Howick Baptist Healthcare Limited - Howick Baptist Home and Hospital

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity: Howick Baptist Healthcare Limited

Premises audited: Howick Baptist Home and Hospital

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

Dates of audit: Start date: 5 August 2025 End date: 5 August 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 121

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 haumaru │ 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

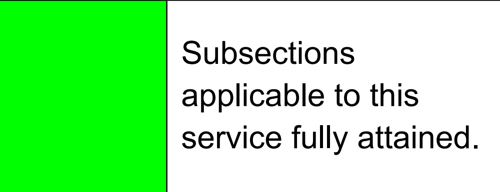
General overview of the audit

Howick Baptist Home and Hospital provides rest home-level and hospital-level care to a maximum of 132 residents. The service is managed by the care manager, who is supported by an assistant care manager and overseen by the group manager – quality and clinical operations and the chief executive officer (CEO). There have been no significant changes to the service or facilities since the previous audit.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau/family members, members of the governance group, managers, staff, and a general practitioner.

There were no corrective actions required from the previous audit. As a result of this audit, improvements are required in relation to timely initial assessments and care plans, routine six-monthly care plan evaluation, medication management, recruitment records and performance appraisals.

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.

Howick Baptist Home and Hospital works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services that reflect Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples receive services that acknowledge their worldviews and are delivered in a culturally safe manner.

Residents and their whānau are informed of their rights under the Code of Health and Disability Services Consumers' Rights (the Code), and these rights are consistently upheld. Service providers maintain professional boundaries, and there was no evidence of abuse, neglect, discrimination, or exploitation. Residents' property and finances are managed with care and respect.

Policies and the Code provide guidance to staff to ensure informed consent is obtained when required. Residents and whānau reported feeling involved in decisions about care and treatment.

Complaints are resolved promptly, equitably and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The service works in partnership with residents and their legal representatives to assess, plan, and evaluate care. Care plans were individualised and informed by comprehensive risk-based assessments, with changes to residents' needs reflected as they occurred. Interventions were tailored to residents' specific diagnoses. Reviewed records showed that the care provided met the needs of residents and their whānau.

Medicines were managed and administered in accordance with established policies and procedures. Pro re nata (PRN) medications were regularly reviewed and audited within required timeframes. The food service catered to the nutritional and cultural needs of residents and operated in accordance with an approved food control plan.

Residents' transfers were completed in accordance with best practice guidelines. Planning and communication were clearly documented in resident progress notes and followed the facility's transfer procedures.

Te aro ki te tangata me te taiao haumaru | 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, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Safe processes are in place for the management of electric equipment.

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

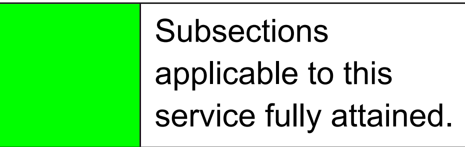
Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date 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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The surveillance of health care-associated infections programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

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

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	15	0	1	2	0	0
Criteria	0	43	0	3	3	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	Howick Baptist Home and Hospital (HBH) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Māori mana motuhake is respected. Partnerships have been established with a local marae to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of audit, and those interviewed felt that culturally safe services were provided. A Māori health plan has been developed with input from cultural advisers and is used to guide care for residents who identify as Māori.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples	FA	HBH provide services that are underpinned by Pacific worldviews. Residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced. Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 was available to guide care for Pacific peoples. The service has contacts and links with a Pacific church in the community. A Pacific peoples care plan was completed for residents who identify as Pacific peoples.

for improved health outcomes.		
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. 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.	FA	Staff interviewed demonstrated an understanding of the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in line with their preferences and wishes. Whānau and legal representatives interviewed reported being informed about the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service). They were provided with opportunities to discuss and clarify residents' rights during admission and at every multidisciplinary meeting. Residents interviewed verified that these processes were consistently followed.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Residents at HBH receive services in an environment free from discrimination, coercion, harassment, exploitation, abuse, and neglect. This is supported by relevant policies and regular staff education. During the audit, there were no instances identified of such issues, as confirmed through interviews with staff, residents, and whānau or legal representatives, as well as a review of documentation. Residents reported that their property was respected, and there was evidence that residents' belongings were labelled on admission. Residents' finances are managed securely. Cash brought in by residents was stored in a locked safe, with access provided through a designated key person when required. A system is in place to safeguard the residents' comfort fund, which is balanced weekly by the care manager and receptionist using an electronic software system. Individual statements of account are available to residents or their legal representatives upon request, supporting transparency and accountability. Staff maintain professional boundaries as confirmed in interviews with residents and whānau.

Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	Residents and/or their legal representatives are provided with the information required to make informed decisions in accordance with the Code of Health and Disability Services Consumers' Rights. Interviews with residents and, where appropriate, their whānau, indicated that they were supported to actively participate in decision-making. Residents interviewed commended the management and the team for being supportive and for their active involvement in residents' care and decision-making processes. Activated Enduring Power of Attorney (EPOA) records were available in the residents' files reviewed. Registered nurses, care partners, and the diversional therapist interviewed demonstrated an understanding of the principles and practice of informed consent, as guided by policies aligned with the Code. Signed informed consent forms and admission agreements were present in the records reviewed and were signed by the respective EPOAs.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. The Code of Rights was displayed in both English and te reo Māori. Documentation sighted showed that complainants had been informed of findings following investigation. The service assures the process works equitably for Māori by offering a cultural support person or referral to advocacy if desired. Eight internal complaints were received in year 2024, and all were effectively closed out. The service has been working on reducing complaints. Strategies implemented are inclusive of the Eden Alternative principles. Nil complaints have been received since the beginning of this year. There is one complaint received in January 2023 via the Office of the Health and Disability Commissioner (HDC) that is still open. The service has provided all the requested documents, and they are waiting for feedback from HDC.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	The governing body assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required. The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori tāngata whaikaha was evident in the business and strategic plans and monitoring documentation reviewed. A commitment to the quality and risk management system was evident. The governance group was kept well informed on progress and risks through monthly board reports. This was confirmed in a sample of reports to the board of directors, the clinical governance team meeting minutes, and clinical quality improvement meeting minutes. The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to key roles and monitoring of resident safety and clinical indicators. HBH has Age-Related Residential Care (ARRC) contracts with Health New Zealand – Te Whatu Ora Counties Manukau for aged residential care - rest home and hospital level of care. The agreement includes respite care and long-term support-chronic conditions (LTS-CHC), and non-aged residential care. The service provides services for up to 132 residents. On the day of the audit, 121 residents were receiving services. Of these, 107 were hospital-level care, 13 rest home -level care, and one respite care.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.	FA	The organisation has a planned quality and risk system that reflects the Eden Alternative principles and continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections. Residents, family and staff contribute to quality improvement through meetings and surveys. The latest resident/family survey outcomes for

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.		2024 were framed and displayed for residents, family and staff. Relevant corrective action plans were developed and implemented in response to survey outcomes. Resident meetings were held monthly, and if there were any issues raised, these were brought to the attention of the care manager and/or the assistant care manager and addressed for quality improvement. The group manager – quality and clinical operations is responsible for quality. The quality performance system in place provided internal benchmarking and external benchmarking, and currently seven residential aged care services are involved in the region, sharing and comparing data collated. Progress against quality outcomes is evaluated. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. The care manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. HBH strategic risk reporting matrix was reviewed and updated every two months. A sample of quality and risk-related meeting minutes were reviewed and confirmed there had been regular review and analysis of quality indicators, and that related information was reported and discussed two-monthly. A set agenda was used at all staff/quality meetings inclusive of Eden growth, key performance reports, external benchmarking results/outcomes, health equity initiatives, clinical equipment and medical consumables, staffing levels, and general business. Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Whānau/next of kin were informed if resident incidents occurred. The care manager understood and has complied with essential notification reporting requirements. There were 14 notifications to the Health Safety & Quality Commission (HSQC) since the previous audit. These included four fractures in 2024, and one unstageable pressure injury and eleven fractures reported for year 2025 up to date.

Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Bureau staff are used for both registered nurses (RNs) and care partners cover, when required. The last six weeks of documented rosters were reviewed and reflected that staff were replaced for planned and unplanned absences. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. The care partners interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. The medical services were contracted to support the residents. Continuing education is planned on an annual basis, including mandatory training requirements. Additional topics of interest make up the programme reviewed, with Māori health and wellbeing and other cultural topics included. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. Care partners have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. There were 84 care partners employed at the time of the audit, and 63 have completed Level 4, 15 have completed Level 3, three have completed Level 2, and two are at Level 1 qualifications. All registered nurses have completed first aid training. The care manager and other experienced members of the leadership team have attended relevant leadership and management training, and other courses related to aged care. Clinical and medical support is

		provided after hours using an on-call system. RN huddles are held every Monday for debriefing with staff about any issues or concerns raised. An occupational therapist and an occupational therapy team are employed to cover the service seven days a week providing organised and planned activities in line with the Eden Philosophy, to meet residents' needs, to motivate, and to `alleviate boredom' with residents. Resources are readily available.
Subsection 2.4: Health care and support workers 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. 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. 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.	PA Low	Human resources management policies and processes are based on good employment practice and relevant legislation. All employed and contracted registered health professionals have current annual practising certificates. A sample of staff records reviewed showed that some recruitment process records were available in staff files. However, orientation evidence was not always available in files reviewed; refer to criterion 2.4.4. Staff reported that the induction and orientation programme prepared them well for the role. There is a defined process for the performance review process. However, the process was not consistently completed in a timely manner. The required three-monthly and annual performance reviews were overdue for some staff; refer to criterion 2.4.5.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. Care plans are developed by qualified staff, such as the care home manager, assistant care manager, and primary nurse, following comprehensive assessment. Each plan is individualised to reflect the resident's lived experience, cultural values, and specific health needs, and incorporates input from external services where required. Assessments were completed using a range of validated clinical tools, with documented input from residents and, where appropriate, their whānau. Care records included documentation of early warning signs, identified risks, and strategies for prevention, escalation, and intervention. For Māori residents and their whānau, records and interview data showed

		documentation related to the identification of pae ora goals. For residents with complex hospital-level needs, such as those who were immobile, non-communicative, and require ongoing restraint, there was evidence that the EPOA was consulted throughout the care planning process. Family and GP consultation was documented prior to the activation of restraint, with all required steps followed in accordance with the restraint policy before restraint was implemented. Informed consent and advance directives are in place, with ongoing involvement of the EPOA in care planning and review. For residents with changing clinical status, such as those recently returned from hospital following major surgery, there was evidence that the EPOA was actively involved in reassessment and planning. Short-term care plans are developed to address acute issues, such as post-operative pain, and are linked to the long-term care plan. Interventions are documented in the electronic medication system. Clinical records demonstrated regular GP reviews and timely referrals to allied health services, including physiotherapy, speech language therapy, and dietitian services. The GP interviewed confirmed that the facility provides a high standard of care, with timely clinical interventions, clear communication with residents and families, and proactive management of changing clinical needs. The clinical team monitors each resident's condition and responds promptly to any changes, with family kept informed. However, some areas for improvement were identified. Not all interRAI assessments, initial and long-term care plans, and care plan evaluations were completed within the timeframes required by policy. In addition, documentation of restraint reviews was not always consistent or up to date. This is identified as an area for improvement; refer to criteria 3.2.1 and 3.2.5. Tāngata whaikaha and their whānau are involved in decision-making and have choice and control over their service delivery. Staff and family confirmed that individuals are supported to access information and participate in care planning.

Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	The medication management policy was current and aligned with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management, using an electronic platform, was observed on the day of audit. A registered nurse (RN) was observed administering medicines in accordance with documented procedures. Medication reconciliation occurred and was completed by registered nurses when pharmacy supplies were received. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. There was evidence that the required audit for controlled drugs had been completed, with weekly checks conducted by registered nurses and six-monthly checks completed by the pharmacist. Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded in the electronic medication charts, and any adverse events were responded to appropriately. Over-the-counter medications and supplements were considered by the prescriber as part of the person's medication regimen. The required three-monthly GP review was consistently recorded on the medicine charts. Standing orders were not used. Residents, including Māori residents, and their whānau, were supported to understand their medications. Where there were difficulties accessing medications, this was identified, and support was provided. Pro re nata (PRN) medications were administered as prescribed, and outcome monitoring following PRN administration was consistently documented in all audited records. No residents were self-administering medication at the time of the audit. The service has a clear policy and procedure to support residents who wish to self-administer, including registered nurses' assessment, general practitioner approval, and secure storage in accordance with policy. Interviews with clinical staff confirmed they were familiar with this process, and the general practitioner confirmed that self-administration is supported when clinically appropriate.

		However, not all registered nurses had up-to-date medication competencies at the time of audit. In addition, medication room and fridge temperatures were not consistently monitored or recorded, with gaps identified in the daily temperature logs; refer to criteria 3.4.1 and 3.4.3.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The menu at HBH is developed in accordance with recognised nutritional guidelines for older adults and reflects the food and cultural preferences of residents. Satisfaction with meals was confirmed through interviews with residents and whānau, as well as satisfaction surveys. Snacks and fluids are readily available to residents at all times. The service operates under an approved food safety plan, with current registration valid until 27 May 2026.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	Transfer or discharge from Howick Baptist Home and Hospital is planned and managed to ensure resident safety, with effective coordination between services and collaboration with the resident's whānau or EPOA. Risks and current support needs are identified and managed appropriately. Whānau reported being well-informed and involved throughout the transfer process. There was evidence of good practice in resident transitions. For example, one resident admitted for respite hospital-level care successfully transitioned to rest home-level care before being discharged into the community. The multidisciplinary team (MDT), including the Needs Assessment and Service Coordination (NASC) agency, general practitioner (GP), physiotherapist, community support team, and the resident's whānau, were all involved in the process. The clinical team has developed a discharge care plan based on MDT input, which the resident continues to use in the community.

Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This includes a current building warrant of fitness and biomedical testing. Electrical testing was covered by residual-current devices (RCDs) in place. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The care manager and assistant care manager are responsible for overseeing and implementing the infection prevention (IP) programme at Howick Baptist Home and Hospital. The programme was developed by individuals with expertise in infection prevention and approved by the group manager – quality and clinical operations. It is integrated into the facility's quality improvement programme and is reviewed and reported on both a monthly and annual basis. The most recent review was completed on 7 July 2025. Monthly infection data is discussed with staff, and there was evidence that staff actively contribute input to infection control and prevention strategies. Monthly infection reports are also shared at board level, ensuring oversight and ongoing monitoring by governance. Staff demonstrated familiarity with infection prevention policies and procedures through orientation and ongoing education and were observed adhering to these protocols. Residents and their whānau receive infection prevention education in ways that are responsive to their needs.
Subsection 5.4: Surveillance of health care-associated	FA	Surveillance of health care-associated infections (HAIs) at HBH is appropriate to the size and complexity of the service and aligns with the

infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.		risks and priorities identified in the infection control programme. Monthly surveillance data is collated and analysed to identify trends, potential causes, and required actions. Surveillance includes ethnicity data. Results from the surveillance programme are shared with care partners and RNs during staff meetings, with the general practitioner as part of clinical governance, with the quality team, and at executive leadership team meetings. A COVID-19 outbreak occurred in January 2025. There is evidence that infection control measures were effectively implemented during this period, as confirmed by both staff and residents in interviews. Residents were actively involved in the planning and implementation of these infection control strategies, as demonstrated by feedback collected through infection prevention surveys and annual analysis. National and regional surveillance programmes and guidelines are incorporated as required. New infections are discussed during shift handovers to ensure early interventions are promptly implemented, as confirmed by the general practitioner during the interview.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Eliminating restraint use is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The clinical governance group monitors the use of restraint across the organisation. The general manager – quality and clinical operations, care manager and assistant care manager have responsibility for ensuring that restraint minimisation is achieved. At the time of audit, there was restraint in use, and this has been the case since the previous audit. Three residents were using bedrails when in bed. Staff reported, and documentation evidenced, that staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Use of restraint is reported to the governing body through the board reports and discussed in clinical governance meetings.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Low	A comprehensive orientation and induction programme has been implemented, and staff confirmed its usefulness and applicability and felt well supported. New care partners are ‘buddied’ to work with a senior care partner for orientation, and to spend time with the assistant care manager if needed. Additional time was provided as required. While the team leaders and staff stated that orientation and induction was completed for all staff and documentation was given to all staff, records to evidence this were not consistently available in staff files reviewed. Orientation and induction records were not available in 50% of the staff records reviewed.	Orientation and induction records were not available in 50% of the staff files reviewed.	Ensure orientation and induction records are maintained for all staff. 180 days
Criterion 2.4.5	PA Low	As per organisation policy, staff have	Routine performance	Ensure performance

Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.		opportunities to discuss and review performance at three months following appointment and yearly thereafter. Some performance reviews were completed, but they were not uploaded in the electronic information management system. These were scanned and uploaded on the day of the audit. However, in three of eight staff files reviewed, performance reviews were overdue. In interviews, staff stated that they are well supported by their team leaders.	reviews were not consistently completed in a timely manner.	reviews, both three-monthly and annual reviews, are completed in a timely manner. 180 days
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Moderate	Review of seven resident files showed systems for multidisciplinary input into assessment and care planning. Care plans included individualised information reflecting residents' needs, preferences, and cultural considerations. Interviews with staff and whānau indicated participation in care planning, and documentation demonstrated collaboration with allied health and specialist services. However, in six of seven files reviewed, the interRAI assessment and care plan were not completed within the required 21-day timeframe following admission. In four of these files, care plans were completed more than eight weeks after admission. For residents with restraint in place, documentation for three residents did not show consistent two-hourly monitoring, and in one case, the annual general practitioner restraint review was not completed as per policy.	Initial and long-term care plans, interRAI assessments, and restraint documentation were not consistently completed within required timeframes or in line with policy.	Ensure initial and long-term care plans, interRAI assessments, and all restraint documentation are completed within required timeframes and in accordance with policy. 90 days

Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.	PA Moderate	Review of seven resident files evidenced that care and support plans were developed in collaboration with residents and their whānau, with input from wider service providers where appropriate. Outcome measurements were used to assess progress towards individual goals and aspirations, and changes to care and support plans were identified through ongoing reassessment and collaboration. Staff and whānau interviews confirmed participation in the care planning process, and there was evidence that when progress differed from what was expected, changes to care plans were initiated in partnership with residents and their whānau. However, in all seven files reviewed, care plans had not been evaluated or updated within the required six-monthly intervals.	Care plan evaluations were not consistently completed within the required six-monthly intervals.	Ensure care plan evaluations are completed within the required six-monthly intervals. 90 days
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the	PA Low	A medication management system was in place. Policies were current and aligned with relevant best practice guidelines. Medicines were managed electronically, and records showed administration was carried out in	Medication room and fridge temperatures were not consistently recorded in accordance with policy.	Ensure medication room and fridge temperatures are consistently monitored and recorded in accordance with policy.

service.		accordance with documented procedures. Medication reconciliation was completed by registered nurses, and all medicines sighted were within expiry dates. Controlled drugs were securely stored, with regular checks by registered nurses and the pharmacist. Prescribing practices were consistent with requirements, with allergy information recorded and three-monthly GP reviews documented. However, medication room and fridge temperatures were not consistently recorded. Review of temperature logs for four medication rooms showed that July 2025 records were incomplete, and other months contained inconsistencies and gaps in daily monitoring.		180 days
Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.	PA Moderate	Medicines were stored in designated secure areas, including controlled drugs, which were kept in accordance with legislative requirements. Documentation showed that audits of controlled drugs had been completed, with weekly stock checks conducted by registered nurses and six-monthly stocktakes by the pharmacist. Records indicated that expired or unwanted medicines were disposed of and returned to the pharmacy according to policy. Prescribing records met legislative and policy requirements. Medicine-related allergies and sensitivities were recorded in the electronic medication charts, and documentation was present for reported adverse events and their follow-up. Over-the-counter medications and supplements	Not all registered nurses had current medication administration competencies.	Ensure all registered nurses maintain current medication administration competencies. 180 days

		were included in residents' medication regimens when prescribed. General practitioner (GP) reviews were recorded every three months in the medicine charts. Standing orders were not in use at the time of the audit. However, review of competency records showed that eighteen out of twenty registered nurses did not have up-to-date medication administration competencies, with several found to be long overdue for renewal.		

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

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End of the report.