

Nelson Bays Primary Health Trust - Golden Bay Community Health

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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Nelson Bays Primary Health Trust
Premises audited:	Golden Bay Community Health
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
Dates of audit:	Start date: 23 June 2025 End date: 24 June 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	27

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

The Golden Bay Community Hospital Trust operates as part of the Nelson Bays Primary Health Organisation. The Golden Bay Community Hospital and integrated health centre provide overnight care across three service levels. There is a 24-bed aged care service, one birthing unit and maternity bed and five general practitioner/nurse practitioner acute admission hospital beds. On the day of audit, there were 12 rest home and 12 hospital level residents, three patients in the acute medical beds, and no maternity service users.

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

The overall community hospital service is managed by a general manager (registered nurse) with clinical and managerial experience. The general manager has resigned this position. Active recruitment is underway and a new general manager has been appointed and due to start 1 September 2025. The general manager is supported by a senior leadership team. There are quality systems and processes documented. An induction and in-service training programme are documented for the service.

This audit identified areas for improvement around the quality and risk programme including completion of internal audits; resident and family/whānau survey; recording of resident meetings (aged care service); completion of mandatory training (all services); orientation records (all services); controlled medication (aged care and acute medical services); transfer to secondary services (maternity services); and infection control (aged care service and acute medical service).

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.

Golden Bay Community Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan that is being implemented. There is a Pacific people's culture and general ethnicity awareness and plan. The service works to provide quality and effective services and care for residents/clients.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents/clients and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident/client and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and documented.

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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There is a Strategic Plan (2025-2027) that includes mission and vision statements, organisational and service goals. The service has quality and risk management systems in place. Quality improvement projects are documented. Staff meetings, and collation of data were documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. A role specific orientation programme and a staff education and training schedule are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

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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Entry to all services was coordinated and led by the appropriate health professional. Clients/residents and family/whānau reported that the process was easy to navigate and respectful. The organisation provided a model of care that ensured holistic client/resident-centred care was provided. Client/resident assessments informed care plan development. Care plans were implemented with input from the client/resident and family/whānau. The care plans contributed to achieving the client/resident goals.

Medicine management policies were documented and appropriate to the scope of the services provided. The food service catered for the clients/residents' dietary needs and cultural requirements. The activities programme met the needs of the residents. There is a transfer/discharge policy/procedure specific to the acute medical and aged care service.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports the individual's independence. All areas of the facility are personalised and reflect cultural preferences. Bathroom facilities are maintained and conveniently located. Testing and calibration of equipment is completed as required. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies.

There is a functional call bell system. Security is maintained.

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

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

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

There is a documented infection prevention and antimicrobial stewardship programme that is reviewed annually and has been approved by the clinical governance and quality committee. A registered nurse is the infection control coordinator and reports on the programme.

The service has a suite of infection prevention and antimicrobial stewardship policies and procedures to guide practice. The pandemic and infection outbreak policy has been tested. The surveillance programme is suitable for the service type and monthly reports are analysed and acted on when indicated.

Infection prevention education is available to staff, residents and family/whānau. Maternity clients, aged care residents and family/whānau interviewed reported satisfaction with the information they receive regarding infection control precautions.

Cleaning and laundry services are effective. The environment supports prevention and transmission of infections. Waste and hazardous substances are safely managed.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the clinical governance group, the Nelson Bays Primary Health Board and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There was a resident using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions. Restraint is monitored and a quality review of restraint use occurs.

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	23	0	2	4	0	0
Criteria	0	174	0	2	4	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>The Māori Health Plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori Health Plan is underpinned by the concepts of Te Whare Tapa Rima Māori model. The Māori Health Plan provides a guide for the organisation to deliver services that are culturally appropriate and maintain the mana of residents/clients (hereafter includes the patients admitted to the acute services).</p> <p>Golden Bay Community Health (GBCH) has established linkages with local Māori - Manawhenua ki Mohua. In addition, both Manawhenua ki Mohua and GBCH are part of the Golden Bay Pae Ora Alliance. The Pae Ora Alliance comprises of key health and wellbeing community partners. The service has employed a cultural advisor to support the embedding of tikanga Māori in the everyday culture of the facility.</p> <p>The general manager confirmed that the service supports a Māori workforce, with staff identifying as Māori employed at the facility. Several staff speak te reo Māori and use everyday greetings and common phrases as part of everyday interactions. Managers (general manager, nurse manager) and staff interviewed (associate nurse manager, one general practitioner, two registered nurses, two midwives, three activities coordinators, chef, cleaner, administrator and maintenance) were able to describe how the care and overall service is</p>

		<p>based on the resident/client`s individual values and beliefs.</p> <p>There are residents who identify as Māori living at the facility. Resident documentation reflected individual values and beliefs. Family/whānau involvement is encouraged in assessment and care planning. Visiting is encouraged. This was supported during interviews with six aged care residents (one hospital and five rest home), three aged care family/whānau (two rest hospital and one hospital), one maternity service user, and one family/whānau from the acute medical service.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a Pacific cultural policy and Pacific plan that encompasses the needs of Pacific peoples. There were no Pacific residents on the day of the audit.</p> <p>Ethnicity information is recorded electronically on admission. Pacific people`s cultural beliefs and practices that may affect the way in which care is delivered, would be documented. The associate nurse manager stated the resident/client and their family/whānau will be encouraged to be present during the admission process, including completion of the initial care plan. All residents/clients` individual cultural beliefs are documented in their care plan, and for the aged care residents, this is also included in the activities plans.</p> <p>The general manager encourages and supports staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pacific community. There were no staff members that identified as Pasifika at the time of the audit.</p> <p>Interviews with staff, residents, a maternity services user (client) and family/whānau and documentation reviewed identified that the service puts residents/clients and their family/whānau`s values, cultural and spiritual beliefs at the centre of service delivery. Nelson Bays Primary Health organisation (NBPHO), Health New Zealand and the cultural advisor provides advice to improve wellbeing for Pacific peoples and ensures current linkages are fostered with Pacific communities and other organisations.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code is included in the information that is provided to new residents/clients and their family/whānau on admission. One of the team (nurse manager, associate nurse manager, registered nurses and/or midwife) discusses aspects of the Code with residents/clients and their family/whānau on admission into the aged care, acute medical or maternity services. Interactions observed between staff and clients during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident/client advocate is available to residents/clients and their family/whānau.</p> <p>Staff receive education in relation to the Code at orientation and through the annual training programme (link 2.3.4).</p> <p>The service recognises Māori mana motuhake through its Māori Health Plan and staff could describe how they would fully support the values and beliefs of any Māori residents and family/whānau utilising the service.</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>Staff interviewed described how they support residents/clients to demonstrate autonomy, express what is important to them, and choose what they want to do. Resident/clients' records and care plans identified their preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into care plans. Spiritual needs are identified, and support is available.</p> <p>The training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Staff were observed to use respectful language with residents/clients. Family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is</p>

		<p>ensured and independence is encouraged. Family/whānau were observed coming and going freely to visit their relative.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Tikanga best practice is practiced by all staff and residents/clients are supported to participate in te ao Māori. Cultural and equity training is part of the annual training programme.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A policy on recognising abuse and neglect is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at GBCH are expected to uphold. GBCH policies document guidelines on the prevention of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during induction to the service. The code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Abuse and neglect training is part of the annual training plan, with completion required during orientation and annually thereafter. The training includes how to value the residents/clients, showing them respect and dignity as well as equality, diversity, and inclusion. Family/whānau interviewed confirmed that the staff are professional, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. For the aged care residents, the service liaises with family/whānau who manage residents' comfort funds.</p> <p>The service utilises the holistic Te Whare Tapa Rima model of care. This model of wellbeing aligns with assessments and care plans for each resident/client and reflects a patient-centred model of care. There is short, and long-term objectives in the Golden Bay Māori Health Plan that provides a framework to improving Māori health and a leadership commitment to address inequities. Cultural training for staff includes</p>

		recognising own bias and how institutional and systemic racism impacts on health inequities.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Policies and procedures relating to adverse events/incidents, complaints, and open disclosure alert staff of their responsibility to notify family/whānau of any adverse event/incident that occurs. All correspondence with family/whānau is well documented in the files reviewed. The sample of incident forms reviewed identified family/whānau were kept informed. Family/whānau interviewed stated that they are informed when their relative's condition changes.</p> <p>The importance of and ability to access interpreter services is included in a policy. At the time of the audit, there were no residents who did not speak English.</p> <p>For aged care non-subsidised residents, they are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident/client such as Health New Zealand specialist services (eg, clinical nurse specialist for wound care, older adult mental health service). The registered nurses described a process around providing residents/clients with time for discussion around care and an opportunity for further discussion, if required. Residents/clients and family/whānau are provided with communication/information in a format of their choice.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes through regular communication.</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</p>	FA	<p>There is an informed consent policy that meets requirements for all services. Golden Bay Community Health has a cultural adviser to ensure policy and practices reflect tikanga.</p>

<p>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>In the aged care service, residents or Enduring Power of Attorney [EPOA] (if the resident is not competent) sign an admission agreement. The clients admitted into the acute medical service provide verbal consent for admission and for all aspects of their care.</p> <p>An advanced care plan was sighted in one file reviewed, and there was evidence this had been discussed with family/whānau and the general practitioner (GP). Enduring Power of Attorney documents are filed on site for the aged care residents, and where the EPOA had been activated, this was documented on the care plan. Resuscitation treatment plans were signed by residents in aged care who were competent, and by the GP.</p> <p>Clients admitted to the acute medical service have a shared goals of care (SGOC) completed, which identifies the level of care intervention according to the clients' wishes. Registered nurses in the medical service discuss with the client what an advance care plan is. Clients who wish to develop one, are referred to a practice nurse with expertise to develop one.</p> <p>Residents in aged care and clients in the acute medical service, and family/whānau stated they felt they were given suitable information to enable them to make informed choices regarding their care. Individual and specific consent is obtained for other aspects of care, such as vaccinations and referral to other health professionals.</p> <p>Staff interviewed working across the aged care and acute medical service described the principles of informed consent and offered examples of how they seek verbal consent prior to providing everyday care.</p> <p>In the maternity service, clients are provided verbal and written information relating to their right to informed consent at the first visit with the midwife. Information relating to specific topics is made available as required, in verbal and written format. In addition, appropriate website addresses are shared with clients to allow them to explore options in more depth and discuss options with family/whānau. The maternity service user interviewed confirmed adequate information to make informed decisions was provided in a variety of formats. They stated the option of keeping the whenua was given. The midwife interviewed discussed what information for clients are provided to</p>
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		support informed choices.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Residents/clients and family/whānau are made aware of the complaints process on admission to the service. The general manager maintains an electronic register of complaints received. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There is one complaint on the register received in 2025 year to date relating to the acute medical service. The 2025 complaint had been resolved at the time of the audit. Complaints logged include an investigation, follow up, and replies to the complainant. Complaint themes are discussed at the monthly leadership team meeting, and the clinical governance and quality meeting. A summary of complaints is included in the general manager's Board report.</p> <p>Discussions with residents/clients and family/whānau confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents/clients have a variety of avenues they can choose from to make a complaint or express a concern.</p> <p>The complaints management procedure ensures Māori residents/clients are supported to ensure an equitable complaints process. The general manager acknowledged that for Māori, there is a preference for face-to-face communication.</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>	FA	<p>Golden Bay Community Health – Te Hauora o Mohua Trust (the Trust) is a locally-based Charitable Trust that built the integrated health centre. The Trust leases the building to Nelson Bays Primary Health (NBPH), which runs the services based at the GBCH. The GBCH general manager attends NBPH Board meetings. A Board member interviewed confirmed sufficient information is provided to the Board about services being delivered at the GBCH facility. Golden Bay Community Health is an integrated health centre with a range of services operating from the facility, including urgent care, clinics (such</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>as minor surgery, dietitian and podiatry clinics), and the inpatient services (aged care, acute medical service and maternity). Golden Bay Community Health also offers a range of community-based health services.</p> <p>Golden Bay Community Health provides care for up to 24 residents at rest home and hospital level of care (medical and geriatric), five acute medical beds, and one maternity bed. On day one of the audit, there were 24 residents in the aged care service (12 rest home and 12 hospital level of care). All residents were under the aged related residential care contract. There were three patients in the acute medical service, and no patients in the maternity service.</p> <p>The GBCH strategic plan (2025-2027) includes a mission statement and site-specific operational objectives for the period. Equitable care for Māori and tāngata whaikaha continues to be a strategic goal, continued from the previous plan and is supported at a local level through the Mohua (Golden Bay) Pae Ora Alliance Partnership group. The Pae Ora Alliance is a group comprising key health and wellbeing community partners in the Golden Bay region. The Māori Health Plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>Manawhenua ki Mohua (local Māori) are members of this Alliance and GBCH general manager chairs the meetings. One of the initiatives reportedly coming from this Alliance has been the establishment of a carer support group, particularly for community family/whānau supporting whānau members at home. The general manager reports progress towards the strategic objectives in their reporting to the NBPH Board.</p> <p>GBCH's Māori Health Plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. This is a governance document. Equity remains a goal in both the GBCH strategic plan and the Māori Health Plan. Progress towards meeting objectives is recorded and updated onto an Action Plan (sighted), that is then reported to the NBPH Board. One of the actions being explored is day stay, the concept coming from the Pae Ora Alliance due to the pressure on family/whanau caring for loved ones at home. GBCH have</p>
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		<p>a cultural advisor supporting culturally safe care. The cultural advisor is a member of the GBCH leadership team. There is Māori representation on the NBPH Board and Board members demonstrated expertise in Te Tiriti, health equity, and cultural safety.</p> <p>Clinical governance is led by GBCH's clinical director (GP). The clinical governance and quality meeting is held monthly, with membership that includes clinical and non-clinical roles, such as nurse managers, property, kitchen manager, cultural advisor, district nurse, midwife, and infection prevention coordinator. This group receive quality indicator information, such as (but not limited to): health and safety issues, incidents by type (such as falls, behaviour, lacerations, skin tears, and medication, infections), and policy updates. Meeting minutes were sighted. The clinical governance structure is suitable for the size and complexity of GBCH.</p> <p>The general manager (registered nurse) has been in the role since 2020 and has over 25 years' experience in health management experience. The general manager is supported by a leadership team that includes representation from services provided. The general manager has completed more than eight hours of training related to managing a health service; last training was July 2024 from Chapman Employee Relations. The general manager informed they have resigned their position, leaving August 2025. The replacement GM starts on 1 September 2025.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	<p>PA Moderate</p>	<p>Golden Bay Community Health has a quality and risk management programme that includes a strategic plan, quality plan and a supporting quality policy. The quality policy outlines NBPH levels of responsibility, including those of the Board, NBPH Chief Executive and the designated quality manager. Golden Bay Community Health general manager holds the quality manager role. Golden Bay Community Health quality and risk framework is monitored through internal audits and the collection of clinical indicator data. Aged care related clinical indicator data are compared and benchmarked within the software against aged care industry standards. Critical analysis of practices occurs. A plan to respond to internal risks, including potential</p>

<p>and support workers.</p>	<p>inequities, are documented and responded to.</p> <p>As part of the aged care software, there is an audit management system where internal audit tools and results are maintained. The internal audits include a range of audits, including infection prevention; medication management; equipment handling; chemical management; cleaning; laundry; and privacy. There was evidence that only one scheduled audit had been completed across late 2024 through 2025. An internal audit schedule was sighted and is planned to be reinvigorated from July 2025. Outcomes from the internal audit programme will be reported to the clinical governance and quality meeting, and then through to the Board.</p> <p>A meeting schedule is documented. Golden Bay Community Health has a range of meetings to keep the team connected, including (but not limited to): clinical governance and quality, leadership, staff, and health and safety. Meeting minutes reviewed included key indicators and follow up on actions. There is an action plan to track progress against initiatives underway. There is a quality dashboard in the main corridor to provide staff (and residents/clients and visitors) with a high-level overview of performance, including (but not limited to): number of complaints, incidents by type – medication, pressure injury, falls, and several relating to general practitioner (GP) clinic services. Resident meetings are held three-monthly, with the most recent resident forum having been held in May 2025. There were no 2024 resident meeting minutes available.</p> <p>As part of GBCH quality framework, resident and family/whānau satisfaction surveys are to be completed annually. There last resident survey was completed in August 2023 and the last family/whānau survey in November 2022.</p> <p>Golden Bay Community Health quality plan identifies quality initiatives specific to the different service areas, for example: improving communication processes and handover (aged care); implementing key carers for residents (aged care); improvement of waiting area and entrance (maternity service); and improvement of birthing suite and clinic room (maternity service). A champion is nominated for each initiative and reports progress monthly in the leadership meeting. Updates are also provided to the monthly clinical governance and quality meeting. The initiatives for aged care are being led by the nurse</p>
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	<p>manager, who explained the rationale for the initiatives, and the positive impact on resident care. Improvements to the maternity service have been completed and the detail explained by a midwife during the service tour.</p> <p>Golden Bay Community Health have a suite of policies and procedures to guide care. Golden Bay Community Health subscribes to an aged care software provider (HCSL) for policies and some operating practices. Where a policy is required by the maternity service and/or acute medical service and are not part of the HCSL suite, there are Nelson Bays Primary Health – GBCH operating documents. A document control system is in place for both systems and policies are regularly reviewed. The maternity service also utilises Health New Zealand policies and procedures. There are sufficient policies to guide staff in managing clinical and non-clinical emergencies.</p> <p>Golden Bay Community Health have an incident/accident event reporting process for managing risk. There are two reporting systems in place – one aged care and one for other services. Fourteen incidents were reviewed in the HSCL system across the last three months relating to falls (witnessed and unwitnessed), behaviours of concern, and medication errors. The incident forms had been completed, including investigation, recommendations and closed out. Family/ whānau had been notified. Incident data is collated electronically and presented to the clinical governance and quality meeting and through to the Board. Incidents relating to non-aged care services are reported through Logic. A plan to respond to internal risks and opportunities are documented.</p> <p>There is an active Health and Safety committee at GBCH. The committee meets monthly, and membership includes a range of staff across the difference service areas. The property and facilities manager, who has completed Health and Safety training, is the chair of the committee. All health and safety incidents are entered electronically. An up-to-date hazard and risk register was sighted in the staff room. In the event of a staff accident or incident, a debrief is undertaken. Moving and handling training is part of the annual training programme.</p> <p>Discussions with the general manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential</p>
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		<p>notifications. There have been no occasions requiring notification to HealthCERT since the previous audit. There were no outbreaks since the last audit and no Severity Assessment Code (SAC) reporting required for adverse events to the Health Quality and Safety Commission.</p> <p>The service makes culture and equity training available to ensure their nurses, midwives and care staff can deliver high quality health care for Māori receiving any services at GBCH (link 2.3.4).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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>The Annual Leave and Rostering policy describe rostering requirements across the inpatient services. The policy is sufficiently flexible to meet changing acuity across the aged care and acute medical services. The rosters reviewed evidence there is a registered nurse allocated to the aged care beds and one to the acute medical services 24/7. A sufficient number of healthcare assistants are rostered to provide safe care for both the aged care and acute medical service. This cover can be adjusted based on acuity. The use of a healthcare assistant short shift is based on acuity and the number of patients in the acute medical beds. The registered nurse/s on night duty also attend to people who present at the urgent care out of operating hours. The number of registered nurses on night duty is always the same. There are two RNs rostered on every day. Healthcare assistants interviewed stated their workload is manageable. Residents and family/whānau confirmed during interview that they are informed of any changes to staff.</p> <p>The nurse manager described the process for managing unexpected leave and showed that recent gaps have been covered. Out of hours on-call cover is shared between the nurse manager and general manager.</p> <p>There is an annual education programme. The programme includes compulsory online training modules, resources and a practical competency that is required to be completed. The culture and equity training and resources available equip staff to deliver high quality health care for Māori receiving any services at GBCH. Compulsory topics include (but not limited to): infection prevention and control; fire</p>

	<p>safety; culture and equity; moving and handling; life support; de-escalation; and restraint.</p> <p>There are also external training opportunities through Health New Zealand and the hospice. The service supports healthcare assistants to gain New Zealand Qualification Authority (NZQA) qualifications. There are 34 healthcare assistants (including casual staff); 12 healthcare assistants have achieved level four NZQA, four achieved level three, and seven level two. All others are supported to work towards a formal qualification.</p> <p>There is a Careerforce coordinator at GBCH to support staff through the training. Staff are required to complete competency assessments as part of their orientation. This is overseen by the nurse manager and associate nurse manager. Healthcare assistants are required to complete competencies, such as restraint, hand hygiene, cultural safety, and moving and handling. Registered nurses' complete competencies, including medication, syringe driver, and catheterisation. A record of completion is maintained on an electronic register. Medication competencies have been maintained for those who required the competency.</p> <p>Registered nurses are supported to maintain their professional competencies. There are seven registered nurses that are competent to complete interRAI assessments. Review of the register shows completion of mandatory training has been low across 2025 year to date for all staff.</p> <p>The midwives are employed to do antenatal and postnatal care in the community, attend home births, hospital births, and oversee postnatal care, while the client is in the maternity unit. The midwives have completed infection prevention education and attend education that meets the requirements of the Midwifery Council recertification programme. They have also completed four hours of breast-feeding education annually to comply with the Baby Friendly Hospital Initiative (BFHI).</p> <p>The service encourages staff to attend meetings. Staff wellness is encouraged through participation in health and wellbeing activities. Details of the Employee Assistance Programme (EAP) are available to staff to support their wellbeing.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development to guide practice. Staff files are securely stored electronically with general manager only access. Nine staff files reviewed (midwife, associate nurse manager, registered nurse, healthcare assistant, property manager, two cleaners, nurse practitioner, occupational therapist) evidenced implementation of the recruitment process, employment contracts, police checking and appraisals.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. A copy of the job description is provided with the employment agreement and signed by the employee. There is an appraisal policy to guide practice. Staff who had been employed for over one year have an annual appraisal completed; this is evidenced in the files reviewed. Golden Bay Community Health has role-specific orientation programmes in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The orientation is in booklet form and as the staff member completes aspects of orientation, it is signed off by the relevant manager. Once the orientation is completed, a signed copy of the summary page is required to be held with the staff employment records. In the files reviewed, there were no completed orientation forms held on file.</p> <p>Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment to Māori. A process is in place to ensure regulated health professional practising certificates are current.</p> <p>There is a pool of volunteers. There is an orientation programme and policy for volunteers is in place. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, debriefing and follow-up actions taken are documented. Wellbeing support is provided to staff.</p>
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<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident and maternity service user files and the information associated with staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented GBCH Emergency management and business continuity plan in place in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents/clients archived files are securely stored in a locked room or back up on the electronic system and easily retrievable when required. Paper-copy records are scanned into the electronic record, once no longer in use or on discharge.</p> <p>Residents/clients entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident/patient information is kept confidential and cannot be viewed by other residents/patients or members of the public. GBCH maternity service is responsible for NHI registration of the newborn. Recording requirements meet the Ministry of Health specifications.</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>The GBCH website provides information about all the services offered. Each service provides service specific information to residents/clients on admission. Word of mouth from within the community and local health and wellbeing practitioners can provide information about the services offered. Health New Zealand is aware of the criteria for admission to GBCH and its services. Ongoing liaison and established communication channels between Health New Zealand (HNZ) and GBCH service providers occurs to ensure current information is available and freely assessable. There are documented policies that address the entry process to each of the services and staff articulated these clearly.</p> <p>Where entry to the service is delayed, potential residents/clients are kept informed. Any decisions for declining entry to a service is documented. The service provides routine analysis to show entry and</p>

	<p>decline rates and data includes specific data for entry and decline rates for Māori.</p> <p>The organisation has ties with Māori communities and networks to support and enable the services to meet the needs of Māori residents/clients and their whānau. Persons from all services and their family/whānau interviewed stated they were satisfied with the admission process and that it respected their rights and identity and included orientation to the facilities. Residents/clients and family/whānau interviewed found the admission process straightforward and respectful.</p> <p>Aged care:</p> <p>Persons who wish to become residents at the aged care service are not declined admission, they are however, placed on a waitlist. When a bed becomes available, the senior leadership team meet and review the wait list. The allied health team is asked for input at this stage. The Needs Assessment Service Coordination is contacted to ensure the person being considered for admission still has a current assessment that identifies the level of care required. The person with the most need for residential care is offered the bed.</p> <p>Maternity:</p> <p>Registered midwives (RM's) provide care to all clients in the Golden Bay community; no clients are declined. Clients who require obstetric care are referred to HNZ obstetricians as per the Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines) 2023. Clients admitted to the GBCH for labour and birth and postnatal care have been assessed throughout pregnancy, and are expected to have a normal labour, birth and postnatal experience; and the baby is determined to be at low risk of complications.</p> <p>Medical service:</p> <p>Clients (patients) are admitted following a consultation and referral from the GP in the GBCH Urgent Care Service. Referrals are also received from HNZ for patients who require convalescent or palliative care. The GP and the nurse manager, or the senior registered nurse on duty discuss the patient's care requirements to ensure that the medical service has the capability and capacity to provide the care</p>
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		<p>required for the individual patient. Patients are only declined admission if the service is unable to meet the need/s of the clients being referred. In this situation, the referring professional makes a suitable alternative arrangement for the patient. The ethnicity and other relevant information about the client are documented in the patient's record.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The following files were reviewed: two rest home level, two hospital level, one maternity services user and one client (patient) from the acute medical services.</p> <p>Persons in all three services (aged care, acute medical and maternity) had individualised support provided that met their physical, cultural, spiritual, and social dimensions of their wellbeing. Resident/client assessments had been undertaken by nursing, medical and/or midwifery staff as appropriate. The care plans were appropriate to achieve the documented goals, and resident/ clients confirmed they were involved in the development and review of the care plan. The care plans sampled verified that they were modified as required in response to the resident/client changing needs. Residents/clients and family/whānau confirmed they received services that included them, and they felt accepted and involved in care decision making and any changes to care.</p> <p>Aged care:</p> <p>The aged care service uses an electronic system designed for the aged care sector to record and document the resident's personal details, assessments, care plans, incidents, and progress notes. Paper records document consent, shared goals of care, advance care plans, and admission agreements. The clinical records were comprehensive and included (but were not limited to) identification of resident goals; spiritual and cultural values; skin integrity; a dietary assessment; pain assessment; falls risk; and a summary of the patient's lived experiences.</p> <p>The registered nurses are responsible for conducting assessments and for the development of care plans. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the</p>

	<p>resident's care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files that required interRAI assessments and long-term care plans were noted to have been completed within timeframes required. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed and updated as resident care needs changed, which met the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, falls, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner.</p> <p>General practitioners from GBCH ensure residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly and is involved in the six-monthly resident and family/whānau reviews. The GP said the standard of care was good, and they are contacted within appropriate timeframes if there was a change in condition. The GP confirmed their involvement in any discussions related to restraint.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written daily by healthcare assistants and registered nurses. The registered nurses further add to the progress notes if there are any incidents, general practitioner visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse, who then initiates a review with a general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p>
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	<p>A wound register is maintained. There were no pressure injuries and no complex wounds. Any minor wounds were reviewed and had wound assessments, wound management plans and documented evaluations, including photographs, where required. The registered nurses reported specialist wound services are available. The healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources (sighted).</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart; diet; restraint; and behaviour. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p> <p>Maternity:</p> <p>The maternity unit used a maternity specific electronic platform to document the client's antenatal, labour, birth, postnatal, and the pēpi (baby) care. The pēpi had an individual health record, linked to the mother's clinical file. Newborn oximetry screening was completed as per the national guidelines. The early warning score (EWS) for the clients and pēpi was completed on the national EWS chart. Pēpi observations were documented more frequently when required. The service maintains linkages with the GP, and the midwives had access to the GP clinical record system. This enabled sharing of laboratory tests, immunisations administered, and reports from other health providers (eg, the obstetrician). Where progress was different to expected, the midwife consulted the obstetric service at the secondary service. A revised care plan was developed in collaboration with the obstetrician, midwife, the client, and family/whānau.</p> <p>Medical service:</p> <p>The acute medical service documents clients care using both an electronic and paper-based system. The system is integrated, and the clients progress notes are documented in the electronic record system used by the GP. This enables continuity of care, and access to all aspects of the patients care, for example, referrals to other health providers and entries and reports completed by other health providers. Paper based notes include the early warning score chart and</p>
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		<p>assessments. Assessments include for dietary, falls, and pressure area. The assessments (including the medical assessment and diagnosis) inform the care plan. The care plan is documented in hard copy, if the client does not have a pre-existing care plan. Clients who are currently receiving care from the integrated service (eg, district nursing service) will have a pre-existing care plan in the electronic system and this is updated as appropriate, to enable continuity of care and visibility to all providers.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are conducted by a team of three. Two activity coordinators and one activities assistant. The activities coordinators facilitate the programme four days per week, and the assistant facilitates it one day per week. One day per week there are two coordinators working on the programme.</p> <p>A monthly activities planner was on display in the facility. The activities team advised that the planned programme can be flexible to meet the needs of the residents' wishes on a particular day. Regular activities planned included (but was not limited to) chair exercises; bingo; live music; baking; art and craft; and dog therapy. Residents were invited to attend the sessions, and encouragement and support was given to residents who were likely to have a particular interest in the days planned activity. Individual activities were available; for example, puzzles, colouring in and reading.</p> <p>The individualised activities plan in resident records reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies and interests.</p> <p>Monthly outings occurred facilitated by GBCH, and in addition residents attended events in the community with their family/whānau and friends. Cultural celebrations and events were included in the programme, for example, Matariki, Waitangi Day, Māori language week, St Patricks day, and Easter. The Māori cultural adviser was consulted with and provided suggestions/guidance to ensure the activities included te ao Māori.</p> <p>Residents and family/whānau confirmed they were satisfied with the</p>

		programme and stated it enhanced wellbeing.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There is a current medication policy that meets best practice guidelines and legislative requirements. Staff interviewed discussed the policy, were aware of its contents and demonstrated how this was implemented in practice. A registered nurse orders stock medications for maternity and the medical service via a stock imprest list. The medication is checked and placed in the appropriate medication cupboard by a registered nurse in the acute medical/ aged care services, and a registered midwife in the maternity service. Medications for the aged care residents are provided by the pharmacy in a pre-packaged system.</p> <p>A medication competency programme is used to ensure staff are competent. Staff interviewed confirmed they had completed medication competency during orientation and had access to ongoing training. The training and competency programme was tailored according to the role of the staff member. For example, some healthcare assistants were second checkers; enrolled nurses with appropriate competency were able to administer medication; midwives completed a competency programme relevant to their scope of practice. Any staff administering medication had a current medication competency of file. Observation of medication management in the aged care service during the audit confirmed that staff were preparing, checking, signing and administering medications in line with the policy. Medication and room temperatures were documented daily and within the required parameters.</p> <p>Medication records sampled in all services documented the person's allergies and/or sensitivities.</p> <p>Standing orders were not used in any of the services audited. Self-administration of medication may occur in the aged care service. The policy details the requirements that must be met and followed to manage this safely. At the time of the audit, one resident was self-administering a medication.</p> <p>Over the counter medications are considered by the prescriber (GP, nurse prescriber or midwife) during the medication reconciliation and/or</p>

	<p>review. Where the person is taking an over-the-counter medication, the prescriber discusses the medication with the person. If the prescriber considers the medication safe and appropriate in the circumstances, it is prescribed as part of their medication. If the prescriber considers the medication unsafe, this is discussed with the person and is not prescribed.</p> <p>Pro re nata (PRN) medications were prescribed as per regulations and best practice guidelines. The effectiveness of the administered PRN medication was documented.</p> <p>Blood products are prescribed by the GP in the acute medical service and by midwives in maternity service. Anti D is kept in a cold chain accredited fridge (expiry March 2027) in the urgent care service; no other blood products are kept on site. Red blood cells are requested and delivered by the New Zealand Blood Service (NZBS), as required and as per the national NZBS policy. Administration of red blood cells occurs in the acute medical service as per GBCH policy and procedure, that is in line with NZBS policies. Clients provide written consent prior to a blood product being administered, and this was confirmed in records sampled. No fractionated plasma products are used in this organisation.</p> <p>Medication incidents are reported to the nurse manager/midwife as appropriate, who investigate the incident. Monitoring of trends occurs. If required, an action plan is developed, implemented and signed off as appropriate. The nurse manager/ midwife and GP advised medication incidents were rare.</p> <p>Patients, clients and residents inclusive of Māori and other ethnic groups, are supported by staff to understand their medications. Māori community groups and networks support Māori residents/clients if/as required.</p> <p>Aged care and Acute medical service:</p> <p>An electronic prescribing system is used for patients in the acute medical and aged care service. The patient's GP completes a medication reconciliation on admission prior to prescribing the required medications.</p> <p>The medical patients' medications were reviewed regularly as per the</p>
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		<p>patient's clinical condition. The aged care service records had been reviewed in the past three months or more frequently as required. All records confirmed that discontinued medications had been signed off appropriately. Administration records had been completed in line with legislative requirements.</p> <p>Medications are stored in a locked room, accessible to staff only. An air-conditioning unit keeps the room at a constant temperature appropriate for the storage of medication. The medication fridge is temperature monitored. An automated alert is sent to the nursing managers if the fridge goes outside of acceptable parameters. Two medication trolleys are stored in the medication room; one for the rest home and one for the acute medical service. All topical medications in the trolleys were observed to have an opening date and no medications sighted had expired. An improvement is required related to the storage and documentation of controlled medications.</p> <p>Maternity:</p> <p>Maternity specific medication was stored in the birthing room. Medication requiring refrigeration was store in a temperature monitored fridge. Records confirmed the temperature of the room and fridge was maintained within acceptable parameters. Medications required to manage emergencies were stored in the emergency trolley. The midwives check all medications weekly and after an emergency, and restock as required. The national day stay medication charts are used by registered midwives to prescribe medication for the maternity in-patient. Clinical files sampled verified that prescribing met relevant regulations and guidelines.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and</p>	<p>FA</p>	<p>All meals are cooked in the kitchen on site, including meals on wheels. There is a current food control plan until 30 June 2025. Meals and snacks are planned, prepared, and served in line with nutritional guidelines for the service types. The menu was reviewed by a qualified dietitian on 13 December 2023. Recommendations made at that time have been implemented.</p> <p>Observation of the kitchen verified that food is stored appropriately, new, and old stock is rotated, and all food products are dated and</p>

<p>wellbeing.</p>		<p>labelled. The fridge and freezers in the kitchen are temperature monitored and were observed to be within safe ranges. The kitchen staff also monitor the fridge temperatures in the family/whānau room. There are processes in place to manage any temperature variations. The kitchen was clean with zones for the management of food preparation, cooking, and cleaning.</p> <p>In the aged care service, each resident has a dietary assessment undertaken by a registered nurse on admission to determine any specific requirements, including cultural requirements the resident has. The kitchen manager (chef) introduces themselves to new residents and further explores individual needs, likes, and dislikes. The menu has a range of options which ensures all requirements are catered for. Observation during the audit confirmed that meals were served, delivered, and assistance was provided in a manner that ensured that meals were pleasurable and respected the resident's dignity.</p> <p>In the maternity unit, the midwife assesses the maternity clients' dietary needs/preferences and provides the information to the kitchen. This information is provided to the kitchen staff. The menu variety and choices and size of meals is suitable for the maternity clients, and this was confirmed by the midwife and client interviewed.</p> <p>Clients (patients) in the acute service are assessed by a registered nurse and dietary preferences provided to the kitchen. Review of the menu and observation of meal service indicates sufficient variety to meet clients' needs.</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</p>	<p>PA Moderate</p>	<p>There is a transfer/discharge policy/procedure specific to the acute medical and aged care service. Planned discharges are part of the continuum of care in the medical and maternity service. Discharge planning commences early in the resident/client journey of care, and this was verified in records sampled and during staff and client interviews.</p> <p>Residents /clients and family/whānau confirmed they were included in discharge planning and were aware of reasons a transfer to Health New Zealand may occur. They also advised they received information about other health and disability services when indicated or requested,</p>

<p>coordinate a supported transition of care or support.</p>	<p>including Kaupapa Māori agencies.</p> <p>Staff stated that weather, availability of an appropriate mode of transport, and availability of a suitably qualified person to accompany a resident/client may impact the timeliness of the transfer.</p> <p>Aged care</p> <p>Acute transfers to HNZ occur when there is a change in a resident's health status that is unable to be managed within the GBCH. The GP will decide to transfer a resident for specialised or complex care and makes a referral to the appropriate service. A registered nurse informs the resident's family/whānau of the planned transfer. Copies of the care plan, recent progress notes, the medication record, advanced care plan, shared goals of care and other relevant documents accompany the patient to HNZ. Most transfers occur using the road ambulance system. Exceptions to this are made in consultation with the family/whānau, GP, registered nurse and the receiving service.</p> <p>Acute medical service:</p> <p>Medical clients are transferred to HNZ when the required assessments and/or care required is unable to be provided at GBCH. The GP telephones the appropriate medical professional at HNZ to provide relevant information regarding the patient's condition and needs. A written referral is also generated and sent via the electronic record. Nursing staff ensure a copy of the patient's relevant clinical record, and the medication record accompanies the patient to the hospital. Transfer for clients occurs via private transport, ambulance or air transport, as appropriate according to the clinical status of the patient. The GP and receiving practitioner collaboratively determine the mode of transport to be used.</p> <p>Non acute transfers/discharges occur when a resident's health status and care requirements change gradually. In this situation, the care-plan is updated, along with the interRAI assessment. The Needs Assessment Coordination Service is notified. Rest home residents who transition to hospital level care, can usually have this requirement fulfilled without leaving GBCH. If the resident requires care that is outside the scope of service delivered at GBCH (eg, secure dementia care), the NASC, nurse manager and family/whānau collaborate to</p>
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		<p>ensure the resident is discharged to a facility that meets their needs.</p> <p>Maternity:</p> <p>Transfers to the secondary service occur due to an acute care need of the client or/and the foetus/pēpi. Transfers are initiated by the GBCH midwife. The midwife consults with two obstetricians and with the consent of the client. The indication for the proposed transfer is communicated and documented. The obstetrician determines the mode of transport to be used for the transfer. Ongoing communication with the secondary service, the client and family/whānau is documented in the clinical record. An improvement is required relating to managing the timeliness of acute transfers from GBCH to Health New Zealand, and the documentation relating to the handover of care to the receiving provider.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a warrant of fitness certificate that expires 20 June 2026. The inspection had been completed and verbal verification confirming a warrant would be issued. This delay in issuance has been reported consistently across previous audits. There is a fire suppression and alert system that is checked by an external agency each month. Electrical equipment is tested and tagged annually, having been completed June 2025. In the aged care unit, hoists are checked and calibrated annually, confirmed by tags sighted. Medical equipment in the aged care and maternity unit, including oxygen concentrators, electric beds, air mattresses, infant resuscitators and scales had tags and/or reports to confirm that calibration had been performed within the past year. Environmental checks occur (records sighted), and the register is updated as required. The health and safety committee reviews the register and risk mitigation strategies at monthly meetings.</p> <p>The physical environment and facilities (internal and external) are fit for their purpose, well maintained, and meet legislative requirements. Rooms are spacious to provide for the appropriate care. There are appropriate number of visitor toilets, with disability access. The heating throughout the facility was appropriate. There is plenty of natural light throughout.</p>

		<p>Aged care:</p> <p>The aged care resident rooms were of a size that allow family/whānau and friends to visit in the resident's room. All rooms had large windows, and some had doors leading directly to a safe outdoor space. All spaces in the facility were wheelchair accessible, with handrails available to support and facilitate resident safety. Mobility equipment was used by residents as required to maximise their safety when ambulating. The dining area and adjoining lounge and activities area was well lit and appropriate to meet the needs of the residents. There were adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Acute medical service:</p> <p>Clients in the acute medical beds had adequate space for their personal belongings, and there was room for visitors to spend time comfortable with the patient. Clients and family/whānau had access to a whānau room.</p> <p>Maternity service:</p> <p>The birthing room had sufficient space in the rooms for the clients and midwives to receive and provide care in a respectful manner. A birthing pool is available for clients to use. An infant resuscitator was on site. A cardiotocograph (CTG) was also on site.</p> <p>There have been no modifications made to the building since the last audit. If modifications were planned, consultation would occur with the multidisciplinary team, the residents, the community, and the cultural advisor. Residents/patients and whānau advised they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>FA</p>	<p>The emergency, natural disaster and civil defence plans, policies and procedures provide direction for the service in preparation for disasters. Staff receive training about the policies and procedures during orientation and annually thereafter. Staff interviewed were able to describe their roles in the event of an emergency. Records sighted verified that six-monthly fire evacuation drills had occurred, last</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>completed 23 January 2025. The fire evacuation plan was approved by the New Zealand Fire Service in December 2013. Adequate quantities of supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region, including the availability to adequate supplies of water. A generator with suitable capacity was on site for use in the event of power outage. A back-up battery lighting system is installed and is checked monthly, verified by records sighted.</p> <p>The call bell system is checked monthly. During the audit, call bells were observed to be answered in a timely manner. Security arrangements were in place, including locked doors (as appropriate) and security cameras at all entrances, and in the carpark. Staff wear name tags for identification and visitors and contractors sign into the facility at the main entrance. There is always a first aid trained staff member on site.</p> <p>Interview with aged care residents, and staff stated they were familiar with emergency and security arrangements and felt safe in the facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical governance and quality committee have oversight of the infection prevention (IP) and antimicrobial stewardship programmes (AMS). The programmes are part of the quality system. Reports are generated from the two electronic systems infections are reported into and presented to the clinical governance and quality committee. This committee is chaired by GBCH Clinical Director (GP). The service has links to access IP and AMS expertise as required, which includes Health New Zealand, GP's, pathologists, and microbiologists. A documented stepwise pathway ensures IP issues, significant events and reports are provided to the quality committee and governance committee, and where required, to the regional public health authority.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	<p>PA Low</p>	<p>A registered nurse who is part of the primary care nursing team, is the infection prevention (IP) coordinator. This role holds the infection prevention portfolio across all services, operating from GBCH. The role has a dedicated eight hours per fortnight committed to IP. There was a</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>second registered nurse involved in supporting the IP coordinator, who worked in the inpatient services. This person has since left the service. The nurse manager informed they are currently seeking an inpatient nurse to hold the IP portfolio to support the IP coordinator.</p> <p>The IP coordinator reports to the general manager. The IP coordinator (interviewed remotely due to illness) completes the mandatory training required and provided for all staff; however, has not attended training beyond this to support the IP coordinator role. The IP coordinator informed there is a position description that documents responsibility for decision making, including overseeing and implementing, monitoring, and reporting on the IP programme. The IP coordinator have input into procurement, building modifications, policies, and procedures when required.</p> <p>The IP programme has been developed by persons with infection prevention expertise and has been approved by the clinical governance and quality committee. The programme is reviewed annually. Infection prevention policies reflect the requirements of the standard and represent current accepted good practice.</p> <p>The IP coordinator has access to clinical records and diagnostic results to support data collection and to inform the review of the IP and antimicrobial stewardship (AMS) programme. A current pandemic response plan is documented and has been tested. Sufficient supplies of infection prevention resources and personal protective equipment (PPE) was available and sighted during the audit.</p> <p>Aged care and maternity staff interviewed were familiar with infection prevention policies and confirmed they had been orientated to them, and annual infection prevention training is mandatory; however, not all staff have completed the required training (link 2.3.4). Observation during the audit confirmed that infection prevention and control principles were implemented.</p> <p>Single use devices are not reused. Observation during the audit confirmed that single use items were not reused, and no evidence of re-cleaning/sterilising of single use items was seen. Reusable shared equipment (for example sphygmomanometer and thermometers) is decontaminated appropriately as per policy and the manufacturers recommendations. Appropriate materials for this process were</p>
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		<p>observed during the audit. Internal audits ensure that policies are adhered to.</p> <p>The service is culturally aware and works in partnership with the Māori health advisor and Māori community groups when developing policies and procedures. Te reo Māori educational resources are made available to Māori as required, with the input of the Māori cultural advisor, and this was confirmed by the cultural advisor during interview. Staff stated they are familiar with cultural safe practices related to infection control.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Golden Bay Community Health has a documented AMS programme that is appropriate for the size, scope, and complexity of the service. The programme has been approved by the clinical governance and quality committee and developed in accordance with evidence-based practice. The IP coordinator, RN's, midwife and the GP interviewed were cognisant of the programme and advised that reports are analysed to identify areas for improvement. The AMS programme is evaluated by reviewing medication prescribing, administration, and clinical files. Monthly reports are developed and presented to the clinical governance and quality committee. The GP, nurse manager and midwife reported that diagnostic testing occurs as appropriate for the clinical situation and results are used to inform antibiotic prescribing.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare associated infections in the aged care unit of the GBCH is appropriate to the size and type of service. The surveillance programme is documented, and standard definitions are used relating to the type of infection acquired.</p> <p>The IP coordinator reports the collated surveillance aged care data at the clinical governance and quality committee meetings. Trends and possible causative factors are discussed and plans to reduce causative factors are developed. The service captures ethnicity data as a part of the surveillance report. Since the last audit, there have been no outbreaks. Culturally appropriate processes are in place to ensure</p>

		clear communication is provided to residents who develop an infection. Staff interviewed discussed their cultural knowledge and skills and gave examples of how they practice these in their daily roles. The surveillance data is captured across all GBCH services.
<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 antimicrobialresistant organisms.</p>	FA	<p>There are policies and procedures that describe the management of waste and hazardous substances. Bins are stored in a secure area and are colour-coded for domestic waste, hazardous waste and infectious waste. Sharps are disposed of securely. All waste is disposed of as per regulations. Chemicals were observed to be stored securely and safely. Material data safety sheets were available in the location of the stored chemicals. Education records confirmed that cleaners have attended training appropriate to their roles. A chemical supply company provides support and advice to the service as required.</p> <p>Cleaning products and laundry products were observed to be in their original containers. Cleaning staff ensure that trolleys are safely stored when not in use. There was adequate personal protective equipment (PPE) available, which includes masks, gloves, aprons, and goggles for staff use. Staff demonstrated knowledge and understanding about effective donning and doffing of PPE. All areas of the facility were observed to be clean and organised.</p> <p>The laundering of linen (bed sheets, towels, tea towels etc) is contracted to a professional laundry service. The residents' personal clothing is laundered on site. The laundry separates the clean and dirty areas. The effectiveness of laundry processes is monitored by the health and safety and infection prevention committee.</p> <p>Residents and family/whānau reported that the laundry is well managed, and the facility is kept clean and tidy. The IP coordinator provides support to maintain a safe environment during construction, renovation and maintenance activities, when they do occur.</p>
Subsection 6.1: A process of restraint	FA	GBCH is committed to providing services to residents without the use of restraint. Policies and procedures meet the requirements of the

<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>standard. The clinical governance and quality group is responsible for monitoring restraint use and implementation of the policy within the service. Restraint use and strategies to minimise the use of restraint are discussed in the staff meetings and at clinical governance meetings. A restraint report is provided to both the clinical governance and quality meeting and the NBPH Board. Interview with the restraint coordinator and the nurse manager confirmed that restraints are used as a last resort and the service is committed to a restraint-free environment.</p> <p>The restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the service works with the cultural advisor to promote and ensure services are mana enhancing. Documentation of the use of restraint for a resident was reviewed. The processes and resources for assessment, consent, monitoring, and evaluation were completed and sighted in record. The restraint approval process includes input from the resident, resident's family/whānau, GP, restraint coordinator, and clinical manager.</p> <p>At the time of the audit, there was one hospital level care resident using bedrail restraints. When restraint is used, it is a last resort when all alternatives have been explored, and these were documented in the resident's record. The restraint coordinator has a defined role of providing support and oversight for any restraint management. There are clear lines of accountability. Staff have been trained in the least restrictive practice, safe restraint practice, alternatives, cultural-specific interventions, and de-escalation techniques; however, not all the mandatory training has been attended (link 2.3.4).</p>
<p>Subsection 6.2: Safe restraint</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>FA</p>	<p>Assessments for the use of restraint, consent, care planning, interventions and evaluation were documented and included all requirements of the Standard. Restraint monitoring occurred as per care plan. Residents and family/whānau are involved in the process. Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed monthly by the restraint coordinator and is reported on at every clinical governance and quality meeting. The</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>register contained enough information to provide an auditable record. Each episode of restraint is evaluated.</p> <p>Meeting minutes, documented discussions about restraint. If an emergency restraint is required, the registered nurse is to complete and incident report, after consultation with the restraint coordinator and/or the nurse manager.</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>FA</p>	<p>A six-monthly evaluation of all restraint use is completed and meets the requirements of the Standard. Changes to policies, guidelines, education, and processes are implemented as indicated. Data analysis is completed monthly and discussed at the quality/staff meetings. Trends (if any) are identified and options to minimise and eliminate the use of restraint are considered. The six-monthly evaluation also considers staff restraint education, including de-escalation strategies and challenging behaviour management.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Moderate	<p>Golden Bay Community Health uses HCSL to support implementation of the internal audit programme. The internal audit programme sighted included a range of audits, such as infection prevention; medication management; equipment handling; chemical management; and cleaning and laundry. The internal audit programme had not been fully completed across for 2024/2025. An internal audit schedule was sighted and is planned to be reinvigorated from July 2025.</p> <p>There is a meeting policy and meeting schedule as part of the policy documents. Resident meetings are scheduled to be held three-monthly. The most recent resident forum had been held in May 2025 (minutes sighted). Interview with staff informed resident meetings occurred during</p>	<p>Aged care:</p> <p>(i). Only one scheduled audit had been completed across the period June 2024 to May 2025.</p> <p>(ii). No resident meeting minutes were available to review across the 2024 period.</p> <p>(iii). The last resident satisfaction survey was completed in August 2023 and family survey early November 2022.</p>	<p>(i). Ensure there is an implemented internal audit programme to monitor operational performance.</p> <p>(ii). Ensure there are meeting minutes documented when resident forums do occur.</p> <p>(iii). Ensure annual surveys are completed as per policy.</p> <p>60 days</p>

		<p>2024; however, there were no meeting minutes available across this time.</p> <p>As part of GBCH quality framework, resident and family/whānau satisfaction surveys are to be completed annually. There last resident survey was completed in August 2023 and the last family/whānau survey in November 2022.</p> <p>This finding relates to aged care services only.</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 and support workers so that they can provide high-quality safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The mandatory training includes online learning packages and associated practical competency that is required to be completed. Mandatory training includes (but not limited to): infection prevention and control; fire safety; culture and equity; moving and handling; life support; de-escalation; and restraint; however, the records reviewed evidence compliance with the completion of training and associated competencies are low across all services.</p>	<p>All services:</p> <p>(i). Thirty of thirty-four healthcare assistants have yet to complete restraint training / de-escalation of behaviours and associated competencies.</p> <p>(ii). Twenty-seven of thirty staff have not completed training related to infection control.</p> <p>(iii). Thirty-one of thirty-four healthcare assistants have not completed moving and handling training and associated competency.</p> <p>(iv). Twenty-nine of forty-two RNs have not completed training related to infection prevention.</p> <p>(v). Thirty-three of forty-two RNs have not completed Te Tiriti training module one.</p>	<p>(i)-(v). Ensure mandatory training and associated competencies are completed as required.</p> <p>60 days</p>

<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	All staff records are held by the general manager. Staff are required to complete a role specific orientation that is monitored by the line manager. The recruitment policy requires that on completion of orientation, the final signed page of the orientation booklet is to be scanned and a record kept on file. Completed orientation documents were not always kept on file.	There were no signed, completed orientation forms on all nine files reviewed.	<p>Ensure there is evidence held on staff records, demonstrating completion of orientation.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	The medications were not stored in a metal or concrete compartment as required by legislative requirements. Weekly checks and six-monthly stock takes had not been consistently completed as required by legislation. This finding relates to the aged care service and medical services, as they share the one medication room. Maternity do not hold any controlled medication.	<p>(i). Controlled medications were not stored in a locked safe as per legislative requirements.</p> <p>(ii). Not all medications in the controlled medications register had documented weekly checks, or six-monthly quantity stock takes.</p>	<p>(i). Ensure controlled medications are stored as per legislative requirements.</p> <p>(ii). Ensure weekly and six-monthly stock takes are completed on all controlled medications.</p> <p>60 days</p>
<p>Criterion 3.6.1</p> <p>Service providers shall implement a process to support a safe, timely, seamless transition, transfer, or discharge.</p>	PA Moderate	The documented maternity transfer policy is not comprehensive, for example it does not address the modes of transfer available, such as road transfer by private car, ambulance or air transport, or the indications for each mode. There is no guidance related to the health professional who accompanies the client. The transfer, including the mode of transport, is confirmed and arranged by the receiving service, in consultation with the Golden Bay midwife/midwives. Clinical records do	Maternity service: The transfer process in maternity to the secondary service is not consistently arranged and/or completed or documented within a timely manner to ensure the safety and wellbeing of the woman and foetus and/or pēpi.	<p>Maternity service: Ensure the transfer process is consistently implemented and documented within a timely manner to ensure the safety of the woman and foetus and/or pēpi.</p> <p>60 days</p>

		consistently include documentation relating to the handover of care from GBCH to the receiving provider of care.		
<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p> <p>(e) Receive continuing education in IP and AMS;</p> <p>(f) Have access to shared clinical records and diagnostic results of people.</p>	PA Low	<p>The IP coordinator (part of the primary nursing team) has 8 hours/fortnight dedicated to the IP role. There was a second IP coordinator who worked primarily in the aged residential care, acute medical and maternity services and this portfolio role is being recruited to at the time of audit.</p> <p>The IP coordinator informed there is a position description (not sighted) that documents responsibility for decision making, including overseeing and implementing, monitoring, and reporting on the IP programme. The IP coordinator has completed the mandatory infection prevention staff training, but has not attended training outside of the mandatory training to support the role across all GBCH services.</p>	<p>(i). The IP coordinator is part of the practice, and has not attended training outside of the mandatory staff training to support the role across all GBCH services.</p> <p>(ii). Replacement of the dedicated IP portfolio holder across the inpatient services has yet to be confirmed.</p>	<p>(i). Ensure the IP coordinator receives the appropriate training to support the role`s responsibilities.</p> <p>(ii). Ensure there is sufficient, and appropriate resource to support implementation of the IP programme.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.