

Aroha Care Centre for the Elderly

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Aroha Care Centre for the Elderly

Premises audited: Aroha Care Centre for the Elderly

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 1 July 2025 End date: 2 July 2025

Proposed changes to current services (if any): The reconfiguration letter dated 14 February 2025 requests a reconfiguration to change the 24 rest home level beds to dual purpose (rest home and hospital). All rooms were verified as suitable to provide rest home and hospital level care. One room has been decommissioned. The total number of beds is 74.

Total beds occupied across all premises included in the audit on the first day of the audit: 68

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Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Aroha Care Centre (Aroha) is a charitable trust governed by the Taita Trust Board. The service provides rest home and hospital level of care for up to 74 residents. On the day of the audit there were 68 residents.

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

A concurrent partial provisional audit was undertaken to verify the suitability of the reconfiguration of the 24 rest home beds as being suitable to provide rest home and hospital level of care (dual purpose). These 24 rooms were verified as being suitable to provide rest home level of care. There are a total of 74 beds.

The service is managed by a Chief Executive Officer (registered nurse) who has been in the current role for seven months, they are supported by an experienced general manager and nurse manager.

This certification and partial provisional audit demonstrated full compliance against Ngā Paerewa Health and Disability Services Standard 2021.

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.

Aroha provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of their residents' rights and an inclusive service approach. The personal privacy, values, cultural and spiritual needs of residents are respected. Residents receive safe services of a standard that complies with consumer rights legislation. Residents receive services in a manner that considers their dignity, privacy, and independence.

Aroha supports and listens to the voices of the residents. Residents and their family/whānau can communicate their needs and choices. There is evidence that residents and family are kept informed. The service supports and encourages a Māori worldview of health in service delivery. Residents who identified as Māori and Pacific confirmed being treated equitably and that the service supports their self-determination/ mana motuhake and their worldviews. There was no evidence of abuse, neglect, or discrimination.

There is an established system for the management of complaints, which meets the requirements of the Code of Health and Disability Services Consumers' Rights (the Code).

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Aroha is governed by the Taita Trust Board who oversees and guides organisational performance and ongoing compliance. The chief executive officer, general manager and nurse manager are responsible for day-to-day operations.

The service uses a quality and risk management system that supports the provision of clinical care. Quality activities are implemented, and business goals defined and monitored. There is a documented risk management system including health and safety requirements. Adverse events are reported and recorded. The business plan includes a mission statement and operational objectives.

There are human resources policies, including staff training and development. The staffing policy aligns with contractual requirements including guidelines for skill mix of staff to provide safe delivery of care. The education programme cover required aspects of care and external training for staff is encouraged. Residents receive appropriate services from suitably qualified staff. Registered nursing cover is provided 24 hours a day, 7 days a week.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

The general manager and nurse manager efficiently manage the entry process to the service. There was an electronic system for monitoring entry to the service. Residents were assessed before entry to service to confirm eligibility. Registered nurses and the general practitioner complete all admission procedures within required timeframes. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care. The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

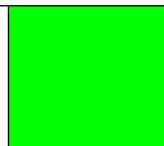
Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

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



Subsections applicable to this service fully attained.

The facility is fit for purpose and complies with legislation relevant to the services provided. The environment is inclusive of residents cultures and supports cultural practices. The building holds a current warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of rooms with full ensuite and shared facilities. There are communal shower rooms with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and security lights and close circuit television cameras are installed internally and externally throughout the facility.

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

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

Subsections applicable to this service fully attained.

Infection prevention and control systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and is appropriate to the size, complexity and degree of risk associated for this service. The programme provides information and resources to inform staff. Relevant infection prevention and control education is provided to all staff as part of their orientation and then through the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines. Antimicrobial usage is monitored. Monthly reports are analysed and acted on when needed.

The infection control officer, who is a registered nurse, is responsible for coordinating infection prevention activities and education and training for staff, residents and family/whānau. Staff have access to personal protective equipment. The environment supports prevention and transmission of infections.

The service has documented policies and procedures for the management of waste and hazardous substances, cleaning, and laundry. They manage these services in a safe and appropriate manner. Chemicals are stored securely.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is restraint free. This is supported by the governing body. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The service maintains a proactive response to maintaining their restraint free stance. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	169	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the organisation which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Aroha Care Centre (Aroha) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice and training for staff. Staff have completed training around Te Tiriti o Waitangi.</p> <p>There is an established relationship with Te Waka Whaiora Trust's Māori cultural lead who acts as a cultural advisor for Aroha providing cultural workshops and guidance for residents and whānau and staff. This role also provides cultural advice to the board. Aroha links with Māori staff and residents' family/whānau who can provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident's care planning, their activities and their dietary needs. Cultural assessments are completed for residents who identify as Māori.</p> <p>The chief executive officer (CEO) and general manager stated they support increasing Māori capacity within the workforce. At the time of the audit there were staff members who identified as Māori. Aroha</p>

		<p>evidence a commitment to a culturally diverse workforce. The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with 19 staff (six caregivers, eight registered nurses, a diversional therapist, the education officer, a cleaner, the chef, and the maintenance manager) and three managers (chief executive officer, general manager, nurse manager) and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific People's Culture and General Ethnicity Awareness policy and plan that aims to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>There were residents and several staff that identified as Pacific at the time of the audit. Registered nurses interviewed explain family/whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The chief executive officer and general manager stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals and identity are respected.</p> <p>The Pacific staff are actively involved in establishing links with the Pacific people in their community. This includes advocacy for Pacific residents and connecting Pacific residents, when applicable, to services in the community that are of support and help to their people. Interviews and documentation reviewed identified that the service provides person-centred care.</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>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>locations in English, te reo Māori and sign language.</p> <p>Discussions relating to the Code are held during the resident meetings. Residents (two rest home and three hospital) and family/whānau (three hospital and two rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in policy. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. Aroha promotes care that is holistic and collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Residents were observed to be treated with dignity and respect. Interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>There is an intimacy and sexuality in older persons policy in place with training included as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to</p>

		<p>follow to support and respect their time together. There were two married couples at the time of the audit with rooms close to each other. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Resident files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. At the time of audit, there were residents identifying as Māori. The diversional therapist confirmed that the service actively supports Māori by identifying their needs and aspirations which include the physical, spiritual, family/whānau, and psychological health of the resident.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse, neglect and prevention policy are being implemented. Aroha policies prevent any form of discrimination, harassment and bullying and acknowledge the impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources and the code of conduct.</p> <p>Staff complete education at orientation and as per the annual training plan on code of rights, abuse and neglect, harassment and discrimination. All residents and family/whānau interviewed confirmed the staff are very caring, supportive and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are</p>

		<p>defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes reviewed evidence a supportive working environment that promotes teamwork. Aroha promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</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>Information about the facility and services provided is included in the admission pack given to residents and family/whānau on admission. Monthly resident meetings verify that resident feedback is followed up by the service. Residents and family/whānau interviewed confirm they know what is happening within the facility.</p> <p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Communication with family/whānau is documented on the incident reports (where applicable) and in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were residents who spoke little English, for these residents' family/whānau were used to support implementation of care. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The nurse manager and registered nurses described an implemented process around providing residents with time for discussion around</p>

		care, time to consider decisions, and opportunity for further discussion, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Eight resident files were reviewed which evidenced written general consents sighted for photographs and medical cares were included in the admission agreement. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA) where applicable. Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with caregivers confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. EPOA documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>A resuscitation policy and related forms is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Interviews with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around the Code and informed consent as part of the mandatory training.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented complaints concerns management policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The chief executive officer maintains a record of all complaints, both verbal and written by using an electronic complaint register.</p> <p>Two complaints have been received since the new management team was appointed, and there is one complaint through the Health and Disability Commissioner remaining open since 2021. No trends have been identified. Complaints were documented as resolved to the satisfaction of the complainant. Follow up and resolution letters link to the national advocacy service. All complaints received and subsequent corrective actions have been discussed in the quality meetings and staff meetings. There have been no external complaints received since the previous audit.</p> <p>Access to complaints forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code and complaints process is visible, and available in te reo Māori and English.</p> <p>Interview with the chief executive officer and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Interviews with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The chief executive officer acknowledged their understanding that for Māori, there is a preference to include whānau participation.</p>
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<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Aroha is a charitable trust governed by the Taita Trust board consisting of eight board members. Interview with a member of the board confirmed that board members were representative of a variety of professions. The chief executive officer provides an operational report to the bimonthly board meetings.</p> <p>Aroha services are all at ground level. There are no double or shared rooms. Aroha is certified to provide rest home and hospital level care (medical and geriatric) for up to 74 residents. Since the previous audit one resident room has been decommissioned. There are 24 rest home beds and 50 dual-purpose beds.</p> <p>At the time of the audit there were 68 residents. There were 44 hospital level care residents (including one resident on an Accident Compensation Corporation (ACC) contract and one on respite) and 24 rest home level residents. Remaining residents were under the age-related residential care contract (ARRC). This audit has verified that the 24 rest home beds are suitable to be used as dual-purpose beds.</p> <p>There have been changes in the management structure since the last audit. The board completed a restructure late 2024 following the resignation of the then principal nurse manager. The resulting structure saw the creation of CEO, general manager and nurse manager roles. These three roles were appointed to in December 2024. The CEO was the clinical manager at Aroha prior to this appointment. Both the general manager and nurse manager were registered nurses at Aroha prior to appointment to their current roles. The CEO reports to the board. The CEO is supported by an executive team that includes the general manager, nurse manager, business manager and maintenance manager. The executive team is supported by a team of registered nurses, caregivers, cleaning/laundry, kitchen, activities, maintenance and administration staff. The management team reports a low turnover of staff since last audit.</p> <p>There is a strategic plan (2024-2027) with defined goals. Goals and actions to support implementation are recorded on the annual work plan (sighted). The annual work plan is a living document and included as part of the CEO's board report. Examples of items appearing on the annual work plan include achieving certification of rest home beds as dual purpose, and kitchen refurbishment based on resident and</p>
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	<p>family/whānau feedback. The annual quality objectives are outlined in the quality management plan (2025). Objectives include strengthening links with Te Waka Whaiora Trust to support Aroha’s equity focus, reduction in the number of acute transfers to Health New Zealand services, reduction in pressure injuries, and kitchen and dining renovations.</p> <p>Clinical governance is overseen by the CEO, general manager and nurse manager all of whom are registered nurses with current practicing certificates. Incidents (staff and resident), infections, complaint themes, satisfaction surveys and internal audit outcomes are reported through to the quality meeting. Any corrective actions are taken to the appropriate meeting for implementation.</p> <p>Māori consultation ensures policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. The CEO reports on any barriers to the board to ensure these can be addressed. Registered nurses work in consultation with resident and family/whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>Interview with a board member confirmed their commitment to and accountability for delivering quality and responsive services.</p> <p>The CEO has post graduate qualifications in business studies, has a current annual practising certificate and attended the last aged care conference 2024.</p> <p>Partial provisional audit:</p> <p>A board member was interviewed including changing the current dedicated 24 rest home beds to dual purpose (rest home and hospital level). The board member confirmed they are aware and supportive of the reconfiguration verifying the change is part of the board’s strategic direction. There are sufficient reporting mechanisms in place to ensure the board are appraised of emergent risks with the potential change to acuity. The partial provisional audit verified that governance is suitable to provide for the change in the requested reconfiguration of beds. The 24 rest home beds were verified as suitable for dual purpose use.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Aroha has an implemented quality and risk management system that includes performance monitoring through internal audits and through the collection of clinical indicator data. Bi-monthly quality improvement, health and safety and staff meetings and monthly registered nurse meetings provide an avenue for discussions in relation to (but not limited to): quality goals; quality data; health and safety; infection control; complaint themes; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place. Corrective actions were documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality improvements are documented and discussed with staff.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. Family/whānau and resident satisfaction surveys were completed in December 2024. The resident satisfaction survey reported overall satisfaction at 95% for residents, and for family 100%. There were two opportunities for improvement identified through the surveys. 78% of residents and 85% of family/whānau responded that the recreation programme needed strengthening, and 38% of family/whānau said areas in the facility needed improvement – such as the dining room. As a result of this feedback the facility purchased a second van to offer more outings and have now employed an additional activities coordinator to support activities six days per week. Environmental improvements in the kitchen and dining area are underway. Resident meetings are held monthly where concerns can be raised.</p> <p>A health and safety system is in place. Health and safety is managed by the health and safety committee, which is led by the general manager. Health and safety matters are included in reporting to the board. The health and safety committee includes registered nurses,</p>

		<p>caregivers and cleaning/laundry. Hazard identification forms are completed, and an up-to-date hazard and risk register was reviewed. Health and safety policies are implemented and reported hazards are monitored by the health and safety committee who meet bi-monthly. Staff incidents, hazards and risk information is collated at facility level and communicated to staff at the bimonthly staff meetings. In the event of a staff accident or incident, a debrief process is documented.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality improvement, staff meetings and registered nurse meetings. Incidents are reviewed daily by the general manager to ensure incident forms are completed according to policy. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori. Thirteen incident reports were reviewed. All evidenced family were notified of incidents (where relevant), and all incidents were followed up by a registered nurse.</p> <p>Discussions with the general manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications for change principal nurse manager to CEO was sighted. There has been no other Section 31 notifications required. At the time of audit, one unstageable pressure injury was in the process of being reported to the Health Quality and Safety Commission. The service is following the National Adverse Event Reporting Policy for internal and external reporting.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>FA</p>	<p>There is a staffing policy that describes the staffing rationale in an event of acuity change and outbreak management. The roster provides sufficient and appropriate ratio coverage for the effective delivery of care and support for rest home and hospital care residents. Aroha uses their own staff to cover unplanned absences by extending working hours through mutual agreement with employees and use of the casual pool. There were no staff shortages reported at the time of the audit.</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner. The rosters reviewed evidenced RN cover 24/7. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. The CEO, general manager and nurse manager all work full time Monday to Friday and cover an on-call roster. There are separate staff dedicated to activities, housekeeping (cleaning and laundry), kitchen and maintenance.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff attend Māori and Pasifika training at orientation and annually. Cultural awareness is also a required competency for all staff. Staff confirmed they were provided with resources during their cultural training to support care. External training opportunities for care staff include training through Health New Zealand. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 56 caregivers employed in total. Twenty-two caregivers have achieved level 4, fourteen have completed level 3 and nine have completed level 2 NZQA qualification. A record of completion is maintained by the education officer. Review of training attendance records demonstrate high adherence to required training such as 34 staff attended infection control, 33 staff attended pain and nutrition, and 30 attended the code of rights.</p> <p>All staff are required to complete competency assessments as part of their orientation and then annually, including (but not limited to) restraint, moving and handling, and hand hygiene. Registered nurses' complete specific competencies that included medication, syringe driver and interRAI assessment competency. Seven of the 12 RNs are interRAI trained, and two are progressing through the training.</p> <p>Interviews with the residents and family/whānau confirmed that staffing meets the needs of residents. Caregivers confirmed there are adequate staff to safely deliver resident cares. Resident acuity is monitored and interviews confirmed additional staff are available to assist with more dependent residents. The caregivers stated there is good support from management.</p>
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		<p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) was posted and visible in staff locations.</p> <p>Partial Provisional audit:</p> <p>The roster was considered in respect of the 24 rest home beds becoming dual purpose. There is sufficient RN cover to support a higher level of acuity. There are currently four RNs and 13 caregivers on morning shift, two RNs and 11 caregivers on the afternoon shift and one RN and four caregivers on night duty. The CEO informed they have sufficient staff to enable flexibility with rostered numbers based on acuity.</p> <p>The partial provisional audit verified that the staffing is suitable to provide for the change in the requested reconfiguration of beds.</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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Ten staff files reviewed (a cleaner, nurse manager, two RNs and six caregivers) evidenced implementation of the recruitment process, employment contracts, police vetting checks and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals including (but not limited to) general practitioners, dietitian, podiatrist, pharmacists and physiotherapist. Staff who have been employed for over a year have had an appraisal completed and all the appraisals reviewed were current. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. There is a staff debrief following significant staff</p>

		<p>and/or resident incident/accident.</p> <p>Caregivers interviewed stated that new staff are adequately orientated to the service and included buddying and oversight when first providing cares to residents. Orientation and induction to the service includes being buddied with an experienced staff member, who provides guidance and support to the new staff member.</p> <p>Partial Provisional audit:</p> <p>Review of employment practices verified they are sufficiently robust to meet the reconfigured beds. All employees are reference checked prior to employment and police checked as part of the onboarding process. There is an orientation programme that includes a period of buddying to ensure new staff are supported to meet resident needs. Appraisals are completed in the first three months of employment and annually thereafter.</p> <p>The partial provisional audit verified the provider has robust processes to support recruitment and onboarding of staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a document management policy in place. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely.</p> <p>Residents archived files are securely stored and are easily retrievable when required. Other paper documents can be scanned and uploaded into the electronic system for reference. Information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a</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>competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Eight admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau members and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The general manager and nurse manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available or if the assessed needs of the residents surpass what the service can safely provide. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has established links with local Māori who provide cultural advice and guidance around the admission process where required. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and employment opportunities.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and</p>	<p>FA</p>	<p>Eight resident records were reviewed: four rest home and four hospital (including one resident receiving accident compensation corporation (ACC) funding and one resident receiving respite care) level of care. The registered nurses are responsible for all resident's assessments, care planning and evaluation of care overseen and supported by the nurse manager. Apart from the respite resident, initial assessments</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>and long-term care plans were completed for residents detailing needs and preferences. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. The resident on respite has appropriate risk assessments and an initial care plan completed.</p> <p>All LTCPs and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short term care plans are developed for acute problems, for example infections, wounds and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurses. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates.</p> <p>Staff confirmed that residents who identify as Māori have a Māori health care plan developed which describes the support required to meet their needs. Processes are in place that ensures barriers are removed so all residents have access to information and services required to promote independence, and work alongside of residents and family/whānau when developing care plans so residents can develop their own pae ora outcomes.</p> <p>Interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken</p>
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		<p>by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes.</p> <p>There is one general practitioner who has most residents under their care. They, alongside their registrar in training visit weekly and as required. Medical documentation and records reviewed were current. When interviewed the general practitioner stated the standard of care was excellent. After hours care is provided by the contracted medical practice and the local public hospital when needed. If a physiotherapist is required a referral is completed. A podiatrist visits regularly and a raft of medical/health specialists can be accessed through Health New Zealand. An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of audit there was one unstageable pressure injury. The appropriate notification through to the Health Quality and Safety Commission (HQSC) was underway. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records and repositioning charts.</p> <p>Staff interviews confirmed what processes are in place to ensure they have sufficient information regarding the residents needs and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift. This was sighted on day of audit and found to be comprehensive in nature.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives</p>	<p>FA</p>	<p>There are two diversional therapists (one full time and one part time), plus an activity coordinator (part time). The activity programme is delivered six days per week. The full-time diversional therapist is a trained caregiver. The activity team have current first aid certificates.</p>

<p>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>Support for the programme is provided by the caregivers, various church groups, (priests/ministers) and entertainers. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. Regular displays of resident outing/activities are shared with family/whānau and posted on large notice boards within the facility.</p> <p>The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as walks around the gardens, hand massage and book reading and letter writing. There are several lounges where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; bingo; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services.</p> <p>Scheduled resident meetings include a set agenda covering staff updates and news and events within the facility including the progress with the kitchen upgrade which the residents are following with interest. Family/whānau are welcome to attend these. Residents are encouraged to provide feedback on activities at the meetings, six-monthly reviews and on an ad hoc basis with any staff member. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging and they particularly enjoy outings to their community as evidenced on day of audit.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration.</p> <p>All medications are blister packed and checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were stored securely in the hospital and rest home. Medication trolleys were locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were no residents self-administrating their medications on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications. PRN medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site. Standing orders are in use. Policy and procedure guide staff in the safe management of standing orders. The list of stock medications was sighted and has been recently signed off and reviewed by the general practitioner. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site by an external company. At time of audit the provider had commenced a major upgrade of their kitchen and resident dining area. This required a temporary kitchen to be set up within a container. A storage area for dry goods, the chiller and freezers were set up close by. Despite the area for food preparation and cooking being limited it was noted to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring in January 2026. Dry ingredients were decanted into containers for ease of access with evidence of a decanting and/or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The head chef is supported by a part-time cook and catering assistants. All but the newest kitchen staff have completed safe food handling. There is a food services manual available in the kitchen/container area.</p> <p>The head chef receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The</p>

		<p>head chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Residents' profiles had been reviewed in line with their six-monthly reviews and updated if required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented.</p> <p>Staff interviewed could describe tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The head chef maintains electronic records for fridge, freezer and chiller temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Evidence was provided of cleaning schedules being maintained.</p> <p>Meals are taken to the dining area and staff serve them directly. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings, through resident surveys and on an ad hoc basis with any staff member. There is adequate food supply available for each resident for minimum of three days.</p> <p>Partial Provisional audit:</p> <p>The head chef confirmed that there would be no changes required within the food service as they already cater for up to 24 rest home residents. The major renovation of the kitchen and dining area will enhance the space provided for all residents and generally improve the dining experience.</p> <p>The partial provisional audit verified the food services to be suitable to accommodate the reconfiguration of beds.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	Planned discharges or transfers are coordinated in collaboration with

<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>residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The nurse manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation including the "yellow envelope" checklist. Where residents need to be seen or choose to be referred to another health service a referral is completed. Residents attending an external appointment are encouraged to be accompanied by a family/whānau member, particularly those with cognitive impairment.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires 12 December 2025. A maintenance person (interviewed) addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in May 2025). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned.</p> <p>The building is a single level building with easy access to the garden. A part time gardener is employed to maintain gardens and grounds. There are outdoor ramps with handrails, outdoor seating, shaded areas and garden beds. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The caregivers interviewed stated there was sufficient equipment to</p>

	<p>safely carry out the resident cares as documented in care plans. Ceiling hoists have been installed in several rooms since the previous audit.</p> <p>There are adequate numbers of toilet and showering facilities. Four bedrooms across the facility have no ensuite. There is sufficient provision of communal toilets and bathrooms throughout the facility. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms.</p> <p>All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. General living areas are heated by large heat pumps and resident bedrooms have a mixture of heaters that they can control the temperature of. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility.</p> <p>The CEO confirmed their knowledge that when there is a planned development for the building, Māori representatives would be involved in the consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>Partial Provisional audit:</p> <p>There are no changes required to the maintenance schedule as the footprint of the facility remains unchanged.</p> <p>Discussion with staff and review of a sample of the 24 rest home bedrooms verified they are suitable to be used for hospital level care. This includes use of hospital equipment such as hoists, hospital beds and wheelchairs. All bedroom doors have double doors which can open separately allowing for hoists and mobility aids to have easy access. All bedrooms are on ground level and are single occupancy as confirmed by the CEO. These bedrooms all have an ensuite except two. There are communal toilets and bathrooms close by for those two residents. These bedrooms have at least one window with natural light</p>
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		<p>and are well ventilated. These bedrooms have easy access to the main lounges for activities and to the dining rooms. Quiet areas are easily accessible for residents to have a quiet space with family/whānau. There was sufficient mobility, staff and visitors' toilets in proximity to communal areas. There are resting bays provided for residents when walking to the communal areas.</p> <p>There is a mix of heating throughout the area including panel heaters, and heat pumps. Toilets were easily identifiable and included privacy locks. Handrails are in place and corridors are wide enough to accommodate residents walking by with mobility aids, use of wheelchairs and hoists. The outdoor areas are accessible through the main doors at reception where residents can access seating under shade and views of the gardens.</p> <p>Storage areas are accessible for staff throughout the facility where hoists (including standing) wheelchairs and the sitting scales can be safely stored. Eighteen ceiling hoists have been fixed across the facility with the reconfiguration plan including the purchase of a further 57 to cover all bedrooms. Additional hospital beds will also be purchased as part of this plan. There are adequate storage areas for incontinence products. There are sufficient gloves, handtowels, algogel, and flowing soap accessible to staff.</p> <p>A nurse's station and a secure treatment room are close to the resident bedrooms. There are two sluice rooms across the facility which are fitted out with the required equipment. All rooms including flooring are suitable for hospital level residents.</p> <p>The partial provisional audit verified that the environment is suitable to provide for the change in the requested reconfiguration of beds.</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</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>with the last one completed 27 January 2025.</p> <p>Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back-up generator available and gas cooking (portable gas cookers). There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency, including water supplies (10,000 litre tank) to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan.</p> <p>A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there is security cameras located at strategic areas internally and externally.</p> <p>Partial Provisional audit:</p> <p>The current policies and procedures are sufficiently detailed to support the requested reconfiguration of beds. As there is no increase in overall bed numbers the civil defence supplies meet the requirements for the reconfiguration of beds. Ongoing training (first aide) and maintenance is unchanged with the reconfiguration of beds.</p> <p>The partial provisional audit verified that there are suitable systems in place to support the requested reconfiguration of beds.</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</p>	<p>FA</p>	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. antimicrobial stewardship (AMS) is included in the infection prevention and control programme.</p>

<p>of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>Antimicrobial stewardship is an integral part of the quality framework to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health, and Health New Zealand. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by health & safety and infection control group.</p> <p>Infection control is part of the health & safety and infection control group who meeting bi-monthly. Infection rates are presented and discussed at the health & safety and infection control meeting, quality meeting, RN meeting and staff meetings. Infection data is also included in the CEO board report. Infection control and prevention information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control nurse, infection control assistant, senior management and GP. The Board understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p> <p>Partial Provisional audit:</p> <p>A board member was interviewed as part of this audit. The board member confirmed they are made aware of infection prevention matters through board reporting and are aware of their responsibility in delivering infection control and antimicrobial stewardship programmes. There are sufficient reporting mechanisms in place to ensure the board are appraised of emergent risks with the potential change to acuity.</p> <p>The partial provisional audit verified that infection prevention and antimicrobial stewardship governance is suitable to provide for the change in the requested reconfiguration of beds.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe.</p>	<p>FA</p>	<p>The infection control programme has been developed by the infection control officer and infection control assistant with input from the health & safety and infection control group and executive team and approved by the board. The infection control programme is reviewed annually and discussed at the various service meetings. Infection control data is entered electronically, shared at staff meetings then reported through</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>and reviewed by the health & safety and infection control group. There are a comprehensive range of policies, standards and guidelines that are available to staff. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff.</p> <p>The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection control officer is the general manager (RN). There is a signed job description outlining the responsibility of the role relating to infection control matters and antimicrobial stewardship. The infection control officer has access to support from the infection control specialist at Health New Zealand, the GP and public health team. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices.</p> <p>The infection prevention and AMS audit monitors the effectiveness of education and infection control practices. The infection control officer described the pandemic. The infection control officer has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including PPE, were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The infection control officer and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices. The service has infection prevention and control information available in te reo Māori. Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use.</p> <p>The executive team described a clear process of infection prevention control involvement in the redevelopment of the kitchen that is underway and any future refurbishments of the building. The infection</p>
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		<p>control officer and wider executive team are committed to the ongoing education of staff and residents as described in interview. Infection control is part of staff orientation and the annual training schedule. Staff have completed hand hygiene, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p> <p>Partial Provisional audit:</p> <p>The infection control programme is appropriate to meet the needs of the requested reconfigured beds. There is currently a reporting framework and internal audit programme in place to monitor infection control practices. Staff receive regular training on infection control and records reviewed confirmed high attendance. There are sufficient PPE supplies to meet the needs of a higher acuity.</p> <p>The partial provisional audit verified the infection control and antimicrobial stewardship programme is suitable to provide for the change in the requested reconfiguration of beds.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an antimicrobial stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the health & safety and infection control meetings as well as the quality and staff meetings. Significant events are reported appropriately following the flow chart outlined within the facility's policy and procedure. Prophylactic use of antibiotics is discouraged. The GP and infection control officer and nurse manager provide oversight on antimicrobial use within the facility.</p> <p>Partial Provisional audit:</p>

		<p>The antimicrobial stewardship policy is suitable for the proposed change to dual-purpose beds. Infections are reported electronically and monitored through the various meetings up to the board. The GP will continue to provide oversight of the antibiotics prescribed.</p> <p>The partial provisional audit verified that the antimicrobial stewardship programme is suitable to provide for the change in the requested reconfiguration of beds.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections and ethnicity. This data is monitored and analysed for trends and patterns by the infection control officer and nurse manager. This information is shared with staff and is reported to the executive team (clinical governance) and then to the board. Infection prevention and control surveillance is discussed at facility meetings as confirmed by staff interviewed and meeting minutes sighted.</p> <p>The CEO and infection control officer described quality improvement plans are created where required for any infection rates of concern. Internal infection control audits are completed with quality improvement plans created for any gaps identified. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health New Zealand for any community concerns.</p> <p>There have been no outbreaks since the last. Staff interview verified debrief meetings would be held to discuss what went well and what improvements will be implemented should an outbreak occur.</p> <p>Partial Provisional audit:</p> <p>The infection control officer was interviewed and informed the current mechanism of reporting and oversight of infections does not require</p>

		<p>any changes to support the dual-purpose beds. The infection control officer verified there are sufficient reporting mechanisms in place to ensure they are aware of emergent risks with the potential change to acuity.</p> <p>The partial provisional audit verified that the surveillance of health care associated infections is suitable to provide for the change in the requested reconfiguration of beds.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored in a lockable cupboard on the cleaning trolleys and the trolleys are kept in locked cupboards when not in use. Safety data sheets and product sheets are available and are current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms with sanitisers, a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training.</p> <p>A chemical provider monitors the effectiveness of chemicals. There is a team of ten housekeeping and laundry staff. Staff were knowledgeable around chemicals, infection control practices and cleaning practices during outbreaks. There is a laundry on site with all laundry completed by the housekeeping staff. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms on a covered trolley. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly. The general manager is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the current kitchen refurbishment.</p> <p>Partial provisional audit:</p>

		<p>There are no changes required to cleaning schedules and storage areas to support changing the current dedicated rest home beds (24) to dual purpose. The laundry is resourced sufficiently to meet a potential increase in acuity. Internal audit monitoring will ensure any shortfalls are addressed in a timely manner.</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>The chief executive officer described the focus on maintaining a restraint free environment. Restraint was understood by staff interviewed who also confirmed their commitment to maintaining a restraint free environment. At the time of audit there were no residents using any form of restraint. There are policy and procedures for restraint minimisation and safe practice that specify the organisation is committed to providing a restraint free environment. This is supported by the chief executive officer. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. If restraint were to be considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing. A restraint register would be maintained on the electronic resident management system and the restraint register contains enough information to provide an auditable record of restraint should this be required. The chief executive officer outlined how the service regularly discusses any resident who may be at risk and outlines strategies to be used to prevent restraint being required. Any changes to policies, guidelines, education and processes are implemented if indicated. The designated restraint coordinator is the chief executive officer who is a registered nurse. An addendum is included within the job description outlining the role and responsibilities.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff education includes alternative culturally specific interventions, de-escalation and challenging behaviours. The chief executive officer outlined that the service has engaged in quality improvement work to maintain their restraint free status by engaging in continuous review of all aspects of restraint minimisation/elimination and broadening their education programme.</p>

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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.