health New Zealand – Te Whatu Ora. It included a review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, a board member, managers, staff, and a general practitioner. A registered nurse manages clinical oversight of the facility. Residents and whānau were complementary about the care provided.

Improvements identified as part of this audit related to aspects of the risk and quality management systems, completion of neurological observations following unwitnessed falls, management of the competency and training programmes, care planning, refurbishment of the kitchen environment, emergency management training, and restraint training and review.

## 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.

Hetherington House provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake, and this was confirmed by Māori residents and staff interviewed. There were no residents or staff affiliated to Pacific communities in Hetherington House at the time of the audit; however, policies were in place to enable Pacific peoples to be provided with services that recognised their worldviews and to support the provision of culturally safe care.

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. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their whānau were kept well informed.

Residents and their whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated 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.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for the delivery of 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, people who identified with a Pacific community, and tāngata whaikaha (people with disabilities).

Planning ensured 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, where in place, was focused on improving service delivery and care. Residents and whānau provide regular feedback and staff were involved in quality activities.

The National Adverse Events Policy had been 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.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents were admitted to Hetherington House, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised. Care provided met the needs of residents and their whānau and care requirements were 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, and food was safely managed.

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

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The facility met the needs of residents and was generally clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been tested as required. External areas were accessible, safe, provided shade and seating, and met the needs of tāngata whaikaha. Residents' rooms were spacious and personalised.

Security was maintained. Staff, residents and whānau understood emergency and security arrangements. Staff attended regular fire drills.

Residents and their whānau reported a timely staff response to call bells.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The governing body ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. It has been adequately resourced. Two experienced and trained infection control coordinators led the programme and engaged in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Hetherington House had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was being undertaken, with follow-up action taken as required.

The environment supported the prevention and mitigation of transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

## Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service aims for a restraint-free environment. This is being supported by the governing body and policies and procedures; restraint use is reported to the board. There were residents using restraint at the time of audit.

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

## 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	22	0	2	5	0	0
Criteria	0	167	0	2	7	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>Hetherington House (Hetherington) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake (self-determination) is respected. Residents and whānau interviewed reported that they felt culturally safe. An interview with a board member confirmed that the board is aware of their responsibility to support equity for Māori.</p> <p>An evidence-based Māori health plan is in place, and this is in use for residents who identify as Māori. Māori residents, and their whānau who were interviewed, confirmed that they had input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents. Interviews with residents and their whānau confirmed that the service is actively supporting the residents' needs and aspirations. Māori staff members confirmed culturally safe support was given to residents and that mana is respected.</p> <p>The service has links with Māori health support people through two local marae. An advocate from the marae can be called on to assist at any time.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff</p>

		employed who identified as Māori. Ethnicity data is gathered when staff are employed.
<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>Hetherington currently had no residents who identified with a Pacific community. The service has a Pacific health plan in place that supports culturally safe practices for Pacific peoples who may use the service, and on achieving equity. Interview with a board member confirmed that the board is aware of their responsibility to support equity for Pacific peoples.</p> <p>While the service has no staff who are aligned with Pacific communities, it supports increasing staff capacity across differing levels of the organisation as vacancies and applications for employment permit. Employment of staff of Pacific ethnicity was outlined in policy documentation. Demographics of the Waihi area showed that people of Pacific nations descent make up less than 2% of the population.</p> <p>The service can link with the local Health New Zealand – Te Whatu Ora (Te Whatu Ora) for health support for Pacific peoples should people of Pacific origin enter the service.</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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in te reo Māori, English and New Zealand Sign Language (NZSL) posters around the facility, with brochures and large print available at reception. Posters and information on the Nationwide Health and Disability Advocacy Service (Advocacy Service) were displayed in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and the availability of the Advocacy Service and were seen supporting residents of Hetherington in accordance with their wishes. Training on the Code and the Advocacy Service had been provided in 2024 (refer criterion 2.3.4), by a member of the Advocacy Service.</p> <p>Hetherington had a range of cultural diversities in its staff mix, and</p>

		<p>staff can assist if interpreter assistance is required. Hetherington also had access to interpreter services and cultural advisors/advocates, if required. Relationships had been established with Otawhiwhi Marae at Waihi Beach, the Waihi community marae, and with the Māori Health Unit at the local Te Whatu Ora, for the support of Māori in the service. A kaumatua from the marae visits as needed. A kaumatua board member assisted at all levels of the facility's operations to ensure equitable service for Māori were provided. Hetherington recognised mana motuhake.</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>Hetherington supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including tāngata whaikaha (people with disabilities), confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Interviews verified care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted. Staff working at Hetherington, however, had not been provided with recent education in Te Tiriti o Waitangi and cultural safety (refer criterion 2.3.4). The staff could speak and learn te reo Māori, with the assistance of staff members and residents who identified as Māori and the facility's kaumatua. Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents, except two, had a private room. Two residents who shared a room had their privacy maintained, and the residents and whānau had consented to share the room.</p> <p>Hetherington responded to tāngata whaikaha needs and enabled</p>

		<p>their participation in te ao Māori. Training on the aging process, diversity and inclusion included training on support for tāngata whaikaha (refer criterion 2.3.4).</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Hetherington included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p> <p>A holistic model of health at Hetherington was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Seven of eight residents and six of seven whānau members interviewed expressed satisfaction with the services being provided by Hetherington. An interview with one resident identified that an increase in staff training would be of benefit. One of seven whānau interviewed made mention of the upheaval in management at the beginning of the year, and the impact of this, noting this had improved recently.</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.  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</p>	<p>FA</p>	<p>Residents and their whānau at Hetherington reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. The use of electronic technology (where needed) was used to activate tāngata whaikaha residents’ requests using voice commands. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. A newsletter was published every month to ensure everyone was kept</p>

<p>them about their choices.</p>		<p>informed. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at Hetherington are held regularly, in addition to regular contacts with whānau by emails, telephone, and the open-door policy of the facility manager (FM) and clinical manager (CM). A notification on the notice boards advised when the resident and whānau meeting would be held next. Every three months, the public, residents and their whānau have an opportunity to attend the Hetherington Board meetings.</p> <p>Evidence was sighted of residents communicating with all staff, including the FM and CM. Residents' whānau, and staff, reported the FM and CM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau or Enduring Power of Attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</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 at Hetherington, and/or their legal representatives, were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Kaumātua were available to support and advise as required.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system was in place to receive and resolve complaints, leading to improvement. Policy and procedure outline the process for complaints, including specifying considerations for complaints from Māori. This met the requirements of the Code.</p> <p>The FM maintained a record of all complaints in a complaint register. Complaints information was given to residents and whānau on admission, along with advocacy support information. Residents and whānau interviewed understood their right to make a complaint, knew how to do so, and understood their right to advocacy. Documentation sighted demonstrated that complaints were being managed in accordance with guidelines set by the Office of the Health and Disability Commissioner (HDC).</p> <p>There have been five complaints logged in the last 12 months. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant. Corrective actions (where possible) had been identified and implemented. One (historic) complaint was received from the HDC in 2022. The complaint is now closed, with no corrective action recommendations from the HDC to the provider. There have been no complaints received from other external sources.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service with support from the FM and CM. Planning included a strategic plan that outlined a mission statement identifying the purpose, mission, values, direction and goals for the organisation, with monitoring and reviewing of performance at planned intervals; the plan was reviewed every three years or as required. The governing body has Māori representation on the board, which has substantive input into the organisation and its response to Māori in relation to its obligations to Te Tiriti o Waitangi, cultural safety, and equity. The FM and CM had knowledge of the sector, and regulatory and reporting requirements, and they maintained currency within the field.</p> <p>Organisational goals aim for integrated service delivery, and mana motuhake values were embedded into all levels of practice for residents. Policy outlined the service's commitment to improved</p>

		<p>outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. The FM has extensive business expertise; the CM was experienced, held a current practising certificate, and oversaw clinical management for the service. External support for Māori and Pacific peoples was available through input from local maraes, or from Te Whatu Ora, and for Māori through staff.</p> <p>A sample of management reports showed good information to monitor performance was collected in relation to adverse events, health and safety, restraint, compliments and complaints, staffing, infection control, and other aspects of the quality management plan. The exception to this was in relation to risk management planning and internal audit outcomes (refer criterion 2.2.4). Reports containing quality information were presented to board meetings and at staff meetings. The management team also evaluated services through meetings with residents, whānau satisfaction surveys, via the complaints/compliments process, and through staff surveys.</p> <p>The service held contracts with Te Whatu Ora to provide residential rest home, hospital, and secure dementia care services under the Age-Related Residential Care agreement (ARRC) for up to 50 residents. Contracts were also held to provide services under Long-Term Support-Chronic Health Conditions (LTS-CHC), with Disability Support Services (DSS) through the Ministry of Social Development – Te Manatū Whakahiato Ora, and with the Accident Compensation Corporation (ACC). Of the 50 residents present on the days of audit, 24 were receiving rest home-level care, 20 hospital-level care (one under a DSS contract and one on an ACC respite contract) and six were receiving secure dementia care services.</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>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflected the principles of continuous quality improvement. This included management of adverse events (including the monitoring of clinical incidents, for example, falls, pressure injuries, infections, wounds, and medication errors), audit activities, compliments and complaints, resident and whānau feedback from meetings and the whānau satisfaction survey, and policies and procedures. Policies reviewed covered all necessary aspects of the service and of contractual</p>

<p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>requirements and were current; deficits identified pre-audit had been addressed. Some internal audits were completed, but these had not been in line with the annual internal auditing programme; corrective actions had been identified and signed off as completed in some instances (refer criterion 2.2.4).</p> <p>Critical analysis of practices and systems, using ethnicity data, identified inequities, and the service works to address these. Delivering high-quality care to Māori residents was supported through relevant attention to tikanga, and access to cultural support roles internally and externally. All residents and their whānau have input into quality review of the service through care planning, meetings, satisfaction surveys, and through the compliments/complaints processes.</p> <p>The FM and CM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks. The organisation's risks had been identified and documented, but there was no formal plan in place to manage these (refer criterion 2.2.4).</p> <p>Staff documented adverse and near-miss events in line with the National Adverse Events Reporting Policy. Adverse events notifications in the service's resident management system showed that notifications were fully completed, whānau (as applicable) were advised of the event, actions required to minimise these events were recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plans of care. The exception to this was in the completion of neurological observations post-unwitnessed falls (refer criterion 2.2.5).</p> <p>The FM understood and has complied with essential notification reporting requirements. There have been eleven Section 31 notifications made to HealthCert (Ministry of Health – Manatū Hauora) since the last audit, related to a recent COVID-19 outbreak (six), resident behaviours that challenge (two), the change of FM (two) and CM (one). The service was aware of reporting requirements to Te Tāhū Hauora – Health Quality &amp; Safety Commission (HQSC) for all Severity Assessment Code (SAC) reporting at SAC1 and SAC2, as well as pressure injury at stage 3 and above; no notifications have</p>
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		been required.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the needs of residents. Staff 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 has a current first aid certificate and there was RN coverage in the facility 24/7. Shifts for all staff (except in one instance) were covered with replacements when staff had been unable to attend; the service had access to casual and bureau staff. Two diversional therapists (DTs) supported the recreation programme Monday to Friday. Cleaning, laundry, and food services are carried out by dedicated support staff seven days per week. Maintenance and gardening are contracted. The FM and CM work Monday-Friday. A clinical coordinator (who is a RN) supports the clinical manager and works 2-3 shifts per week Monday-Friday.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control (IPC) or restraint portfolio.</p> <p>While some staff education had been provided, ongoing education was insufficient and lacked a structured plan (refer criterion 2.3.4). Except for medication management and resident moving and handling competencies, annual competency assessments had not been completed (refer criterion 2.3.3), except during the orientation of new staff.</p> <p>Care staff have access to a New Zealand Qualifications Authority (NZQA) education programme, which supports compliance with the provider's agreement with Te Whatu Ora. Fifteen (15) care staff (from 22) had completed the full Health and Wellbeing NZQA level four education programme and all but one staff member working in the secure dementia care unit held the required qualifications to work in</p>

		<p>that service; the staff member without qualifications is enrolled in the programme. A significant part of these qualifications relates to health equity and cultural safety; this evidences that the organisation supports the development of organisational and health care and support worker health equity expertise. Registered nursing staff have access to cultural training (which includes health equity) via the Ko Awatea educational platform for RNs provided via Te Whatu Ora. Policy and procedures related to health equity are in place and these also guide staff.</p> <p>The collecting and sharing of high-quality Māori health information across the service was through policy and procedure, appropriate care planning using relevant models of care, and resident and whānau engagement.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) was available to staff who may require extra support.</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>	FA	<p>Human resources management policies and processes were based on good employment practice and relevant legislation, and include recruitment, selection, orientation, and staff training and development. There were job descriptions in place for all positions that included outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also covered responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio. Ethnicity data was recorded and used in line with health information standards. Staff information was secure, and accessible only to those authorised to use it.</p> <p>A sample of nine staff records were reviewed; all evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, visa checking, and completed induction and orientation. Qualifications were validated prior to employment; thereafter, a register of annual practising certificates (APCs) has been maintained for registered or enrolled health</p>

		<p>professionals.</p> <p>Orientation covered the essential components of the service (including safety competencies). Completion of orientation was sighted on all files reviewed. Staff reported that the induction and orientation programme prepared them well for the role.</p> <p>Staff performance was reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff interviewed confirmed input into the performance appraisal process and the ability to set their own goals, including education goals.</p> <p>Staff information, including ethnicity data, is 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 and confirmed by staff interviewed.</p>
<p><b>Subsection 2.5: Information</b></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>Hetherington maintained quality records that complied with relevant legislation, health information standards, and professional guidelines. Most resident and staff information were held electronically, and records were username and password protected. Residents' files were mostly electronic, with some paper copy documents. Access to the electronic system was username and password protected and limited dependent on the role of the person in the service. Any paper-based records were held securely, only available to authorised users, and appropriately archived and destroyed. Data collected included ethnicity data for residents and staff.</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. Consent was sighted for data collection.</p> <p>Hetherington is not responsible for National Health Index registration.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents were admitted to Hetherington when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Hetherington provided and had chosen Hetherington to provide those services.</p> <p>A specialist’s authorisation for residents to be cared for in the secure dementia care unit was sighted for all residents. Residents admitted to the unit had an activated EPOA or a Protection of Personal and Property Rights (PPPR) Act 1988 order in place.</p> <p>Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Hetherington collected and analysed ethnicity data on entry and decline rates and this included those who identify with Māori communities. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau; no prospective residents who identify as Māori have been declined service.</p> <p>Hetherington had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting one of two local maraes. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to Hetherington, residents were able to request another provider to manage their medical needs, if desired.</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</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at Hetherington worked in partnership with the resident and their whānau to support the resident’s wellbeing. Eleven (11) residents’ files were reviewed: four hospital files, four rest home files, and three files of residents who were receiving care in the secure dementia care unit. These files included residents who had an acute event requiring transfer to an acute facility, residents with a pressure injury, residents with behaviours that challenge, residents</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>requiring the use of a restraint, residents who had a recent fall, residents who identified as Māori, and residents with a number of co-morbidities.</p> <p>Files reviewed verified that a RN developed care plans for residents following a comprehensive assessment. These assessments considered each person's lived experience, cultural needs, values, and beliefs, and included wider service integration where appropriate. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Care plans demonstrated an individualised approach, with evidence that residents' preferences, such as when and where they wished to be showered as well as specific requests related to activities and food, were respected and incorporated into care delivery at Hetherington.</p> <p>Policies and procedures were in place to ensure that tāngata whaikaha and their whānau were actively involved in service development. Services were delivered in ways that promoted choice and autonomy and removed barriers to accessing information. Service providers understood the Māori constructs of oranga and had implemented processes to support Māori and whānau in identifying their pae ora outcomes within their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented; however, the nursing interventions required to monitor the potential risks, or the early warning signs that were indicative of a deterioration associated with long-term medical problems, were not well documented. This is an area requiring improvement (refer criterion 3.2.3).</p> <p>Evidence of systematic monitoring and regular evaluation of responses to the planned care identified was sighted. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. Residents and whānau confirmed active involvement in the process,</p>
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		including younger tāngata whaikaha.
<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>Two diversional therapists (DTs) at Hetherington work five days a week and provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Residents were enabled to attend community activities of their choice and participate in activities that were of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated.</p> <p>Hetherington is well supported by the local community, with a number of local businesses sponsoring rooms. The DTs arrange frequent visits to local community events. Several of the male residents attend the 'Men's Shed' at nearby Waihi beach. Entertainers, volunteers, guest speakers, craft groups, church groups, and kapa haka groups visit. A number of craft groups at Hetherington provide crafts items to support local charities e.g. knitted baby hats for the Middlemore hospital neonatal unit in Auckland, and for use by local doctors. The facility had a van that enabled weekly outings to places and events of interest.</p> <p>Interviews, observations, and resident meeting minutes evidenced residents and their whānau were satisfied with the activities provided at Hetherington.</p> <p>Residents and their whānau participate in evaluating and improving the programme. 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.</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 seen on the</p>

<p>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 current legislative requirements and safe practice guidelines.</p>		<p>day of the audit. All staff who administer medicines had been assessed as competent to perform the functions they manage. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. 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 were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not in use at Hetherington.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. 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 provided at Hetherington was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 2 April 2024. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 30 January 2024 at Hetherington. One area requiring a corrective action was identified, and this had been addressed. The plan was verified for 18 months. The plan is booked for re-audit on 15 July 2025. While a food control plan was in place, observation of the kitchen area during the audit showed signs of wear and tear. This is an area that requires improvement (refer criterion 4.1.2).</p> <p>Each resident had a nutritional assessment on admission to the</p>

		<p>facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice, and the kitchen would address this. Menu options specific to te āo Māori are available for residents and their whānau.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by resident and whānau interviews and documented in resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Residents in the secure dementia care unit have access to food and fluid at any time over the 24-hour period.</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 Hetherington was planned and managed safely to cover current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and their whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</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>	PA Low	<p>The facility presented with a warm and homely environment and a calm atmosphere. Residents interviewed reported that they were happy overall and stated that they felt like they were at home. The facility's internal and external environments were fit for purpose and well maintained, except for the kitchen area (refer criterion 4.1.2). The current environment was inclusive of people's cultures and supported cultural practices. All rooms are of an adequate size to provide</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>personal cares.</p> <p>All building and plant complied with legislation, and a current building warrant of fitness was displayed which expires on 17 March 2026. There were currently no plans for further building projects requiring consultation with Māori. A process was in place to ensure consultation or co-design with Māori in the design process should a new building be planned.</p> <p>A preventative and reactive maintenance programme has been implemented. The planned maintenance schedule included electrical testing and tagging, resident equipment checks, and calibrations of weighing scales and clinical equipment. The tag and electrical tests expire in May 2026. Monthly hot water tests were completed for resident areas and were within acceptable limits.</p> <p>The environment was accessible, promoting independence and safe mobility, including for residents in the secure dementia care unit. Shaded external areas in appropriate locations are available, with appropriate seating for all residents. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There were shared dining room and lounge facilities. Lounge areas were used for activities for residents. Communal areas are spacious and maintained at a comfortable temperature. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Eight rooms have an ensuite toilet, bathroom and handbasin. Ceiling hoists are installed in 12 rooms available for the provision of hospital level care.</p> <p>Residents' rooms were personalised according to their preference. All rooms have external windows that can be opened for ventilation; safety catches are in place. Corridors are wide and promote safe mobility with the use of mobility aids and handrails. Residents were observed moving freely around the areas with mobility aids during the audit.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
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<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>PA Moderate</p>	<p>Fire, civil defence, and pandemic plans and policies direct the facility in its preparedness for outbreaks and emergencies. Emergency procedures were well documented, clearly displayed throughout the facility, and outline both the actions to be taken and staff responsibilities (e.g., fire warden duties). While staff participate in regular fire drills and those interviewed demonstrated knowledge of emergency procedures, there is a gap in formal education and training. Specifically, staff have not received structured training or competency assessment on fire and emergency management (including fire warden responsibilities) and civil defence emergency procedures (refer criterion 4.2.3) in the last two years (refer criteria 2.3.3, 2.3.4, and 4.2.3).</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 12 October 2016. Fire drills are conducted every six months, with the most recent drill completed on 28 March 2025. The facility is equipped with a sprinkler system, smoke detectors, and accessible fire call points. Emergency lighting is installed and undergoes monthly checks to ensure functionality.</p> <p>Provisions for a civil defence emergency meet the recommendations of the National Emergency Management Agency for the region, including water and alternative essential energy and utility resources in the event of the main supplies failing; a backup generator is contracted through an external contractor. Fire safety, security and emergency management is included in the orientation programme for new staff. A minimum of one person trained in first aid was present on site at all times.</p> <p>Call bell systems are installed in all resident rooms, bathrooms, and communal areas. These systems can be checked if concerns arise around response times. Both residents and their whānau confirmed that staff responded promptly to call bells.</p> <p>Security measures were in place. The facility's front door is automatic and is locked at approximately 6:30 PM in winter and after 7:30 PM in summer. A doorbell is in place for after-hours access. Upon admission, residents and their whānau received information about</p>
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		<p>security and emergency protocols.</p> <p>The dementia care unit was secure, with all residents assessed as requiring residence in a controlled environment. Access was managed via a pin-pad system for entry and exit. Residents have unrestricted access to a secure garden area, supporting freedom of movement within a safe setting. Specific emergency and security procedures were documented for tāngata whaikaha and residents living in the secure dementia unit, ensuring their safety and wellbeing during emergency situations.</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. These programmes have been approved by the governing body and were integrated into the organisation's quality improvement system.</p> <p>IP and AMS priorities were clearly outlined within the facility's strategic and quality documents. The facility also has access to specialist IP and AMS guidance through an external provider with significant expertise in these areas. Governance-level support is provided by clinically competent personnel who ensure that IP and AMS practices are appropriately implemented at the facility level and offer additional support as required.</p> <p>Expertise and advice were accessed as needed through a defined escalation process, particularly in response to significant events. IP and AMS matters were regularly discussed at the facility level and reported to the governing board as part of scheduled board meetings.</p> <p>The facility collected and reviewed data related to infection rates and antibiotic usage. In alignment with equity goals, ethnicity data has been incorporated into the reporting framework. This data was analysed to inform and support the development of equitable and effective IP and AMS programmes.</p>
Subsection 5.2: The infection prevention programme and	FA	Two infection prevention and control coordinators (IPCCs) at

<p>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>Hetherington were responsible for overseeing and implementing IP and AMS with reporting lines to the CM. The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported on annually. The IPCCs had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural advice at Hetherington was accessed through the staff who identified as Māori, and kaumātua. Staff were familiar with policies through education at orientation. Minima education on infection control (which included management of urinary tract infections and needle stick injuries) had been delivered by an RN with expertise in infection prevention and control (refer criterion 2.3.4). Policies, processes and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identify as Māori and speak te reo Māori can provide infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori are accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview.</p> <p>Residents and their whānau were educated about infection prevention in a manner that met their needs.</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</p>	<p>FA</p>	<p>Hetherington had a documented AMS programme in place that was committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place that</p>

<p>safe and easy to access, and messages are clear and relevant. 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>		<p>complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing 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 methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Hetherington undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Hetherington used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to the governing body and shared with staff. Surveillance data included ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.</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 the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Hetherington except for the kitchen area (refer criterion 4.1.2). Suitable personal protective equipment was provided to those managing contaminated material, waste and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Handwashing facilities and sterilising gel were available throughout the facility.</p> <p>All laundry was laundered on site, including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas</p>

		<p>where laundry equipment and chemicals were stored. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed.</p> <p>Laundry and cleaning processes were monitored for effectiveness, and staff responsible for these duties were observed performing their tasks safely and in accordance with expected protocols. However, staff had not received specific education relevant to their roles beyond initial orientation, and no formal chemical safety training had been provided (refer criterion 2.3.4).</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p> <p>The IPCC roles include oversight of the facility testing and monitoring programme for the built environment.</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>PA Moderate</p>	<p>Maintaining a restraint-free environment is a key objective for the service. The governance group demonstrated commitment to this goal through policy; operational support was provided by the FM, CM and restraint coordinator (RC). At the time of audit, seven residents were using eight restraints. While this represents a slight increase since the previous (surveillance) audit, documentation confirmed that restraint use occurred only when no other alternatives were appropriate. Any use of restraint was reported to the governing body.</p> <p>Policies and procedures met the requirements of the standard. The restraint coordinator (RC) is a defined role providing support and oversight for any restraint management, a job description for the role was in place, and the RC had completed education relevant to the role.</p> <p>Staff interviewed demonstrated knowledge of least restrictive practices, safe restraint application, alternative cultural-specific</p>

		<p>interventions, de-escalation techniques, and appropriate monitoring. However, there has been no formal education, training, or competency assessment provided to staff in the last two years relating to restraint minimisation and safe practice (refer criterion 6.1.6).</p> <p>The restraint approval group was responsible for the approval of the use of restraints and the restraint processes. There were clear lines of accountability, all restraints have been formally approved, and restraint usage was monitored and analysed. Decision-making regarding restraint included input from the multidisciplinary team, residents (where applicable), and the residents' whānau/EPOA are involved where this is appropriate.</p>
<p><b>Subsection 6.2: Safe restraint</b></p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>When restraint was used at Hetherington, it was applied only as a last resort after all alternative interventions had been explored and deemed ineffective. Assessments supporting the use of restraint, along with monitoring and evaluation processes, were well documented and met all requirements of the Ngā Paerewa standard. Whānau confirmed their involvement in the decision-making process, and access to advocacy services was facilitated as needed.</p> <p>Restraint monitoring was overseen by a designated RC, who is an experienced registered nurse. Monitoring was conducted at one- or two-hour intervals, depending on the individual's needs, and is documented in the electronic resident management system. Monitoring considers the resident's cultural, physical, psychological and psychosocial needs, and addresses aspects of wairuatanga. Evidence of consistent and timely monitoring was sighted for all residents currently using restraint.</p> <p>The ongoing use of restraint had been evaluated as part of the care planning cycle or when there was a change in the resident's condition. Evaluation was recorded within the electronic system and was compliant with the Ngā Paerewa standard. Evidence of removal of restraint when no longer required was sighted.</p> <p>A comprehensive restraint register was maintained and reviewed at each registered/enrolled nurse meeting. The register contained</p>

		<p>sufficient detail to provide a fully auditable record, meeting all documentation criteria outlined in the Ngā Paerewa standard.</p> <p>Policies and procedures include conditions for the use of emergency restraint and post-incident debriefing; however, emergency restraint has not been used by the service to date.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>PA Low</p>	<p>The RC has conducted a review of restraint practises; however, the review does not meet all the requirements outlined in the Ngā Paerewa standard (refer criterion 6.3.1). The outcome of the review was reported to the governing body.</p> <p>There were processes in place to ensure any changes to policies, guidelines, education and processes were implemented if indicated. It was noted that the use of restraint has increased slightly since the previous audit.</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 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA</p> <p>Moderate</p>	<p>The service has established risk management guidelines that identify and document a range of risks, including strategic risks, legal and contractual compliance, financial matters, information and communication systems, resident care, adverse events, staffing, and environmental concerns. These guidelines require the service to assess each risk in terms of its likelihood and potential consequences, and to develop appropriate mitigation strategies. Although the risks have been acknowledged, no formal documentation outlining mitigation plans is currently in place.</p> <p>In addition, while internal audits were being undertaken, they were not</p>	<p>Organisational risks are being identified but there is no formal system established to manage them.</p> <p>Internal audits are not consistently aligned with the documented internal audit programme, and corrective actions are not reliably recorded. Not all identified corrective actions have corresponding documentation to confirm resolution.</p>	<p>Provide evidence to show that organisational risks have been identified and that there is a formal system established to manage them.</p> <p>Provide evidence to show that internal audits are aligned with the documented internal audit programme, that corrective actions are being reliably recorded, and that identified corrective actions have corresponding documentation to confirm resolution.</p> <p>90 days</p>

		<p>consistently aligned with the annual internal audit programme. There were discrepancies between the names of the audits and those outlined in the annual schedule. The timing of the audits often deviates from the prescribed schedule, with several audits conducted either ahead of or beyond their planned dates. Of the audits completed, four included corrective actions that were appropriately documented and signed off. One audit, despite being assessed at 100%, had both a corrective action and corresponding sign-off recorded. Five audits identified corrective actions; however, these lacked accompanying sign-off documentation. Additionally, one audit revealed deficiencies, yet no corrective actions or sign-off were recorded.</p>		
<p>Criterion 2.2.5 Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	<p>PA Moderate</p>	<p>The service has implemented a protocol requiring the documentation of neurological observations over a 24-hour period following unwitnessed falls. A detailed review of six out of 14 records relating to unwitnessed falls was conducted. In all reviewed cases, the incidents were thoroughly documented, and where appropriate, whānau were notified. According to the protocol, each case required regular neurological observations. Of the six reviewed, two records demonstrated full compliance with the observation schedule. One individual had five sets</p>	<p>Neurological observations are not being completed as per the documented protocol post-unwitnessed falls.</p>	<p>Provide evidence that neurological observations are being fully completed as per the documented protocol post-unwitnessed falls.</p> <p>90 days</p>

		of observations completed, and another had nine sets, below the number required. In two cases, only a single set of observations was recorded immediately following the fall, with no further monitoring documented. One record included neurological observations that had not performed in accordance with the prescribed schedule; observations intended to be conducted at half-hourly intervals for two hours according to the schedule, were instead recorded at 04:55 and subsequently at 11:45.		
<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>	<p>PA</p> <p>Moderate</p>	<p>With the exception of medication competency (which has been completed for all staff administering and checking medication), moving and handling of residents, infection control, and staff orientating to the service, annual competency assessments have not been completed for staff. These include health and safety, fire and emergency management, cultural safety, and restraint. There is currently no process in place for monitoring and tracking competency completion.</p>	<p>Not all staff have completed all the annual competencies required and there is no process currently in use to monitor and track completion of competency for staff.</p>	<p>Provide evidence that a process has been implemented to monitor and track competency completion for all staff, and that all staff have completed the competencies required annually.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care</p>	<p>PA</p> <p>Moderate</p>	<p>Except for access and support for RNs to meet their Nursing Council of New Zealand obligations and caregiver access to health and wellbeing qualifications (including to work in the secure dementia care service), there is</p>	<p>There is currently no process in place for planning and accurately monitoring education for staff. Education provided does not meet the requirements of Ngā Paerewa</p>	<p>Provide evidence of a formal education plan to meet the requirements of Ngā Paerewa and the facility's contracts with Te Whatu Ora. Provide evidence that the system for delivering</p>

<p>and support workers so that they can provide high-quality safe services.</p>		<p>currently no formalised plan delivering staff education on an annual or biennial basis. The education provided does not fully meet the requirements of the Ngā Paerewa Health and Disability Services Standard (Ngā Paerewa) or the facility's contractual obligations with Te Whatu Ora.</p> <p>Since the last (surveillance) audit in March 2024, education sessions have only been delivered on incontinence products (all clinical staff), assisting a person who is blind/low vision (18 participants), residents' rights and advocacy (20 participants), and management of urinary tract infections and needle stick injuries (nine participants).</p>	<p>and the facility's contracts with Te Whatu Ora.</p>	<p>and recording of relevant education for staff has been implemented.</p> <p>90 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered;</p>	<p>PA Moderate</p>	<p>Eleven care plans reviewed evidenced an individualised approach to care provided by Hetherington about residents' requests regarding when and where they'd like to be showered, and specific activity and food requests, being addressed. Management of any specific medical conditions was well documented; however, the nursing interventions required to monitor the potential risks or the early warning signs that were indicative of a deterioration, associated with long-term medical problems, were not well documented. This was regarding a hospital resident having the potential for a range of complex needs to occur, and these not being identified with</p>	<p>The supports required to achieve the residents' needs were not always documented. Early warning signs and risks that may adversely affect the resident were not always recorded, with a focus on prevention or escalation for appropriate intervention.</p>	<p>Provide evidence the support required to achieve the residents' needs are documented. Early warning signs and risks that may adversely affect the resident are recorded, with a focus on prevention or escalation for appropriate intervention.</p> <p>90 days</p>

<p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>strategies to monitor for their development and how to manage them if they occurred. Residents with a diagnosis and history of congestive heart failure, residents on anticoagulant therapy, residents with COPD, residents with a history of seizures, and residents with a number of other conditions did not have these mentioned in their care plan, nor the required strategies to monitor them, or actions required if they presented.</p>		
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>The facility's internal environments are generally well maintained, except for the kitchen area, which requires refurbishment. Observations in the kitchen revealed that paint and varnish were worn or chipped in several areas, including shelving, cupboards, drawers, and doors. The shelf linings were in poor condition and require replacement. Additionally, the metal oven hood exhibited visible rust bleeding through deteriorated</p>	<p>The kitchen area requires refurbishment, specifically in the areas of repainting, replacement of shelf linings with suitable, cleanable materials in compliance with hygiene standards, and treatment or removal of rust from the metal oven hood.</p>	<p>Provide evidence to verify that refurbishment of the kitchen area has been completed, specifically in the areas of repainting, replacement of shelf linings with suitable, cleanable materials in compliance with hygiene standards, and treatment or removal of rust from the metal oven hood.</p>

		paintwork.		180 days
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Moderate</p>	<p>Information and equipment necessary to respond to identified emergency and security situations were in place. Staff participated in fire drills, and during interviews, demonstrated awareness of fire exits and cell evacuation protocols. However, aside from initial orientation, there have been no specific or ongoing education or competency assessments provided to staff on their roles and responsibilities, and required responses in the event of security, fire or civil defence emergencies.</p>	<p>There have been no education or competency assessments provided to staff regarding security, fire and emergency procedures.</p>	<p>Provide documentation demonstrating that staff have received education and competency assessments related to security, fire and emergency procedures.</p> <p>60 days</p>
<p>Criterion 6.1.6</p> <p>Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p>	<p>PA Moderate</p>	<p>While staff interviewed demonstrated knowledge of restraint processes, no formal training has been delivered in the past two years on least restrictive practice, safe restraint use, culturally appropriate alternatives, or de-escalation techniques.</p>	<p>Staff have not received training in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques in the last two years.</p>	<p>Provide documentation to confirm that staff have been trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>90 days</p>
<p>Criterion 6.3.1</p> <p>Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including:</p> <p>(a) That a human rights-</p>	<p>PA Low</p>	<p>The RC has conducted a review of restraint use at the facility, which included identifying opportunities for restraint removal. One such case is currently under discussion with the whānau of a resident receiving services. While the review includes information on who is using restraint,</p>	<p>The review of restraint does not meet all the requirements of the Ngā Paerewa standard, and there was no evidence to demonstrate that such reviews had been completed on a six-monthly basis.</p>	<p>Provide evidence demonstrating that the review of restraint practices meets all the requirements of the Ngā Paerewa standard and that there are processes in place showing that restraint reviews are scheduled at six-monthly</p>

<p>based approach underpins the review process;</p> <p>(b) The extent of restraint, the types of restraint being used, and any trends;</p> <p>(c) Mitigating and managing the risk to people and health care and support workers;</p> <p>(d) Progress towards eliminating restraint and development of alternatives to using restraint;</p> <p>(e) Adverse outcomes;</p> <p>(f) Compliance with policies and procedures, and whether changes are required;</p> <p>(g) Whether the approved restraint is necessary; safe; of an appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice;</p> <p>(h) If the person's care or support plans identified alternative techniques to restraint;</p> <p>(i) The person and whānau, perspectives are documented as part of the comprehensive review;</p> <p>(j) Consideration of the role of whānau at the onset and evaluation of restraint;</p> <p>(k) Data collection and analysis (including identifying changes to care or support plans and documenting and</p>		<p>the types of restraint in use, general usage patterns, adherence to monitoring, and consideration of removal where restraint is no longer effective, it remains minimal in scope.</p> <p>The review does not comprehensively address all requirements of the Ngā Paerewa standard and there was no evidence that this had been completed six-monthly.</p>		<p>intervals.</p> <p>180 days</p>
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<p>analysing learnings from each event);          (l) Service provider initiatives and approaches support a restraint-free environment;          (m) The outcome of the review is reported to the governance body.</p>				
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## 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.

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End of the report.