

# Hospital & Rehab Aotearoa Limited - Makoha Tauranga

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Hospital & Rehab Aotearoa Limited

**Premises audited:** Makoha Tauranga

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

**Dates of audit:** Start date: 29 July 2025 End date: 30 July 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:** 24

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Hospital & Rehab Aotearoa Limited, trading as Makoha Tauranga provides rest home level care for up to 25 residents. On the day of the audit there were 24 residents.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8123:2021 and the contract with Health New Zealand - Te Whatu Ora. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, a director, management, the general practitioner and staff.

Makoha Tauranga is governed by the owner/directors, supported by a clinical nurse manager (registered nurse) and facility manager. All have extensive experience in managing an aged care facility. Quality systems and processes are implemented. Feedback from residents was positive about the care and the services provided.

The audit identified shortfalls relating to essential notifications, activities, timely transfer/discharge of residents, the call bell system, alternative power arrangements and infection prevention and control.

## 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 are fully attained.
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Makoha Tauranga provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. There were Māori residents at the time of the audit. Cultural assessments inform the Māori care plan. There is a Pacific health plan and there are Pacific residents.

Makoha Tauranga provides care to residents as required by the Code of Health and Disability Services Consumers' Rights (the Code). Services are delivered in a manner that considers the residents’ dignity, privacy, independence and facilitates informed choice. Care plans accommodate the resident’s choices with the input of family/whānau as appropriate. Consideration of the resident’s values, beliefs, culture, religion, and relationship status is incorporated into their care. Te Tiriti o Waitangi and cultural training is provided to staff and is implemented into everyday practice.

Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
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Makoha Tauranga is governed by two registered medical practitioners who oversee all aspects of the service and monitor performance. The mission, vision and values are specified. The business plan includes a mission statement and operational objectives. The service has quality and risk management systems established that take a risk-based approach. Staff meetings are scheduled monthly. Quality data is collated and analysed. Corrective actions are implemented where opportunities are identified.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training 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

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.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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The model of care ensures holistic resident centred care is provided. Information is provided to potential residents and family/whānau to inform their decision making.

Resident assessments are the cornerstone of care plan development. Care plans are implemented with input from the resident and family/whānau (as desired) and contribute to achieving the resident's goals. Care plans are reviewed six monthly. Access to other health and disability services is available as required.

Medicine management reflects best practice, and staff who administer medication are competent to do so. The general practitioner stated the provision of care meets the resident's needs.

The meals are varied and nutritional. The menu had been approved by a registered dietician. There is a current food control plan.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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The building holds a current building warrant of fitness certificate. There is a planned and reactive maintenance programme in place. Hazards are identified and appropriately eliminated or controlled. Residents can freely mobilise within the communal areas with safe access to the outdoors. There are communal shower rooms and toilets with privacy locks. Some rooms have full ensuites. Rooms are personalised.

Documented systems are in place for emergency and security services. Staff have planned and implemented strategies for emergency management including pandemics. There is always a staff member on duty with a current first aid certificate.

## 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 are partially attained and of low risk.

Makoha Tauranga supports the safety of residents and staff via the infection prevention and antimicrobial stewardship programmes. The programmes are appropriate for the size, complexity, and type of service. The clinical nurse manager is responsible for the implementation of the programmes. The pandemic plan had been tested. Staff are educated in the principles of infection prevention. A surveillance programme is implemented that captures data which is analysed and shared with staff.

Cleaning and laundry policies and procedures are implemented. Staff are trained in chemical safety.

## 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 are fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. There was no use of restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices and implements de-escalation techniques and alternative interventions.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	3	2	0	0
Criteria	0	160	0	5	2	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>There is a Māori health plan that recognises Te Tiriti o Waitangi as the founding document of New Zealand. The Māori health plan specifies services support a Māori world view of health and wellbeing and in order for services to be effective Māori will receive equitable services based on the principles of self-determination (mana motuhake). Family/whānau involvement is encouraged in assessment, care planning and evaluation.</p> <p>There were residents who identify as Māori. Staff interviewed including two healthcare assistants, one registered nurse, the activities coordinator, cook, kitchen hand and cleaner could describe how they involve residents in identifying their individual cultural preferences. Staff receive training during orientation and on an ongoing basis on Te Tiriti o Waitangi and in tikanga and culturally safe care. The last education session was delivered by a guest speaker who is a Māori on 16 May 2025. The session included the meaning of cultural safety, treating others in a culturally sensitive manner, Te Tiriti o Waitangi and death and dying from a Māori perspective.</p> <p>Linkages are in place with Iwi in Rotorua (where another facility owned by the directors is) and the directors have visited marae there.</p>

		<p>The facility manager confirmed the service supports a Māori workforce, with staff employed who identify as Māori during the audit.</p> <p>The facility manager, clinical nurse manager and staff were able to describe how care is based on residents' individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is Pacific health plan that is based on the Fonofale model of care and specifies services are to be equitable for Pacific people. Education records show staff are trained in culturally safe practice and in the various Pacific cultures. There were residents who identify as Pacific people.</p> <p>On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented. The service captures and collates ethnicity data.</p> <p>Family/whānau are encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>When new staff are recruited, the facility manager encourages and supports any staff that identify as Pacific through the employment process and provides equitable employment opportunities for the Pacific Island community. There were staff members that identified as Pacific people.</p> <p>Discussions with the facility manager (FM), clinical nurse manager (CNM), staff, residents and documentation reviewed identified that the service uses a person-centred approach for residents and family/whānau as the guiding ethos of their service. The service has made contact with local Pacific community organisations to support residents who identify as Pacific people.</p>
Subsection 1.3: My rights during service delivery	FA	The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in the entrance to the facility in English and Te

<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>Reo Māori. There are policies and procedures that reflect the requirements of the Code. Staff confirmed they had received training and education on the Code during their orientation and annually. This was verified in education records. Observation confirmed that staff provided care in accordance with the Code. The 'welcome to the service' pack, given to residents upon enquiry about the service, or on admission, contains a written pamphlet about the Code and the Nationwide Health and Disability Advocacy Service.</p> <p>Resident meetings are held that address resident rights and provide opportunity for questions and feedback. This was confirmed by residents. Residents advised they are aware of their rights and stated that staff, and the manager are approachable and provide opportunities for discussion about any issues. Residents expressed their ability to practice self-determination and to make independent choices. A Māori resident stated their cultural needs are met, including mana motuhake. Staff confirmed they have completed cultural training and provided examples of how this was put into practice.</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>	FA	<p>Residents were observed to be treated with respect and regard for their dignity and privacy. All residents have their own room. Clinical records sampled confirmed the resident's values, culture, and religious beliefs are included in their care plan. Residents confirmed religious and social preferences, values, and personal beliefs are acknowledged and respected.</p> <p>The Māori health plan supports tikanga, te reo Māori and the participation of tāngata whaikaha. Staff gave examples of tikanga Māori practices that are used in the day-to-day care of residents and confirmed that they have received Te Tiriti o Waitangi training. A staff member who identified as Māori confirmed residents are treated with mana and tikanga is honoured.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	FA	<p>Policies and procedures are implemented that protect people from abuse, discrimination, and neglect. Staff discussed aspects of abuse,</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>neglect and institutional racism including the actions they would take should there be any signs of such practice. They also described professional boundaries, and how these are maintained. Residents advised they have not witnessed abuse or neglect and confirmed professional boundaries are maintained. They also reported personal belongings are treated with respect. This was confirmed through observations. There have been no reported incidents of abuse, neglect or discrimination. At the time of audit all residents managed their own money.</p> <p>The Māori health plan promotes a strengths-based and holistic model of care for Māori. The clinical record of a Māori resident confirmed care is provided using a holistic model and the resident's strengths are focused on.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>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>Communication with residents is verbal, however communication with family/whānau is a mix of verbal and email as appropriate. Residents expressed satisfaction with the communication they receive from staff. Clinical records confirmed family/whānau are updated regarding any changes in the resident's health status, incidents or accidents.</p> <p>The records confirmed the service communicates with other health care providers as required, for example mental health services for older people (MHSOP), district nurse and general practitioner (GP). The CNM confirmed interpreter services can be accessed if required. A list of interpreters and contact details was sighted.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	FA	<p>The informed consent process aligns with the Code. Residents confirmed they were provided suitable information and timeframes to enable informed consent for all aspects of their care. Clinical records included, but were not limited to signed consent for photographs, collection and storage of health information and outings.</p> <p>Residents are encouraged to complete an advance directive, soon after admission in association with the GP. Clinical records sampled verified competent residents had determined their own resuscitation status, and this had been counter signed by the GP. The GP stated</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>resuscitation status is updated annually. This was confirmed in records sighted. A named enduring power of attorney (EPOA) was present in all records. In the sample reviewed these had not needed to be activated to date.</p> <p>Staff discussed tikanga guidelines and advised this had been a component of their orientation and on-going in-service education.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The FM maintains a record of all complaints, both verbal and written, in a complaint register. Documentation including follow-up letters and resolution demonstrates complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes such as food related or activities. There was one complaint in 2024 and four complaints to date in 2025. The records show the complaints were handled respectfully, included an investigation, follow up, and reply to the complainant. The complaints were fully resolved to the satisfaction of the complainants. There have been no external complaints received since the last audit.</p> <p>Staff are informed of complaints and any subsequent corrective actions in the staff meetings. Meeting minutes were sighted.</p> <p>Discussions with residents confirmed they were provided with information on complaints and complaints forms are available at the entrance. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly and both FM and clinical nurse manager (CNM) have an open-door policy. Residents and family/whānau making a complaint can involve an independent support person/advocate in the process if they choose to do so. Residents interviewed expressed the CNM, registered nurses (RNs) and FM are open to discuss any issues as they arise. The complaints process is equitable for Māori. The FM understood the preference for some Māori to have face-to-face conversation.</p>

<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Hospital &amp; Rehab Aotearoa Limited - Makoha Tauranga (hereafter referred to as Makoha Tauranga) is certified for 25 rest home level beds. At the time of the audit there were 24 residents; six on long-term support – chronic health conditions (LTS-CHC) funding and 16 on the age-related residential care agreement (ARRC).</p> <p>The governing body for Makoha Tauranga is the two owners/directors who are both registered medical practitioners with experience in owning and operating aged care and residential disability services since 2011. One of the directors is a clinical psychiatrist and a member of the Australian New Zealand Royal College of Medical Administrators and has a Master’s degree in health management. They currently work for Health New Zealand. The other director has vocational medicine in their scope and is a professor at the University of Otago teaching occupational health and acquired brain injury. This director runs the health and safety programme. Both directors ensure compliance with legislative, contractual and regulatory requirements by overseeing all aspects of the service including implementation of the quality plan. Both receive ongoing training in cultural awareness, Te Tiriti o Waitangi and equity for Māori and Pacific people.</p> <p>The business plan 2023 to 2025 specifies the mission and philosophy which is to ensure high-quality services are delivered by ensuring that their strategic planning and governance are responsive and inclusive of all people including Māori residents and their whānau. The “Makoha Model” promotes individuality, enabling and supporting residents to make choices best suited to them and treating all people holistically. The model honours and incorporates Te Tiriti o Waitangi across all aspects of service delivery. Both directors demonstrate leadership and commitment to quality and risk management. The business plan includes the scope of services, direction for future planning and goals for which progress to achieving these are evaluated at planned intervals. Regular management meetings are held with the directors to report on occupancy, adverse events, infections, staffing, maintenance and opportunities for improvement.</p> <p>The FM is on a temporary contract but has extensive experience in</p>

		<p>managing both facilities owned by the directors. The CNM has been in the role for more than two years and the management team and directors provide clinical governance which is appropriate for the size, scope and complexity of the service. The CNM completes at least eight hours of professional development per year related to the role.</p> <p>Residents receiving services and whānau are supported to participate in the planning, implementation, monitoring, and evaluation of service delivery through surveys, meetings, and an open-door management policy</p> <p>The directors have consulted with mana whenua in Rotorua, who gifted the name Makoha, in business planning, organisational policy, and service development to improve outcomes and achieve equity for Māori by identifying and addressing barriers for Māori, for equitable service delivery. This consultation also assisted the directors to explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</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 and support workers.</p>	<p>PA Low</p>	<p>Makoha Tauranga has introduced a quality and risk management programme on an electronic platform developed by a well-known company in New Zealand. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data such as falls, skin tears, infections, episodes of behaviour of concern is collected with evidence of data shared in staff meetings.</p> <p>Staff meetings provide an avenue for discussions in relation to, but not limited to: quality data; health and safety; infection prevention/pandemic strategies; complaints received (if any); staffing; and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Resident satisfaction surveys are completed each year during the month of December. Surveys completed annually reflect high levels of resident satisfaction overall but less satisfaction with the food and activities, link criterion 3.3.1. Following the survey adjustments were</p>

		<p>made to the menu to align with resident requests.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard 2021.</p> <p>A health and safety system is implemented with the FM acting in the role of health and safety officer. Health and safety representatives are nominated and include healthcare assistant, CNM, maintenance and kitchen staff. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Incidents and accidents are documented electronically. Ten accident/incident forms reviewed from 2024 and 2025 including witnessed and unwitnessed falls, skin tears and episodes of behaviours of concern indicated the forms were completed in full and are signed off by the CNM. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings.</p> <p>Discussions with the CNM evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 reports were submitted since the last audit to notify HealthCERT around issues relating to outbreaks of Covid-19, new FM, appointment of a temporary FM and to reconfigure services. Improvement is required in criterion 2.2.6. There have been no reports to the Health Quality and Safety Commission since the last audit. Since the last audit there have been three outbreaks of infection which were appropriately notified.</p> <p>The management team assesses staff cultural competency to ensure a high-quality service is provided for Māori. The FM and CNM also ensure critical analysis of practice is undertaken in order to improve health equity.</p>
Subsection 2.3: Service management	FA	There is a staffing policy that describes rostering requirements. The

<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>roster provides appropriate coverage for the effective delivery of care and support. The RNs and healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty at all times.</p> <p>Staff confirmed their workload is manageable, and the service works together as a team should any staff member call in as unavailable. Vacant shifts are covered by available healthcare assistants, RNs and management if required. Out of hours on-call cover is provided by the CNM. A registered nurse performs the CNM's role in their absence.</p> <p>The CNM is on duty Monday to Friday and an RN also works on Monday to Wednesday. The FM is onsite three days per fortnight. There are two healthcare assistants on each shift covering the 24-hour period, including a medication competent healthcare assistant. Review of the rosters show absences are covered. There is a maintenance person onsite three days per week and a cleaner five days per week. Healthcare assistants are responsible for laundry daily.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness. Cultural awareness competencies were sighted in the five staff files viewed (two healthcare assistants, one cook, one RN and one activities coordinator) which included the provision of culturally safe care, Māori world view, health equity and Te Tiriti o Waitangi.</p> <p>External training opportunities for healthcare assistants and registered nurses include training through the local hospital and hospice.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the seven healthcare assistants employed six have completed a level four NZQA qualification in health and wellbeing and one is currently enrolled in level two. The orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The RNs, including the CNM have completed training in wound management and interRAI.</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>FA</p>	<p>Human resources policies and procedures align with employment legislation, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. The staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved.</p> <p>A register of practising certificates is maintained for all health professionals including RNs, general practitioner (GP) and pharmacists. There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates the orientation programmes support RNs and healthcare assistants to provide culturally safe care to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Staff files are kept in a locked cabinet.</p> <p>Following any staff incident or accident, evidence of debriefing and follow-up action taken are documented. Staff confirm wellbeing</p>

		support is available to them if needed.
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained electronically and in hard copy. Electronic information is regularly backed up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>Resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures include the name and designation of the service provider. Any paper-based resident information is securely stored in a locked room and easily retrievable when required.</p> <p>Residents 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 information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for NHI registration.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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>	FA	<p>Information about Makoha Tauranga is available on their website and other health websites, for example Healthpoint, Eldernet, and HealthPages NZ. Hard copy information is also available at reception. The needs assessment service coordination agency (NASC) and Health New Zealand-Te Whatu Ora (HNZ) also hold information about the services provided.</p> <p>A documented policy outlines the entry process. The CNM and FM work in collaboration to co-ordinate the entry process with the resident and family/whānau. Residents admitted to the service require a NASC assessment and referral prior to admission. Confirmation of implementation of this process was confirmed in clinical records sampled.</p> <p>The admission and decline policy details the management for declining a potential resident. The CNM stated that a person is not</p>

		<p>declined entry unless the care requirements were outside the scope of the service, or no bed was available. If no bed was available, the referrer was advised at the time of enquiry. Ethnicity data is collected on residents who are declined to enable routine analysis and ensure equity for Māori. A waiting list was not in operation at the time of the audit. Residents advised the admission process was straightforward and respectful.</p> <p>The service has connections with local Māori health providers and community groups. These connections contribute to the service driving equitable health outcomes for Māori.</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>Residents have individualised support provided that meets the physical, cultural, spiritual, and social dimensions of their wellbeing. The documented assessments demonstrated the resident's holistic wellbeing is considered and included, for example skin integrity, pain, falls risk and behaviour. All interRAI assessments and resultant long-term care plans were current. Clinical records verified a RN had completed the assessments and developed an individualised care-plan for all residents. InterRAI reviews had been completed six monthly, or more frequently if a change in the resident's needs had been identified. Care-plans documented interventions to maintain and improve the residents' health and wellbeing as reflected in the interRAI report. Progress notes, observations and interview with the resident's confirmed assessments and care-plans had been developed in collaboration with them as appropriate.</p> <p>Short term care plans were developed for acute conditions such as an infection. Wound care plans are initiated when a resident has an area of impaired skin integrity. The plans are updated as appropriate and signed off when the condition is resolved. Adequate supplies of wound care and continence products were sighted.</p> <p>Clinical records are a mix of paper and electronic. Paper documents are available to be used in the event of a computer outage. Other paper documents include checklists that are referred to frequently in the day-to-day care of the resident for example, date of change of an indwelling urinary catheter bag and/or point of care testing (POCT) of</p>

		<p>blood sugars. The integrated electronic record includes correspondence from community health providers, the GP, the admission agreement, consent forms and a copy of the enduring power of attorney (EPOA).</p> <p>Progress notes record the resident's daily activities and any observed changes in health status or behaviour. The health care assistants stated changes in a resident's behaviour are considered an early warning sign of a residents change in health status. Monthly vital signs and the weight of residents is documented and are provided to the GP at three monthly reviews.</p> <p>Where a resident's progress is different to that expected, or the resident displays signs or symptoms of illness further assessments are performed as appropriate. The RN develops a short-term care-plan, and the GP is notified in a timely manner. The GP confirmed residents are seen and assessed at least every three months and earlier if required. The GP also advised the residents receive appropriate care and services are delivered in a caring and respectful manner.</p> <p>A shift handover was observed. A prompt was used to ensure all relevant information was passed on to the incoming staff member. The prompt was left in the office for the incoming staff member to refer to during the shift if required. The CNM and RN was present during handover and provided direction and clarity regarding the care residents required.</p> <p>The service has connections with Māori community organisations and service providers that represent tāngata whaikaha. Residents identify their own pae ora outcomes, with whānau involvement if required. The care plan for a Māori resident reflected cultural values and principles of Te Whare Tapa Wha model of care. Policies, procedures, and interviews with staff confirmed the service understands health and wellbeing from a Māori perspective. Visiting hours are flexible to allow whānau to visit and support the resident. Staff provide information to residents and their whānau as required. A Māori resident stated care is provided in a manner that respects their mana, and access to whānau and support persons is available.</p>
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<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>PA Low</p>	<p>At the time of the audit the permanent activities coordinator was on leave and a temporary coordinator was filling in. The coordinator's role operates from 8.30am to 3pm five days per week. The activities coordinator plans and facilitates the activities programme. The monthly programme was on display in the residents' bedrooms, the lounge and dining room.</p> <p>The activities coordinator discussed the monthly programme, which included for example, a weekly shopping trip, bingo, a quiz, news and views, crafts, a movie and one other trip into the community per week to a destination of the residents' choice. Residents who are able to, leave the facility independently to take part in community activities. Family/whānau also take their loved ones into the community to attend celebrations and events. Books are available in the facility and a pool table is in the lounge. Clinical records and discussion with the CNM and activities coordinator confirmed assessments of the residents' life skills and experiences are considered in the development of the care-plans and in association with the interRAI review. An improvement is required relating to planning activities that enhance the resident's skills, interests and identity, link criterion 3.1.1.</p> <p>Music performances including waiata occur approximately three times per year and the residents participate in a singalong. At the time of the audit there were residents who identify as Māori and advised that access to Māori cultural events including marae events is enabled by whānau. The service has links to Māori community groups and organisations which provide an opportunity to facilitate residents to participate in te ao Māori.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	<p>FA</p>	<p>The medication management system reflects current recommended best practice. An electronic programme is used for the prescribing and recording of the administration of medication. Medications are dispensed by the pharmacy using a pre-packaged system. The pharmacy delivers and disposes of unwanted medications as required. Stock medications are not kept on site. All medications sighted had been dispensed for an individual resident.</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>The RN checks the medications prior to them being placed in the medication trolley. Medication administration is performed by medication competent healthcare assistants or RN. A medication round was observed and the staff member demonstrated competency. Eye drops had a documented opening date, creams and ointments were labelled with the resident's name and the date the medication was dispensed. During the audit no medications were observed to be out of date. All medication prescriptions are completed as per regulations, including the documentation of allergies and sensitivities. Medication records and resident files have allergies and/or sensitivities documented. The GP reviews the medication chart every three months or more frequently as required. Standing orders are not used in the service.</p> <p>Over the counter medications (OTC) are discussed with the resident by the GP and are prescribed on the medication chart if deemed appropriate. This process was confirmed by the GP.</p> <p>The medication trolley is stored in a locked medication room. Controlled medications are stored appropriately and documentation of these reflected legislative requirements. The medication room and fridge are temperature monitored and maintained within an acceptable range.</p> <p>The medication policy directs the management of residents who wished to self-administer their medications. There were three residents self-administering medication during the audit. These residents had completed a medication competency assessment, signed by the GP and RN Residents are supported to understand their medications by the GP and the RN. This was confirmed by residents. The incident register confirmed medication errors are rare. The RN described the actions that are taken to review a medication error. The GP confirmed medication errors are rare, and the medication system is appropriate for the service.</p> <p>All residents inclusive of Māori were supported to understand their medications by the GP, CNM and the RN. A Māori resident stated all communication, including information about medication was provided in a manner that was easy to understand and culturally appropriate.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food is prepared onsite. There is a current food control plan valid to November 2026. There is a summer and winter menu and the meals are repeated on a four-weekly cycle. The menu was reviewed by a registered dietician in March 2024. Cleaning schedules, temperature monitoring and internal audits are maintained and were sighted. All food supplies were stored appropriately, labelled and dated. Stock rotation was conducted.</p> <p>Resident nutritional assessments are completed on entry to the service and reviewed six monthly. Copies of current assessments were available in the kitchen. These included the residents likes, dislikes, allergies, intolerances and cultural preferences. The cook discussed the dietary needs of individual residents.</p> <p>The daily menu was displayed in the lounge. The dining area is large, light, and spacious and the tables and chairs are well maintained. Residents who choose not to eat in the dining area are provided their meal in their bedroom. The meal is delivered on a covered tray.</p> <p>The menu celebrates cultural days of significance and te ao Māori. The kitchen hand identifies as Māori and has input into providing food that supports te ao Māori. A ‘boil up’ is served monthly and rēwena bread is served for specific occasions. Family/whānau bring food into the residents at times and residents leave the facility to go out with family/whānau and friends for meals.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>PA Moderate</p>	<p>The transfer and discharge policy provides guidance to ensure the transfer and discharge of residents occurs in a safe and timely manner. The CNM described the policy.</p> <p>Acute transfers to hospital occur when there is a sudden change in a resident’s health status. The RN and/or CNM determines if the resident requires specialised care. Outside of normal business hours health care assistants notify the CNM of the situation via telephone. The CNM then provides direction and delegation of care to the healthcare assistant. A transfer information form, containing the resident’s medical diagnosis, NHI, address and family/whānau contact details; the medication chart; resuscitation status; and 24</p>

		<p>hours of progress notes accompany residents transferred to hospital. A verbal handover is given to the ambulance staff. The mode of transport is determined according to the resident's condition. Where a resident's condition is stable and the family/whānau wish to transport the resident to the hospital this occurs.</p> <p>Discharge is planned when a residents health status and care requirements are observed to be changing and are no longer within the scope of the service. An InterRAI assessment is completed, and the residents ongoing care requirements are discussed with the GP and family/whānau. The interRAI assessment is provided to the NASC who updates the residents level of care as required. An improvement to managing the timeliness of this process is required, link criterion 3.6.1.</p> <p>Residents and family/whānau are provided information about other health and disability services and kaupapa Māori agencies as required or requested.</p>
<p><b>Subsection 4.1: The facility</b></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 warrant of fitness certificate expires on 14 October 2025. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment was completed 18 June 2025. The hoist and hospital beds were serviced on 3 July 2025. Testing and tagging of electrical appliances was completed on 10 July 2025. Healthcare assistants stated they have adequate equipment to safely deliver care.</p> <p>The hazard register is reviewed on an ongoing basis by the health and safety committee. Hazards have been analysed to determine the likelihood and consequences of harm. Where possible hazards are eliminated, otherwise appropriate controls have been implemented.</p> <p>There are three wings: Kauri; Rimu; and Tōtara. All corridors have safety rails that promote safe mobility. Corridors are spacious, and</p>

		<p>residents were observed moving freely around the areas with mobility aids where required. There is a lounge for communal gatherings and activities and other seating areas for residents to use. The home has adequate space for equipment, individual and group activities, and a quiet space for residents to see their whānau.</p> <p>The grounds and external areas are well maintained. External areas are independently accessible for residents. Residents who wish to sit outside in the shade mobilise to an adjoining property and sit on a seat under a tree. There is safe access to all communal areas.</p> <p>Residents' rooms are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment and the activity required for the residents. All rooms have external windows to provide natural light and have appropriate ventilation and under floor heating. There are adequate numbers of accessible bathroom and toilet facilities. The toilets are conveniently located throughout the facility and are identifiable. Furniture and fittings are well maintained. All bedrooms and communal areas have ample natural light and ventilation. The temperature was ambient on the days of the audit. Staff and residents interviewed stated heating and ventilation is effective.</p> <p>Home decorations reflect the culture of the resident group. There are plans for building development. One wing of the facility is no longer used and will be reconfigured. The director understood the need to consult and invite input from local tāngata whenua and hapū to ensure new designs reflect the aspirations of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A hard-wired fire suppression system including sprinklers and smoke detectors are installed, and emergency exit signs are clearly displayed. All required firefighting equipment was sighted, and this is checked monthly by an external contractor.</p>

		<p>The fire evacuation plan was approved by the New Zealand Fire Service on 5 July 2002. A recent fire evacuation drill was completed on 25 June 2025 and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in the nurses' station and checked at regular intervals.</p> <p>In the event of a power outage there is a gas barbeque for cooking but there is no other alternative power source, link 4.2.7. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with four litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms, communal toilets, bathrooms, and lounge/dining room areas. These are audible and are displayed on an attenuating panel in one wing to alert care staff to who requires assistance. In Totara wing a light outside the door indicates which resident requires assistance. Improved access to call bells is required in Tōtara wing, link criterion 4.2.5. Residents were observed to have their call bells near to them. Residents confirmed call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff complete security checks. Visitors and contractors are required to sign in electronically on entry. Sensor lights are situated around the exterior of the building and there are closed circuit cameras (CCTV) installed in common areas, for review of incidents. Residents, staff and visitors are alerted to these. Residents sign their consent for the use of these in the admission agreement.</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</p>	<p>FA</p>	<p>A director of the service confirmed the infection prevention and antimicrobial programme is integral to service delivery. A key strategy is the directors maintain regular review and oversight of the programme outcomes. This includes numbers and trends of infections, facility maintenance, cleaning and environmental audits,</p>

<p>IP and AMS programme governance. 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>thus reducing the risk of infections for residents. The director/s have access to expert advice from Health NZ and via medical connections and colleagues.</p> <p>The CNM is the infection prevention co-ordinator (IPC) and converses daily with the facility manager who has daily contact with one of the directors. Infection prevention issues are raised on these occasions. The incident management policy addresses the management of significant events and escalation to the directors. The policy uses a stepwise approach.</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. 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. 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>PA Low</p>	<p>The IP programme implemented is suitable for the size and scope of the service provided. The programme includes a position description for the IPC. The IPC is responsible for implementing, monitoring, and reporting on the IP programme. The IPC reports to the FM who reports to the directors. The position description documented that the IPC has input into the procurement process, any building modifications, and other relevant policies and procedures.</p> <p>The IP programme, policies and procedures meet the requirements of this standard and reflect best practice, and all staff have access to these. Although monthly reports are produced an improvement is required relating to reviewing and reporting on the programme annually, link criterion 5.2.2. Infection prevention is a standing agenda item at monthly staff meetings. The IPC has access to the laboratory reports of all residents.</p> <p>A current pandemic/infectious diseases response plan is documented and has been tested regularly. Sufficient supplies of infection prevention resources and personal protective equipment (PPE) are available however an improvement is required regarding the checking and monitoring the contents of the supplies, link criterion 5.2.4. Hand basins and hand sanitisers are readily available throughout the service. Signage pertaining to hand hygiene was sighted.</p> <p>Orientation for new staff includes infection prevention, and annual organisational infection prevention education is provided to all staff annually thereafter. The education is provided by an RN with suitable</p>

		<p>expertise.</p> <p>Single use devices are not reused. This was verified during staff interviews and by observation. Reusable shared equipment for example sphygmomanometers, thermometers, and dressing scissors are decontaminated appropriately as per policy and the manufacturers recommendations. Appropriate materials for this process were observed.</p> <p>The IP programme has a section relating to Māori cultural values. The section reflects the spirit of Te Tiriti o Waitangi and provides guidance to staff to ensure culturally safe practice. Staff provided examples of how culturally safe practices are implemented and examples of these were seen. The RN and GP described how information is provided to Māori in a culturally appropriate manner, for example including whānau, and obtaining written information accessible via the Ministry of Health website.</p> <p>Residents confirmed infection prevention issues and precautions have been discussed with them by staff and/or the GP.</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>There is an implemented antimicrobial policy that is appropriate to the size scope and complexity of the service. The policy has been approved by the directors and is a component of the IP programme.</p> <p>Monthly reports were sighted that reported the number and type of infections, with an analysis that included the antibiotic course prescribed and the associated laboratory report if taken. The reports are reviewed by the IPC to identify trends, or/and opportunities to reduce antimicrobial prescribing. The GP confirmed antibiotic prescribing reflects microscopy results, latest medical guidelines and best practice.</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>	FA	<p>Surveillance of health care-associated infections is appropriate to the size and type of service. The surveillance programme is implemented as per the IP programme. Standardised definitions are defined.</p> <p>Monthly surveillance data is collected and verbally reported to the</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>directors, including ethnicity data. Trends and opportunities to improve are considered by the IPC. Trends have been identified and strategies/interventions to reduce the trends have been implemented for example, preventing food aspiration, preventing skin injuries and maintaining hydration.</p> <p>There have been three outbreaks of Covid-19 since October 2023. All were managed as per policy. No residents required hospitalisation and there were no deaths. The GP reported the outbreaks were well managed. Surveillance reports are discussed at staff meetings and with the directors. This was verified by staff and recorded in meeting minutes.</p> <p>Residents who develop an infection are informed by a RN and/or the GP. Family/whānau are advised by a RN, confirmed in clinical records sampled. The process of notification described by staff is culturally appropriate and this was confirmed by residents.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and in the cleaner’s room. Cleaning products were in labelled bottles. Cleaners ensure chemicals are safely stored when not in use. There was sufficient amount of PPE available which includes masks, gloves, goggles and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>There is a designated cleaner onsite Monday to Friday. The facility was observed to be clean throughout and interviews with residents confirm the facility is kept clean. The cleaners have attended training appropriate to their roles including chemical safety. There are regular internal audits by the CNM to monitor environment cleanliness. These did not reveal any significant issues.</p> <p>Healthcare assistants are responsible for laundry services which are completed onsite. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. The effectiveness of laundry processes is monitored by the</p>

		internal audit programme. Resident surveys confirmed satisfaction with cleaning and laundry processes.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of Ngā Paerewa standard 2021 and provide guidance on the safe use of restraints. The FM is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. There was no use of restraint. The service utilises alternatives to restraint including sensor mats and falls prevention strategies.</p> <p>The restraint coordinator described the organisation's commitment to maintaining a restraint-free environment. There are processes for assessment, consent, monitoring, evaluation and reporting to the governing body should restraint use be required. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternatives to restraint, culturally safe interventions, managing behaviours that challenge and de-escalation techniques.</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 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	Discussions with the clinical nurse manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 reports were submitted since the last audit to notify HealthCERT around issues relating to outbreaks of Covid-19, new facility manager, appointment of a temporary facility manager and to reconfigure services.	Section 31 reports to HealthCERT were not completed for a death of a resident and an absconding resident.	<p>Ensure essential notifications are completed as required.</p> <p>90 days</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their</p>	PA Low	During the audit an organised activity was available for one and a half hours in the afternoon and six residents attended. The following morning a cards game was available for one hour and three residents attended. Feedback at resident meetings and during the audit was that the programme is repetitious and	The activities programme does not enhance the resident’s skills, interests and identity as confirmed in interviews and results of the satisfaction survey.	<p>Ensure the activities programme enhances the resident’s skills, interests and identity.</p> <p>90 days</p>

identity.		not mentally or physically stimulating. Attendance records were sampled for four residents; all of these residents had only attended two activities in the month.		
<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	An incident regarding a resident absconding had been logged four months prior to the audit. The incident had resulted in referrals to another service and the family/whānau had been notified. The service the resident had been referred to had recommended the resident be transferred/discharged to an alternative service provider type. The interRAI had been completed and the NASC was aware of the recommendation. However, at the time of the audit not all appropriate steps had been completed to enable the resident to be transferred/discharged in a timely manner.	The transfer/discharge process is not consistently arranged in a timely manner	<p>Ensure the transfer/discharge process is arranged in a safe manner</p> <p>60 days</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Moderate	There are call bells in the residents' rooms, communal toilets, bathrooms, and lounge/dining room areas. These are audible and are displayed on an attenuating panel in one wing to alert care staff to who requires assistance. In Totara wing a light outside the door indicates which resident requires assistance.	In six of the rooms in Tōtara wing there was no call bell in the shower area to summon assistance.	<p>Ensure call bells are installed where residents can reach them when showering.</p> <p>60 days</p>
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	PA Low	In the event of a power outage there is a gas barbeque for cooking.	There is no alternative source of power for lighting and heating should the main supply fail.	Ensure there is an alternative source of power available.

				180 days
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	There was no evidence that the infection prevention programme has been reviewed and reported on annually.	The infection prevention programme is not reported on annually	<p>Ensure the infection prevention programme is reported on annually</p> <p>180 days</p>
<p>Criterion 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>	PA Low	Although there was a comprehensive supply of pandemic supplies, the hand sanitisers in supply had expired.	The pandemic supplies are not checked and or monitored regularly and stocks of hand sanitiser were expired.	<p>Ensure the pandemic supplies are checked and monitored regularly.</p> <p>90 days</p>

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

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

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

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

No data to display
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End of the report.