

# Hauora Hokianga Trust - Hokianga Hospital

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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:

<b>Legal entity:</b>	Hauora Hokianga Trust
<b>Premises audited:</b>	Hokianga Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 21 July 2025    End date: 22 July 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	14

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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 Hokianga Health Enterprise Trust (Hauora Hokianga) is a rural based kaupapa Māori service which is Iwi owned, governed and operated. Hauora Hokianga provides a wide range of health and disability services. The scope of this audit included residential aged-related care, medical and maternity services. The organisation is certified to provide 11 beds in the medical ward, 12 kaumatua/kuia beds and three maternity beds. There were 14 service users on the days of the audit. There have been significant changes to the membership of the board of trustees since the last certification audit.

Hauora Hokianga is surrounded and imbedded in its local ancestral traditions and cultural landscape which are interwoven by whakapapa genealogy ties to Te Rarawa, Te Roroa, Ngāpuhi and European ancestors. Hauora Hokianga local traditions reveal all aspects of a person completing a holistic approach of connections which empowers health, wellbeing and healing by including whānau, kainga, community and whenua. The shared use and planned developments of te reo Māori, tikanga, kaupapa and whakapapa are considered the tools to keep the health, wellbeing and healing services in alignment with the communities and all generations within.

For the purpose of this report, the term 'service users' is used when referring all people accessing services from all three service types. When referring to specific service types, the term kaumatua/kuia and/or residents is used for the aged care component. The term patients is used for those accessing medical services. Those accessing maternity services (Te Ao Marama) are referred to māmā/pēpi and/or whānau.

This certification audit included a full review of policies and procedures, interviews with people who worked at all levels throughout the organisation, samples of staff, services user and management/quality records, interviews with medical staff and service users/whānau. Sampling included all service areas within the scope of this audit.

The audit resulted in three areas which require an improvement. These related to board responsibilities, quality and risk management and medication.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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All working documents and practices embed and enact the principles of Te Tiriti o Waitangi. Providing equitable services and reducing barriers to access are key priorities. The organisation provides care to people using a kaupapa Māori model of care. Staff have attended education in cultural safety, Te Tiriti o Waitangi and cultural bias. They were aware of their responsibilities related to equity principles and practices. Tikanga and mana motuhake underpinned all interactions. Each service audited ensured that service users were informed of the Code of Health and Disability Services Consumers’ Rights (the Code). Care was provided in a manner that ensured service users were free from abuse, exploitation, and neglect. Open communication is practised throughout the services. The complaints process aligns with consumer rights legislation.

## 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 are 15 board members who are all descendants of the Hokianga – Te Rūnanga o Te Rarawa, Te Runanga-ā-lwi-o-Ngāpuhi and Te Iwi o Te Roroa. Responsibility and authority of day-to-day operations is delegated to the chief executive officer, who is supported by three executive directors and their separate management teams. There is a designated quality compliance lead.

The vision, mission, values and guiding principles are documented and reflect the needs of local tāngata within a rural setting. Service outputs and outcomes are monitored to ensure services remain focused, appropriate and equitable. Quality related data is gathered. Risks are identified and mitigated. Corrective actions are developed and communicated. Adverse events are managed as per the National Adverse Event Reporting Policy. There is an experienced and skilled clinical governance group.

Human resource processes align with good employment legislation. The required number of suitably qualified staff are provided, with the exception of medical staff, which is being mitigated through the use of a telehealth system. Competencies are maintained within the required scopes of practice. All staff receive cultural competency education.

Records are managed across three main electronic platforms and hard copy records. The security, integrity and confidentiality of records is maintained and integrated.

## 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 co-ordinated and led by the appropriate health professional. Service users and whānau reported that the process was easy to navigate and respectful. The organisation provided a kaupapa model of care that ensured holistic centred care was provided. Assessments informed care plan development. Care-plans were implemented with input from the service users and whānau if appropriate. The care-plans contributed to achieving individual goals. Medicine management policies were implemented appropriate to the scope of the services provided. The food service catered for dietary needs and cultural requirements. The activities programme met the needs of the patients and residents. Transfer and discharge processes were safely managed.

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

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Subsections applicable to this service fully attained.</p>
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The facility is well maintained. Preventative and reactive maintenance requirements are reported and monitored. Electrical testing and tagging, and calibration of equipment is current. The required equipment is available. Hazards are identified, mitigated and monitored. There is a comprehensive emergency plan to ensure the continuity of services is not disrupted. All staff have a first aid certificate. Security systems are in place.

The environment reflects the tikanga and kaupapa of the organisation and the people. Te reo Māori is displayed throughout. All service users have an individual room. There are a sufficient number of bathroom facilities. Rooms are spacious. There are additional areas, and beds, for whānau and support people. Any changes in the facility are completed through co-design.

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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The organisation supported the safety of service users and staff via the infection prevention and antimicrobial stewardship programmes. The programmes were appropriate for the size, complexity, and types of services provided. The infection prevention and control nurse was responsible for the implementation and reporting of the programme. The pandemic plan had been tested. Staff were educated in the principles of infection control. A surveillance programme was implemented that captured and analysed data from each service.

## Here taratahi | Restraint and seclusion

<p>Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.</p>		<p>Subsections applicable to this service fully attained.</p>
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The clinical governance group and service aim for a restraint-free environment. policies and procedures support this philosophy. Restraint use is overseen by the aged care co-ordinator and hospital services manager. Restraint reports are collated and shared. There were Two types of restraint being used at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## Summary of attainment

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

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Subsection</b>	0	26	0	1	2	0	0
<b>Criteria</b>	0	181	0	1	2	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Subsection</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Ngā paerewa Health and disability services standard

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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>Hauora Hokianga is a kaupapa Māori service, supporting the holistic needs of Ngā tāngata o Hokianga. The vision supports collaboration and service excellence with the guiding principles identifying Te Tiriti o Waitangi as the founding covenant of Aotearoa, equitable health and wellbeing outcomes, provision of health-quality, integrated and holistic health and wellbeing services and offering a service with no cost at the point of need. The values reflect rangatiratanga, manaakitanga, whanaungatanga and wairuatanga. Whakapapa Te Oranga (strategic plan) 2022-2025 outlines seven Pou to ensure people and partnerships, health and wellbeing, autonomy and effectiveness are maintained.</p> <p>Services are delivered within a kaupapa Māori framework, embedding and enacting all principles of Te Tiriti o Waitangi. The Māori Health Plan is comprehensive, including the commitment to Te Tiriti o Waitangi, Māori models of health and health practices, eliminating barriers, promoting equity and actively working in partnership with Māori health providers. He Korowai Oranga is referenced.</p> <p>The majority of service users, board members and kaimahi identify as Māori. The Director of Tikanga is on the executive management team and reports directly to the chief executive officer (CEO). Traditional</p>

		healing practitioners work in partnership with the clinical team providing, for example rongoā Māori. All service users spoke positively about the services provided, stating specifically mana motuhake is respected and tikanga is embedded. Cultural competencies, including Te Tiriti O Waitangi and health equity are mandatory for all staff (refer subsection 2.2.2).
<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>The Pacific Peoples Culture and General Ethnicity Awareness Policy meets the requirements of this standard. Pacific models of health and world views are included. Additional general references include Ola manuia Pacific Health Wellbeing Action Plan 2020-2025. There is low number of Pacific peoples residing in the area, and a small number of staff who identify as Pacific people. There were no Pacific service users on the days of the audit.</p> <p>The CEO confirmed an ongoing commitment to ensure the needs of Pacific peoples are identified and respected. Providing equitable services and reducing barriers to access are key priorities of the organisation including developing and maintaining relationships with Pacific providers.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in English and te reo Māori in a prominent position in all services. Information about advocacy services was also displayed. Staff from each service advised they were aware of the Code and discussed their responsibilities regarding providing care in compliance with the Code. Information packs are provided to services users upon entry to the service. Information about the Code and advocacy services are included in the pack. Users in each of the services and their whānau confirmed they were aware of their rights as per the Code and had received opportunity to discuss these with staff. Observation during the audit confirmed that staff provided care in accordance with the Code. Service users expressed their ability to practice self-determination and to make independent choices. They stated they were satisfied their cultural needs were meet, including respecting mana motuhake. Staff confirmed they had completed</p>

		cultural training and provided examples of how this was put into practice.
<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>Service users were observed to be treated with respect and regard for their dignity and privacy. Clinical records sampled in all services confirmed that the values, culture, and religious beliefs were included in care plans. Users of each service confirmed that religious and social preferences, values, and personal beliefs were acknowledged and respected. The organisation is a kaupapa Māori health provider, the Māori Health Plan supports tikanga, te reo Māori and enables the participation of tāngata whaikaha. Staff gave examples of tikanga Māori practices used in the day-to-day care. All staff had attended Te Tiriti o Waitangi training.</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>	FA	<p>Policies and procedures are implemented to protect people from abuse, discrimination, and neglect. Staff discussed signs of abuse, neglect and institutional racism and the actions they would take should there be any signs of such practice. They also described professional boundaries, and how these were maintained. Service users said they had not witnessed abuse or neglect and confirmed that professional boundaries were maintained. They also reported that personal belongings were treated with respect. This was confirmed through observations during the audit. There had been no reported incidents of abuse, neglect or discrimination.</p> <p>The Māori Health Plan promoted a strengths based and holistic model of care for Māori that was embedded in the care delivery in all services. Clinical records confirmed that care was provided using a holistic model and the persons strengths were focused on. Service users admitted to all services were encouraged not to have valuables on site. For residents admitted to the kaumatua/kuia service there was a written procedure to ensure their money was managed in a safe manner. Individual records relating to the management of residents' money was reviewed and verified no evidence of mismanagement.</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>	<p>FA</p>	<p>Day to day conversations with service users are verbal, however this is supported by written information in English or te reo Māori as/if required, to provide further information about the topic of conversation. Service users are given appropriate timeframes to consider their options.</p> <p>The kaumatua/kuia service ensures communication occurred between staff and whānau verbally or by email dependent on the preferences of the whānau and the circumstances of the communication.</p> <p>Clinical records demonstrated that each service communicated with other health care providers as required. For example, all services maintained communication channels with the mental health service, community nurses, ambulance service and the general practitioner (GP). Maternity communicated regularly with Health New Zealand – Te Whatu Ora (HNZ) secondary maternity service, the medical service was in regular contact with HNZ regional hospital/s. The kaumatua/kuia service maintained communication with, but not limited to occupational therapists, podiatrists and dietitians.</p> <p>The kaumatua/kuia service holds resident meetings six weekly, minutes documented residents raising issues of concern to them. There was evidence that the issues were followed up and outcomes were discussed at subsequent meetings.</p> <p>Multiple languages are spoken by staff as a result of the diversity of staff employed. This enables staff to support service users to understand in their native tongue. In addition, interpreter services are booked and accessed if/as required.</p> <p>Users of each service expressed satisfaction with the communication they received from staff, and said it was easy to understand.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The informed consent process aligns with the Code. Service users confirmed they were provided suitable information and timeframes to enable informed consent for all aspects of their care. In all services, verbal consent is obtained for day-to-day medical procedures and activities of daily living. For example, assisting with hygiene requirements, reviewing wound dressings, insertion of intravenous devices, performing vital signs. Written consent is obtained for some interventions for example the administration of blood components or the provision of infant formula for a breastfed pēpi. In addition, kaumatua/kuia records included written consent for taking photographs for identification purposes, collection and storage of health information, and outings.</p> <p>Some of the kaumatua/kuia records contained a named enduring power of attorney (EPoA), however at the time of the audit these had not been activated. Staff stated the general practitioner/nurse practitioner (GP/NP) was in the process of activating one EPoA during the audit. The resuscitation status for kaumatua/kuia residents was documented and had been discussed with the resident and GP/NP. None of the records sampled contained a completed an advance directive, however there was evidence that some residents were in the process of developing one.</p> <p>Medical patients and māmā/whānau were all deemed for resuscitation. The midwives discuss and plan with the māmā/whānau during pregnancy the ritual to be given to the whenua following birth. There is a fridge onsite for the storage of whenua if required, however staff stated most whānau take their whenua home immediately post birth.</p> <p>Staff discussed tikanga guidelines and advised this had been a component of their orientation and in-service education. Service users stated they were given sufficient information in a suitable format to make decisions as per tikanga, were provided the opportunity to make informed choices and were able to discuss options with relevant others prior to making a decision.</p> <p>Criterion 1.7.7 is not applicable to maternity services. Criterion 1.7.8 is not applicable to aged care service.</p>
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<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 process aligns with consumer rights legislation and is linked to the quality improvement framework. The service implements a tikanga based process for managing complaints. Complaint hui are conducted kanohe te kanohe, with input from the Director of Tikanga as required, following cultural protocols. All service users confirmed their understanding, and access of the complaints process. The quality compliance lead collates all complaints and provides complaint information/updates in monthly quality reports to the CEO. Complaints are now being entered into a register on the electronic management system for tracking, monitoring review purposes. Complaints are categorised by service type, with the majority regarding the hospital/medical service. The register provided evidence of time frames being met, advocacy being offered and satisfactory resolutions.</p> <p>There has been 25 complaints since July 2024 and five which had been forwarded to the Health and Disability Commissioner (HDC) since the last certification audit, two are closed and three remain open. In each event, the required information had been provided to the HDC. Of the two closed complaints, one (2023) came from the independent advocate and was closed to the satisfaction of the complainant and HDC. The other (April 2023) was investigated by the Northern District Health Board (now Health New Zealand-Te Whatu Ora) and closed in August 2024. Of the three open complaints two were from 2023 are awaiting a response from HDC. One of these included a hohou te rongno hui with the whanau, with the actions from the hui forwarded to the HDC. The other (June 2025) is still under investigation.</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>PA Low</p>	<p>In 2023 the Hokianga Health Enterprise Trust celebrated 30 years of operation. Board of Trustees (BOT) membership has recently been restructured and reduced to 15 trustees, previously 28. This includes 10 elected members (one representative from each of the community clinics), three appointed trustees (one from each of the three iwi) and</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>two co-opted trustees to fill any identified skill gaps and experience. The two co-opted members are yet to be appointed. The majority of trustees identify as Māori. All trustees have expertise in Te Tiriti, health equity and cultural competencies.</p> <p>The chair of the BOT discussed the restructure and skills and knowledge of trustees. At the time of the audit, there was no delegated financial expertise on the BOT and no clinicians with a background in the health and disability sector. The chair explained that delegated authority for ensuing compliance with legislation, contractual and regulatory requirements has been allocated to the CEO. This delegation is documented in the Hauora Hokianga Trust Ahorangi/CEO Expectations policy (2025) stating the CEO is required to “establish all further policies, make all further decisions, take all actions, establish all practices and develop all activities”.</p> <p>The Hokianga Trust Equity policy demonstrates the organisational commitment to equity and reducing barriers to access. Whakapapa Te Oranga 2022 – 2025 ki tua (strategic plan) outlines key strategies and plans regarding communication and engagement (including the use of te reo Māori throughout all communication activities), enhancing resilience and mental wellbeing in communities, marae, hapū and iwi Runanga boards, patient satisfaction and interfacing with communities using the Rarangahia Mai Te Takapau Taonga framework unique to the Hauora. The vision, guiding principles and values are documented. Strategic outcomes for 2022 – 2025 are defined and reported to the BOT as required in criterion 2.1.2. CEO reports to the board include financial sustainability, contracting updates, building compliance requirements, strategic projects, models of care, employment, a quality report, adverse events, external audits, policy updates and a review of the risk matrix. Strategic concerns the CEO considers require urgent action and response from the BOT are highlighted.</p> <p>The Hauora Hokianga model actively supports the participation of community members, those receiving services and tāngata whaikaha in the participation, planning, implementation and evaluation of service delivery. Population data is used to inform service development. Social determinates of health are considered and community health outputs are monitored including comparisons</p>
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		<p>across the motu and Ministry of Health targets.</p> <p>The CEO has a clinical background (current registered nurse) and management/leadership roles in the health and disability sector. The CEO is supported by the executive team. The executive team includes the Director of Tikanga, Director of Support Services (who oversees finances, people and capabilities, facility and information systems) and the Clinical Director who is a nurse practitioner. Each Director is supported by their management team. Executive team meeting minutes confirmed discussions regarding strategic direction, risk updates and quality reports.</p> <p>The BOT has delegated clinical governance to the CEO and the Clinical Director/nurse practitioner, both of whom have the required skills and experience. There is a terms of reference and clinical governance policy, including governance requirements for improving equity, outcomes and oversight for infection prevention and restraint (refer sub-standard 2.2 for more information regarding the activities of the clinical governance group).</p> <p>The scope of this audit included lead maternity carer (LMC) services under Section 88 of the Maternity Service Schedule. Te Ao Marama (birthing services) has three maternity beds, all vacant on the days of the audit. The kaumatua/kuia service is funded through Health New Zealand – Te Whatu Ora for the provision of 12 dual aged care related beds under the Aged Residential Care Contract (ARRC), with five rest home residents and six hospital residents on the days of the audit. Rural health funding is provided for the medical ward, which has 11 beds. There were three patients in the medical ward during the audit.</p> <p>All other health and disability services provided by Hauora Hokianga were not included in this audit. This includes health promotion and disease monitoring services/supports, the hospital emergency department, home and community services and 10 general practice clinics.</p>
Subsection 2.2: Quality and risk	PA	There is a documented quality and risk management system. An electronic quality system was purchased, including all policies and

<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>Moderate</p>	<p>procedures and methods for collecting and collating quality data. The system is designed for the aged care sector, however where additional clinical policies are required (for example maternity processes) standard operating procedures are available. The designated quality compliance lead is responsible for document control, ensuring all policies remain current and reflect all compliance/best practice requirements.</p> <p>The Quality Assurance and Risk Management Policy defines all quality activities. The quality improvement cycle is referenced. The annual/business plan includes quality goals, key performance indicators and equity data. Hauora Hokianga captures high-quality Māori health information within all data collection. Outcomes for Māori is the priority and has historically been used to develop all strategic and business planning.</p> <p>Quality related data is gathered includes complaints, surveys, adverse events, infection prevention reports and clinical outcomes. A variety of internal audits are implemented across the organisation. An improvement related to this is required in criterion 2.2.2. Clinical audits are routinely completed and provide evidence of service improvements. The risk management matrix defines current internal and external risks. Risks are categorised using likelihood and consequence and are reported/monitored throughout each tier of the organisation. This was evident in executive meetings, CEO and quality reports. The health and safety programme is implemented in line with current legislation (refer subsection 4.1 for additional health and safety information). Monthly reports from the quality compliance lead confirmed discussions regarding compliments, complaints, adverse events, outcomes of corrective actions, restraint, audit plans and policy updates.</p> <p>Adverse events are entered onto the electronic system and monitored by the quality compliance lead. All events are collated across each of the services and trends identified. In addition, a significant event process has been implemented. The significant events policy has been approved by the clinical governance group. All clinically related significant events are discussed at quarterly clinical governance meetings. Meeting minutes confirmed discussions regarding updates on HDC complaints, vulnerable community clients, coroner</p>
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		<p>notifications, clinical issues/risk and events. The process for debriefing following a significant event was confirmed.</p> <p>There has been three severity assessment code reports (SAC 1's) since the last audit. The Hauora uses the National Adverse Event Policy and implements the restorative practice approach. All SAC events were externally reported as required, for example the Health Quality Safety Commissioner, section 31 reports to the Ministry of Health and funders.</p> <p>Service users' satisfaction surveys are completed across the separate services. These includes topics such as food services, consent, privacy, timeliness of response following activating call bells, environmental cleanliness, culture, whānau involvement, access to advocacy and complaints/concerns. These confirmed general satisfaction. The quality compliance lead collates survey data and makes recommendations for improvement. Staff surveys are also conducted (refer sub-standard 2.3).</p> <p>Additional compliance requirements which are being maintained include Cold Chain Accreditation, Baby Friendly Hospital Initiative (BFHI) Accreditation and Cornerstone Accreditation of the GP clinics.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Rostering for services included in the scope of this audit was the responsibility of the hospital services manager and clinical nurse lead. The rostering process is defined within policy to ensure consistent coverage twenty four hours per day, seven days per week (24/7). The service adjusts staffing levels, and staff placement within the hospital, to meet the needs of service users. The kaumatua/kuia service is predominately staffed by health care assistants (kaiāwhina), with two overseeing nurses. Medical services are staffed by registered and enrolled nurses. Te Ao Marama is staffed by nurses or midwives. There is an RN/manager on call after hours. At the time of the audit there were no RN vacancies. The service has been unable to cover the medical roster for some time, with the funder replacing this cover with virtual medical consultation services. Nursing and healthcare assistant (HCA) rosters confirmed full cover, with replacement made in the event of an unplanned absence. Hauora Hokianga has one</p>

	<p>nurse practitioner, who predominantly works from the community clinics but also oversees the medical/age related services and is available as required. The Clinical Director/nurse practitioner is a member of the clinical governance group. Midwifery staff work from a case load model for antenatal care and birthing services, and work in a partnership model with the nurses for the provision of postnatal care whilst in Te Ao Marama. In total, there are 28 registered nurses (two of whom are the aged care coordinators), three enrolled nurses, one infection prevention nurse, nine health care assistants, one clinical support manager, five registered midwives and a range of domestic staff.</p> <p>The skills and qualifications for each role are defined in position descriptions. There is one interRAI trained nurse. Medical staff are required to be registered to work in rural hospital medicine. HCA's are required to have or be working towards the New Zealand Qualifications Authority certification in health and wellbeing level four, with four NZQA assessors working in the organisation. Midwives are required to meet all their annual practicing requirements as per the Midwifery Standards Review Committee. Additional competency requirements are defined and maintained. For example, all staff working in Te Ao Marama have completed breastfeeding training (as per BFHI accreditation), and the nurses have had training in maternal and neonatal emergencies. Medical/hospital nurses are trained in the provision of advanced clinical care, with competencies routinely monitored. For example, intravenous therapy, advanced resuscitation, wound care, palliative care, medication and standing orders competencies. All staff are required to have first aid training.</p> <p>Additional mandatory training requirements for all staff are defined and monitored. The range of mandatory topics is comprehensive and appropriate to the service provided, including the Code of Rights, privacy, infection prevention and handwashing, reducing barriers, de-escalation and Te Tiriti o Waitangi. There is a mandatory staff cultural awareness programme which is delivered over several modules and includes wānanga marae (an overnight stay on the marae), wānanga hōhipere (exploration of the organisation's governance), wananga rongoā (includes a tour of the food gardens and observing rongoā and mirimiri) and rā whakanui (a time to reflect and close the learning journey). Implementation and completion of these modules supports</p>
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		<p>the collecting and sharing of high-quality Māori health information and staff equity expertise.</p> <p>Staff surveys are completed to monitor staff satisfaction and wellbeing. The most recent survey (2024) resulted in 19% dissatisfaction from staff quoting communication, recognition and performance management being their biggest concerns. Following collation of the results, quality improvement suggestions were developed and are in the process of being implemented. Staff interviewed during the audit, were complimentary regarding the response to the survey, and felt supported in their role.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Hauora Hokianga has 233 employees (across the organisation) made up of 86 full time and 129 part time. Demographics of staff data (March 2025) confirmed 61% of staff identify as Māori, 27% European, 7% Indian staff and 7% Pacific staff. Clinical staff make up 33% of the workforce, and 25% kaiāwhina. Staff turnover is at 12%.</p> <p>Hauora Hokianga has a dedicated human resources team. This includes the People and Capability Manager and Workforce Development Lead. Human resource policies and procedures align with employment legislation. The skills and experience for each position are defined in position descriptions. Professional qualifications are validated prior to employment. Two reference checks are completed for each applicant. The required vetting is conducted. This was confirmed in staff records sampled.</p> <p>The orientation programme covers the scope of the organisation, with additional orientation requirements for each service area. Completed orientation checklists were sighted. In addition, an 'essentials day' is provided five time per year for staff who have recently been employed. This is a one-day orientation to the organisation including strategic direction, quality and risk, system and process updates, teams and organisational structure, infection prevention and BFHI accreditation requirements.</p> <p>Performance appraisals are delegated to the staff members direct line manager. The hospital services manager conducts appraisals for the nurses and health care assistants. The CEO performance is</p>

		<p>monitored by the board of trustees. The nurse practitioner completes an annual performance review of the medical staff. Midwives complete their performance reviews through the Midwifery Standards Review Process. The hospital services manager reported there had been some delay in completing all performance reviews in the last year, due to trying to align reviews in a more consistent manner, however the majority have now been completed and those due are now scheduled. Completed performance reviews were sighted in staff records sampled.</p> <p>The human resource department maintains all staff related records. This includes hard copy files, the electronic data base, and a range of spreadsheets. Hard copy information includes signed documents such as staff profiles, reference checks, position descriptions, employment agreements, orientation checklists, leave request, copies of certificates and professional qualifications. Ethnicity is included. Spreadsheets are predominately maintained to ensure all mandatory requirements have been completed. All staff information is securely and confidentially maintained.</p> <p>Staff confirmed they are provided with the opportunity to be involved in a de-brief following incidents. The significant event process supports a restorative model of learning and reflection. Records of events sampled confirmed staff wellbeing was paramount and monitored. Supports were offered if considered needed and provided when requested.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All service user information was stored securely, and no private information was visible to the public. Documentation of clinical information was dated, signed and reflected relevant legislation, standards and guidelines. There are three software platforms in use, with each platform specific to meet the needs of the service it was used in. All staff had individual passwords, and observation confirmed that screens timed out after a period of no use. There were restrictions in place to ensure staff could only access the areas/sections relevant to the role they performed.</p>

		<p>Nationally approved documents were used as relevant. For example, the maternity, adult, paediatric and newborn early warning score system charts were used in the appropriate context, as was the national medication chart.</p> <p>Electronic information management systems reflected the service type for example, medical, maternity and aged care. Each system generated prompts to ensure essential details were entered. The medical system was integrated with the GP and urgent care service. All services used paper documents to ensure comprehensive documentation and continuity of care between providers. For example, a summary of the labour and birth was in paper form to benefit the registered nurses providing postnatal care, an intravenous care-plan to reduce the risk of phlebitis, and a paper record of the date indwelling catheter bags were changed.</p> <p>The maternity service registered newborn pēpi with a national health index (NHI) by phone via the national registration system.</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>	<p>FA</p>	<p>Hauora Hokianga website provides information about all the services offered. Each service area provides service specific information to service users on admission. Word of mouth from within the community and local health and well-being practitioners also provide information about the services offered. A routine analysis of the ethnicity of entry and declines is completed.</p> <p>Health New Zealand – Te Whatu Ora (HNZ) is aware of the criteria for admission to Hauora Hokianga and its services. Ongoing liaison and established communication channels between HNZ and Hauora Hokianga service providers occurs to ensure current information is available and freely accessible.</p> <p>There are documented policies that address the entry process to each of the services and staff articulated these clearly. The organisation is Kaupapa Māori with ties to all the communities in the area. Service users and their family/whānau stated they were satisfied with the straightforward and respectful admission process, and that it respected their rights and identity and included orientation</p>

		<p>to the facilities.</p> <p>Te Ao Marama (Maternity)</p> <p>Registered midwives (RM's) provide care to all mama/whanau in the area. Mama who require care obstetric care are referred to HNZ obstetricians as per the Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines 2023). Mama/whanau admitted to Te Ao Marama for labour, birth and postnatal care have been assessed throughout pregnancy, and are expected to have a normal labour/ birth/ postnatal experience; and the pēpē is determined to be at low risk of complications.</p> <p>Medical service</p> <p>Patients are admitted following a consultation and referral via the GP/NP or Hauora Hokianga Urgent Care service. Referrals are also received from HNZ for patients who require convalescent or palliative care. The medical service doctor and 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 required. Patients are only declined admission if the service is unable to meet the need/s of the patients being referred. In this situation the referring professional makes a suitable alternative arrangement for the patient.</p> <p>Kaumatua/Kuia (Aged care service)</p> <p>Kaumatua/kuia who wish to become residents at the aged care service are not declined admission, they may be placed on a waitlist however if a bed is not immediately available. When a bed becomes available the applicant and whānau is advised. The Needs Assessment Service Co-ordination Association (NASC) is contacted to ensure the person being considered for admission still has a current assessment that identifies the level of care required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	<p>FA</p>	<p>Service users in all three services had individualised support provided that met their physical, cultural, spiritual, and social dimensions of</p>

<p>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>their wellbeing. Assessments had been undertaken by nursing, medical and/or midwifery staff as appropriate. The care plans were appropriate to achieve the documented goals, and service users 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 service users changing needs. There was evidence of informed consent throughout all the records sampled. This included, for example, pain management and medication options.</p> <p>Hauora Hokianga is committed to ensuring accessible and appropriate care to tāngata whaikaha. This was evidenced by the facility being well lit, having spacious rooms, wheelchair access and handrails throughout. Policies and procedures were reviewed with tāngata whaikaha input via organisational connections. Staff and service users are immersed in Māori oranga and tikanga. Service users and 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>The medical service documents patient care using a paper-based system. Medical staff document assessments and reviews on the medical/GP software, which is then printed and filed in the patient's clinical record. Other records include the early warning score (EWS) chart, and assessments, which include for example dietary and intravenous (IV) care. These assessments (including the medical assessment and diagnosis) inform the care plan. Registered nurses have access to the software and are able to monitor referrals to other health providers and entries and reports completed by other health providers thus facilitating a continuity of care model.</p> <p>The kaumatua/kuia service uses an electronic system designed for the aged care sector to record and document personal details, assessments, care plans, incidents and progress notes. Paper records document consent, resuscitation status and admission agreements. The clinical records were comprehensive and included, but were not limited to, identification of goals, spiritual and cultural values, skin integrity, a dietary assessment, pain assessment, falls risk and a summary of the persons lived experiences. InterRAI assessments were current and had been completed within the</p>
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		<p>required timeframes. Monthly vital signs and weights were documented. Long-term care plans reflected the assessed needs. Short-term care plans had been developed and implemented for a short-term acute problem and signed off that treatment was complete. When a person's condition changed or/and was observed to require doctor input, it was requested by the registered nurse. Referrals to allied health staff, for example. physiotherapist, occupational therapist, or other health providers was made via the GPs electronic system, which the registered nurses had access to.</p> <p>Te Ao Marama used a maternity specific electronic platform to document the māmā antenatal, postnatal, and the pēpi care. Labour and birth care was documented on paper. The pēpi had an individual health record, linked to the mama clinical file. Newborn oximeter screening was completed as per the national guidelines. The EWS for the mama and pēpi was completed on the appropriate national EWS chart. Māmā and pēpi observations were documented more frequently when required. The service maintained linkages with the GP. Where progress was different than that expected, the midwife consulted the obstetric service at the secondary service. A revised care plan was developed in collaboration with the obstetrician, midwife, the māmā and whānau.</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>Kaumatua/kuia service</p> <p>A diversional therapist (DT) conducts activities. A monthly activities planner was on display in the facility, and in each resident's room. The calendar included special events such as a resident's birthday, or a cultural event such as Matariki or Waitangi Day. On those days special activities are planned that reflect the occasion for example residents are supported to attend events at the marae, a hāngi can be made available, kapa haka groups may perform and kōhanga reo tamariki may visit.</p> <p>The DT advised that the planned programme is flexible to meet the needs of the residents wishes on a particular day. Regular activities planned; included chair exercises, music, and art and crafts. All residents were invited to attend the sessions, and encouragement</p>

		<p>and support was given to residents who were likely to have a particular interest in the days planned activity. Individual activities were available in the activities room; for example, puzzles, arts and crafts, colouring and reading. There was a communal area (separate to the activities room) with tea and coffee making facilities and a large range of books. The residents clinical record included an individualised activities plan that reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies and interests. It was reviewed six monthly with the care-plan. The DT facilitated outings with small groups in the community to places of interest to the residents. Whānau and friends also took residents out to community and whānau events and occasions. Kaumatua/kuia and whānau confirmed they were satisfied with the programme and stated it enhanced well-being.</p> <p>Medical service</p> <p>Medical patients were able to take part in the activities programme if they wished and if the doctor approved it. Each room had a television for the use of the patients, and the visiting hours were suitable and flexible to ensure patients had time to spend with friends and whānau. There was a large communal area where patients, whānau and tamariki could spend time together, share kai and drinks (as appropriate). The area contains books, puzzles and toys. The patient rooms have sufficient space to enable a support person to stay with them if appropriate, foldaway beds are supplied. Staff stated that whānau frequently stay with the patients, using the rollaway beds.</p> <p>Subsection 3.3 was not audited for maternity services.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <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</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 pharmacist from a nearby town comes to Hauora Hokianga twice per week to provide stock and remove no longer required medication. The hospital services manager networks closely with the pharmacist to ensure safe and appropriate medication management. All stock is rotated to avoid having expired medication</p>

<p>current legislative requirements and safe practice guidelines.</p>	<p>on site. Medications for kaumatua/kuia residents are provided by the pharmacy in a pre-packaged system.</p> <p>A medication competency programme is used to ensure staff are competent, and this was verified in education records sampled. Observation of medication management in the kaumatua/kuia service confirmed staff were preparing, checking, signing and administering medications in line with the policy.</p> <p>There are two medication rooms in the facility. Stock medications in bulk supply are stored in a locked room, and a second medication room is located closer to the medical and kaumatua/kuia service. The rooms are accessible by swipe card to clinical staff only. Both rooms have a medication fridge that is centrally temperature monitored with an alarm that is sent to senior staff if the room or fridge deviates from acceptable parameters. There is a controlled medication safe in each room, the storage and documentation of its contents met legislative requirements.</p> <p>Medication records sampled in all services documented service user's allergies and/or sensitivities.</p> <p>Standing orders are used in the medical and kaumatua/kuia services only. The standing orders section of the medication policy reflected current Ministry of Health (MOH) Standing Orders Guidelines. Staff and the GP discussed the use of standing orders and advised that no incidents relating to the use of standing orders had been reported.</p> <p>The medication policy directs the use self-administration and reflects recommended practice. One kaumatua/kuia resident and one maternity māmā who self-administered confirmed that they felt supported and safe regarding self-administering their medication.</p> <p>Over the counter (OTC) medications are considered by the prescriber at the time of prescribing a new medication, and/or during medication reconciliation and/or review. Where the person is taking an OTC 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 the prescription. If the prescriber considers the medication unsafe this is discussed with the person and is not prescribed.</p>
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	<p>An improvement is required in the management of Pro re nata (PRN) medications (refer criterion 3.4.2).</p> <p>Blood products are prescribed by the doctor in the medical service and by midwives in maternity service. Blood products, including Anti D, Hepatitis B immunoglobulin, whole blood, albumin and Beriplex are kept in a cold chain accredited fridge (expiry December 2025). All policies and procedures related to the storage and recording of blood products is carried out as per New Zealand Blood Service (NZBS) requirements. Service users provide written consent prior to a blood product being administered. This was confirmed in records sampled.</p> <p>Patients, māmā and kaumatua/kuia residents are supported by staff to understand their medications in a manner suitable to the individual. The organisation maintains and suitable supply of stock medication that can be dispensed to a patient, resident, client as required, as the nearest pharmacy is a 60-minute return car trip. All services have access to rongoā services, which are prepared and dispensed on site.</p> <p>Medication incidents are reported to the hospital services manager who investigates. Monitoring of trends occurs. If required, an action plan is developed, implemented and signed off as appropriate. The hospital services manager and other staff including the midwife stated medication incidents were rare.</p> <p>An electronic prescribing system is used for the kaumatua/kuia service. The residents GP completes a medication reconciliation on admission prior to prescribing. Medication records sampled had been reviewed in the past three months or more frequently if required. Discontinued medications had been signed off. Administration records had been completed in line with legislative requirements. The medication trolley is kept in the medication room near the kaumatua/kuia and medical service. Prepackaged, individually named medication was in use. Topical medications in the trolley were observed to have an opening date and no medications sighted had expired. Diabetic residents had their own blood sugar testing kit and insulin pens.</p> <p>The national medication chart was used to prescribe a medical patients' medications. The charts had been reviewed daily or as required. An improvement is required relating to the prescribing and</p>
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		<p>documentation of administration of medication (refer criterion 3.4.2).</p> <p>Maternity specific medication is stored in a locked room in the maternity unit. Medication requiring refrigeration is stored in a temperature monitored fridge. Medications required to manage emergencies are stored in labelled emergency boxes in the storeroom. The midwives check all medications weekly and after an emergency and restock as required. National day stay medication charts are used by registered midwives to prescribe medication for the māmā. An improvement is required in prescribing practices (refer criterion 3.4.2).</p> <p>Criteria 3.4.9/11/12 were not audited for aged care services.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared onsite. There is a current food control plan valid to December 2026. There was summer and winter menu. Meals were repeated on a four-weekly cycle. The menu is approved by the hospital services manager who is a registered nurse/midwife and refers to current nutritional guidelines. The meals provided looked nutritious, varied and fresh. There was no evidence of illness which could be attributed to poor nutrition. The cook identifies as Māori and incorporates traditional foods and cooking methods into the menu. Rongoā Māori is also grown, prepared, and used on site certified ACC accredited Rongoā Māori practitioners.</p> <p>The kitchen and food storage areas were observed to be organised and clean. All pre-prepared food was covered, dated and refrigerated. The menu catered for service users with specific dietary requirements and/or preferences for example diabetes, vegetarian, dairy free and modified food textures.</p> <p>On admission a dietary profile of the service user needs is completed. This information is provided to the kitchen and updated as required. The cook and health care staff were familiar with the individual requirements and preferences of the residents. The dining area for kaumatua/kuia residents was spacious, and all ate their meals and snacks comfortably and with dignity. Residents who required assistance with meals were observed to have it provided in a respectful and dignified manner. Whānau may bring food of</p>

		<p>significance at times. Residents also leave the facility to go out with whānau and friends for meals.</p> <p>Meals are delivered to individual rooms for medication patients, māmā/whānau. All service users advised they were satisfied with the meal service. This was also confirmed in the results of satisfaction surveys.</p> <p>Criterion 3.5.6 was not audited for all services. Criteria 3.5.2 was not audited for medical and maternity services.</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>FA</p>	<p>There is a transfer/discharge policy/procedure specific to each service. Planned discharges are part of the continuum of care in the medical and maternity service. Discharge planning commences early in the journey of care for medical patients and māmā/whānau in Te Ao Marama. This was confirmed in records sampled and service user/staff interviews.</p> <p>Service users and whānau confirmed they were included in discharge planning and were aware of reasons a transfer to HNZ may occur. They also advised they received information about other health and disability services when indicated or requested.</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/patient may impact the timeliness of the transfer.</p> <p>Medical service</p> <p>Medical patients are transferred to HNZ when the required assessments and/or care required is unable to be provided at Hauora Hokianga. The doctor 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 electronically. Nursing staff ensure a copy of the patient's relevant clinical record, and the medication record accompanies the patient to the hospital. Transfer for patients occurs via private transport, ambulance or air transport as appropriate according to the clinical status of the patient. The doctor and receiving practitioner</p>

		<p>collaboratively determine the mode of transport to be used.</p> <p><b>Kaumatua/kuia service</b></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 Hauora Hokianga. The doctor 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 whānau of the planned transfer. Copies the care-plan, recent progress notes, the medication record and other relevant documents are copied and accompany the patient to HNZ.</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 and Service Coordination (NASC) service is notified. Residents who transition to hospital level care can usually have this requirement fulfilled without leaving Hauora Hokianga. If the resident requires care that is outside the scope of service delivered at Hauora Hokianga, for example secure dementia care, the NASC, clinical nurse team leader and whānau collaborate to ensure the resident is discharged to a facility that meets their needs.</p> <p><b>Te Ao Marama service</b></p> <p>Transfers to the secondary service occur due to an acute care need of the māmā or/and the pēpi. Transfers are initiated by the Hauora Hokianga midwife. The midwife consults with HNZ (obstetrician) with the consent of the māmā/whānau. 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 māmā/whānau is documented in the clinical record.</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-</p>	<p>FA</p>	<p>The building warrant of fitness (BWF) expires June 2026. The original facility (Rawene Hospital) was purpose built and has progressively been extended and upgraded over time. The facility is large with several different service areas. Long stay age related care and medical services are provided from the first level. Te Ao Marama</p>

<p>centred and culturally safe for Māori and whānau.  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>and the Rongoā service is located on the ground floor. There is a separate administration area. There is a wellness and restoration walkway which provides the plants needed (and prepared on site) for the Rongoā service.</p> <p>There is a designated maintenance team of five people and a facilities manager. A preventative maintenance schedule is maintained. Ongoing maintenance issues are reported to the facility manager, who has a maintenance team on site, and a list of preferred providers for any additional work. All maintenance requests are logged into the electronic system and monitored to ensure timely actions. Requests are prioritised based on risk. The system identifies the percentage of maintenance tasks have been addressed, with currently two thirds of all requests being reactive. The facility manager also uses the system to monitor cylinder and hot water temperatures in the wards, plus daily checks throughout the hospital. The system automatically alerts if temperatures exceed requirements. The quality of water is also checked annually. Testing of tagging of electrical equipment was current. All medical equipment has been calibrated as per manufacturer's instructions. Routine facility checklists are also completed, with the records forwarded to the quality compliance lead to inform monthly quality reports.</p> <p>There is a full time health and safety person and a health and safety committee with representatives throughout the organisation. The committee meets monthly. Meeting minutes sighted (May 2025) confirmed discussions regarding hazards, facility management and staff wellbeing. Health and safety training has recently been completed, hosted by an external provider.</p> <p>All residents, māmā/pēpi and patients have an individual room, with appropriate heating/ventilation and external window. There are two negative pressure rooms in the medical ward. Some rooms have a private ensuite, others are shared, with the exception of Te Ao Marama. There is one birthing room with a birth pool. All areas provide additional roll out beds for whānau and there are two whānau rooms on the first floor, with a fridge provided. There is also an alcove on the first floor where whānau/support people can access hot drinks and water. All rooms were spacious and can accommodate additional people, equipment and aids. Rooms in the medical ward have piped</p>
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		<p>oxygen and suction and vital signs monitors. Te Ao Marama has neonatal resuscitation stations in each room and portable oxygen cylinders. All beds in the kaumatua/kuia long stay ward are hospital level beds. There is a sufficient number of bathroom facilities for staff and visitors.</p> <p>The kaupapa and tikanga of the organisation is demonstrated throughout the facility. Health promotion posters display members of the service user community (with their consent), te reo Māori is clearly displayed throughout, and Māori cultural references were observed in every space. Any change in the facility is co-designed to ensure the aspirations and identity Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The approved evacuation plan was dated January 2020. All fire and emergency systems/equipment is routinely checked, and up to date. There are emergency exits, fire extinguishers and sprinklers throughout the facility. All staff receive training on emergency management and complete first aid certificates. Trial evacuations are conducted every six months. There are designated fire wardens. Service users are orientated to emergency procedures on entry.</p> <p>The Health Emergency Management Plan has recently been amended following feedback from the BOT, with the request to add Te Tiriti o Waitangi obligations and make it more equity focused. The plan takes a risk-based approach using reduction, readiness, response and recovery and covers five key areas including multiple casualties or illness, pandemics, significant facilities failures, civil defence and hazardous substances (including methamphetamine). The Hauora has scheduled a trial of the Emergency Plan with Civil Defence in October of this year.</p> <p>All individual rooms have a call bell. Bells are also located in bathrooms and communal areas. Call bell checks are routinely conducted, with response times noted. Security staff are on site from 2000hrs to 0800 hrs. All staff are issued with swipe cards to enter each service area. Entry points are monitored to check no person is trying to enter an area they are not permitted to. Swipe cards can be immediately suspended in the event they are lost or stolen. There are</p>

		<p>cameras placed in all communal areas, and security lighting outside. The car park is well lit at night. There is a lone worker policy and process for the midwives when they are in the community. All staff wear a uniform.</p> <p>Alternative essential energy and utility sources are available, with systems being regularly tested over recent years due to weather events. Water systems electronically monitor the amount of stored water on site. Back up tanks are filled by the main water supply. There are four 30,000 litre water tanks, which were 90% full at the time of the audit. There is solar power back up for the internet and a generator on site. The generator is serviced annually and can run for three days (as was tested during cyclone Gabrielle). Back up diesel is stored. Generator serviced as required. The kitchen stores a sufficient amount of food supplies.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The BOT has delegated responsibilities for infection prevention to the clinical governance group. There is an implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme that is reviewed annually. The clinical governance group has access to IP and AMS advice via HNZ, including epidemiologists and microbiologists. IP reports which include significant events are reported. The clinical governance group uses a stepwise approach to manage all organisational risks.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and</p>	FA	<p>The infection prevention and control link registered nurse (IPC) has a position description which identifies the responsibilities. The IPC who has completed postgraduate papers, continues ongoing study and reports to the hospital services manager. The IPC is able to access ongoing infection prevention (IP) guidance from IP clinical nurse specialists (CNS) at HNZ and the New Zealand Nurses Organisation (NZNO) Infection Prevention section. The IPC has access to the</p>

<p>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>clinical records and laboratory reports of all service users who are admitted.</p> <p>The IP programme was developed with expertise from IP personnel from HNZ and is approved by the clinical governance group annually. The IPC presents monthly reports to the clinical governance group. The organisation has a suite of current policies and procedures as per the requirements of this standard which reference current documents and practice guidelines. There is a pandemic plan, and staff described how it is tested. Stores of personal protective equipment (PPE) were available to be allocated throughout the organisation if required. There was also adequate stock in each service to manage an outbreak initially. The IPC and hospital services manager have input into the update of policies that may impact the risk to service users of a health care-associated infection (HAI). Updated policies are approved by the clinical governance committee.</p> <p>Staff undertake online updates of infection prevention education, staff provided examples of education completed which included for example hand hygiene and donning and doffing PPE. Records of staff education confirmed IP education occurred at regular intervals. The IPC and hospital services manager collaborate when considering the purchasing of new equipment, devices and/or consumables.</p> <p>Reusable medical devices and equipment is sterilised on site by staff who are trained and competent to perform the task. Prior to the purchase of new devices and equipment consideration of the sterilisation needs is considered, if on-site sterilisation is unable to occur the product/s are not purchased. Written policies guide the sterilisation process. Audits are undertaken of sterilised equipment and there had been no corrective actions as a result of the audits. Single uses items are not reused, and this was confirmed by observation during the audit.</p> <p>Educational information is provided in verbal and written format. Te reo Māori and English is widely spoken in all the services and written information in the service users usual language is provided if/as available. The organisation incorporates te ao Māori in all aspects of the service delivery.</p>
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<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>The AMS programme is integrated in the IP programme. The programme includes policies that reflect evidence-based practice, and the programme is appropriate and relevant to all the services audited. The programme had been developed with support from HNZ. The IPC discussed the programme, audits performed, analysis of the results. The annual report was sighted and included the route of administration, the indications for use, the age, sex and ethnicity of the service user.</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>The surveillance programme was appropriate to the size and type of service. Surveillance reports are generated three monthly and data is collected from all three services to inform the report. The data and report include ethnicity, type of infection, laboratory results, and treatment initiated. The report was presented to the hospital services manager and the clinical governance group. Reports were analysed to detect trends and possible cause/s for the infection. Where trends were identified a corrective action plan was developed and shared with the hospital services manager, clinical governance group and at staff meetings. The surveillance from the first quarter of 2025 resulted in a corrective action plan in relation to the management of intravenous devices. Abbreviations were not used in the surveillance reports.</p> <p>Culturally appropriate policies and processes were implemented that ensured clear communication was provided to service users who developed an infection. Staff stated information was provided to the person in a timely manner and this was confirmed during service user interviews.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p>	FA	<p>The management of waste products is documented in the infection prevention and control manual and reflects local authority requirements. The types of waste are described as are processes to handle each type, including disposal of household waste, food products, cytotoxic and hazardous waste. Staff confirmed they had</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>received training in safe waste management and have access to personal protective equipment (PPE). Waste is stored in designated bins in an area where there is minimal foot traffic. Waste is removed off-site by contracted services.</p> <p>The facility was clean and well maintained. Cleaning products are appropriate for the service type and are dispensed using a closed-circuit system. Cleaning schedules and records are maintained. The IPC performs environmental audits which includes cleaning.</p> <p>The laundering of bedding is performed off site by a contracted provider. There is an on-site laundry to launder towels and service users clothing. There is a separate area for clean and dirty linen. The management of laundry is described in the infection prevention and control manual. Laundry detergent and bleach dispensers operate via a closed-circuit system. Monitoring of laundry processes occurs. Towels and the residents' clothes were observed to be clean, folded and in good condition.</p> <p>The IPC and hospital services manager has oversight of the facility testing and monitoring programme.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Hauora Hokianga is committed to providing services to service users without the use of restraint. Restraint is only used in the kaumatua/kuia service as a last resort. Policies and procedures meet the requirements of the standard. The clinical governance group is delegated responsibility for monitoring restraint use and implementation of the policy, which is overseen by the aged care co-ordinator with stewardship from the hospital services manager.</p> <p>Restraint use strategies are discussed in staff and clinical governance meetings. These meetings include representation from those with lived experience, Māori and whānau. A restraint report is provided to the clinical governance group by the hospital services manager. The clinical governance group analyse the reports to ensure safe and appropriate use of restraint. Restraint use and minimisation are discussed in staff meetings Interview with the hospital services manager, clinical nurse team leader, aged care co-ordinator and GP</p>

		<p>confirmed that restraints are used as a last resort.</p> <p>The restraint standard is not applicable to maternity services.</p>
<p><b>Subsection 6.2: Safe restraint</b></p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Restraint consideration and application is completed in partnership with residents, whānau, and the choice of intervention must be the least restrictive possible. At all times the service considers cultural issues, physical and spiritual needs. Documentation of the use of restraint were sampled. The processes and resources for assessment, consent, monitoring, and evaluation were fully documented. The restraint approval process includes input from the residents/whānau, GP, the aged care co-ordinator and the hospital services manager.</p> <p>There were two types of restraint in use, three residents were using bed rails (with padding) and one resident was also using a lap belt. Alternatives had been explored. Monitoring records are maintained, and staff discussed the monitoring required for individual types of restraints. The hospital services manager audits and reports on restraint use. The restraint register was current.</p> <p>Evaluation of restraint is completed and documented six monthly. The evaluation is undertaken in consultation with the aged care co-ordinator, clinical staff and whānau. Recently following evaluation of restraint for two residents, it was suggested to whānau that it was appropriate to trial a withdrawal of restraint for their loved one. Whānau declined trying a withdrawal</p> <p>Each staff member understood their individual responsibilities and accountability in regard to restraint use. Staff have been trained in the least restrictive practice, safe restraint practice, alternatives, cultural-specific interventions, and de-escalation techniques.</p> <p>Emergency restraints are not used in this organisation. There had been no incidents reported relating to the use of restraint. Staff confirmed there are processes in place to debrief in the event any emergency restraint is considered.</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 this standard. Changes to policies, guidelines, education and processes are implemented as indicated. Data analysis is completed monthly and discussed at the clinical governance group 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>
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## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.2</p> <p>Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	PA Low	The current strategic plan and annual business plan expired in June 2025 and a number of changes are proposed or have been made by the BOT. Future plans or business goals are yet to be developed. The CEO has been told to continue business as usual. However, there was insufficient evidence the goals and actions of the previous plans have been routinely reviewed and monitored.	There was insufficient evidence to confirm organisational performance has been routinely monitored at a governance level, in order to inform the proceeding strategic and business plan.	<p>Finalise the strategic and business plan, to ensure organisational performance can be routinely monitored.</p> <p>180 days</p>
<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	A range of quality information was sighted in meeting minutes sampled. Registered/enrolled nurse meeting minutes (June 2025) included complaints, training, clinical audit results, infection prevention, adverse events and restraint. Health care assistant meeting minutes (June 2025) included equipment, patient journey, complaints/compliments,	The results of internal audits is not routinely collated and reported across the organisation, or being entered into the organisation wide quality improvement register as required by policy.	<p>Enter the results of all internal audits across the organisations into the quality improvement register.</p> <p>90 days</p>

		<p>electronic data base usage, audits, infection prevention, adverse events, health and safety and restraint</p> <p>Each service completes their own process for internal auditing. For example, the People and Capability department use checklists for staff files and the clinical team complete audits on infection prevention strategies, standing orders, medication, antimicrobial usage and an annual ward audit. Maintenance also have a number of audits in place including security and waste management. The quality policy and procedure require the results of internal audits to be entered in a central quality improvement register so they can be monitored across the organisation for improvement and emerging risk. This has not been occurring.</p>		
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>As required (PRN) medication prescribed on national medication charts in the medical service did not consistently document the maximum daily dose, or/and the indication for use, or PRN effectiveness. The signature of a second checker for the administration of parenteral medications in the medical unit was inconsistent. This included intravenous fluids and intravenous medication. The clinical record of a māmā documented that Entonox had been used and an ecboic had been administered, however neither of these medications had been prescribed on the medication chart.</p>	<p>The prescribing, administration and monitoring of medication does not consistently meet legislation and best practice guidelines.</p>	<p>Ensure the prescribing of medication consistently meets legislative and best practice guidelines. Ensure parenteral administration of medication always includes the signature of the second checker. Ensure the effectiveness of PRN medication administered is consistently recorded.</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.