

Rotorua Continuing Care Trust - The CARE Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Rotorua Continuing Care Trust
Premises audited:	The CARE Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 June 2025 End date: 19 June 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	79

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

The CARE Village on the shores of Lake Rotorua is run by the Rotorua Continuing Care Trust. The model of care is based on an adapted mixed-service model based on the New Zealand environment and similar to the Dutch De Hogeweyk Dementia Village concept, where residents live in six- or seven-bedroom households and are assisted to be as independent as possible, with the support of staff. Residents living in the houses share with people who have different assessed needs. The model of care is centred on delivering meaningful lifestyles within household settings and promotion of a person-centred approach to care. The CARE Village is certified to provide care for up to 81 residents who have been assessed as requiring rest home, hospital, or dementia level of care. On the day of the audit, there were 79 residents.

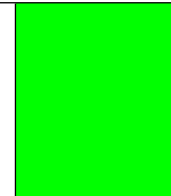
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the service's contract with Health New Zealand. The audit process included a review of policies and procedures; a review of residents and staff records; observations; and interviews with management, residents, family/whānau, staff, and governance.

The service is managed by a chief executive officer, who is appropriately qualified and is supported by an operations manager, the clinical and support team, and the Board. The residents and family/whānau spoke positively about the care and support provided.

This certification audit identified shortfalls around registered nurse availability and medication management.

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.

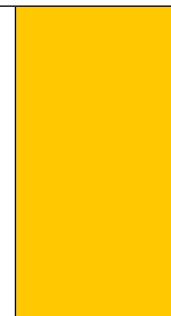
The CARE Village provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented.

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 medium or high risk and/or unattained and of low risk.

The service is governed by the not-for-profit Rotorua Continuing Care Trust, which includes two co-chairs and four trustees on the Board. The CARE Village has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The chief executive officer oversees the day-to-day operations of the service. The business plan informs the site-specific operational objectives, which are reviewed on a regular basis.

The CARE Village has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team and Board. The CARE Village collates clinical indicator data and reviews and analyses each month, with an annual review undertaken.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained.

Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Care staff and residents' family/whānau reported that staffing levels meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

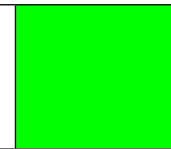
There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours.

Residents are referred or transferred to other health services as required.

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

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



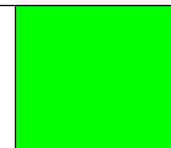
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified, with appropriate interventions implemented. Residents reported a timely staff response to call bells. Security is maintained.

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

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



Subsections applicable to this service fully attained.

The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when

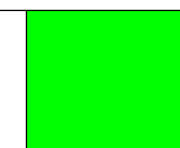
needed. Staff demonstrated good understanding about the principles and practice around infection prevention. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required.

Antimicrobial usage is monitored and reported on. Standardised definitions are used for the identification and classification of infection events.

There has been one Covid-19 outbreak reported since the previous audit. The outbreak was managed effectively. There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment.

Cleaning and laundry processes are sufficient to cover the size and scope of the service. Staff have completed safe chemical management training, and all chemicals were stored safely throughout all the houses.

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.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were three residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	2	0	0
Criteria	0	173	0	0	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The CARE Village is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga and kawa in everyday practice and training for staff. This was evident throughout the days of audit, including the audit team being welcomed with a mihi whakatau prior to the opening meeting and a karakia at the closing meeting. Staff have completed training around Te Tiriti o Waitangi.</p> <p>Māori representation at governance and embedded within leadership roles ensures Māori perspectives are included in all service improvement and decision making. The formation of the Māori Cultural Advisory Team (MCAT) comprising of highly respected Māori staff (including kaumātua) members, has led to the development and implementation of culturally safe practices. Their work has ensured the implementation of relevant policies and staff education and provision of ongoing cultural guidance for all residents, family/whānau, and staff.</p> <p>Residents and family/whānau engage in providing input into the</p>

		<p>resident's care planning, their activities, and their dietary needs. The cultural advisor/educator meets with Māori residents and their family/whānau upon entry to the service. Cultural assessments are completed for residents who identify as Māori and includes "My Life Story", which captures all things that are important to the resident, including spirituality, favourite seasons, food, friends and family/whānau, pets, preferred routines, and includes triggers that can result negatively for the resident's wellbeing. At time of audit, there were residents identifying as Māori.</p> <p>Discussion with staff and review of the Māori health plan confirmed the service are supportive of increasing Māori capacity and diversity within the workforce. At the time of the audit there were staff who identified as Māori. The Health and Disability Commission (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English with pamphlets available.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>On entry, resident's ethnicity data is collected. There were residents who identified as Pasifika at time of audit residing in the houses. Family/whānau are encouraged to be involved in all aspects of care, in particular nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare. On admission, all residents state their ethnicity. The Pacific health plan (developed in conjunction with Pacific staff) states how The CARE Village demonstrates their commitment to supporting Pacific residents and their family/whānau.</p> <p>Registered nurses interviewed explained family/whānau are 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 current staff have ensured relationships have been developed and are maintained with Pacific communities and the service. Information pertaining to the Code of Rights can be provided in a variety of Polynesian languages where required. The service continues to recruit new staff as vacancies become available. At the time of the audit there were staff that identified as Pasifika. Interviews</p>

		with staff demonstrated how the service continues to provide equitable employment opportunities for the Pacific community.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissions (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical nurse leader or registered nurse discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, te reo Māori and sign language. Discussions relating to the Code are held during the quarterly resident meetings. Residents and family/whānau interviewed (five rest home residents, two hospital and one family/whānau) reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and details of the resident advocate 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 the policy.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan. Interviews with staff (one hospitality support, one cleaner, one maintenance manager, five care staff, two registered nurses, one enrolled nurse, one cultural advisor/educator, two activities coordinators, one shop coordinator, one administrator) interviewed could describe their understanding of the Code and its application and importance to their specific roles and responsibilities.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes understanding the role of advocacy services.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	FA	<p>Care staff interviewed described the ways in which they support residents to maintain their independence. 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.</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>Residents have choice over activities they participate in. The annual training plan demonstrates training that is responsive to the diverse needs of people across the service.</p> <p>The service 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. It was observed that residents are treated with dignity and respect. Interviews with family/whānau confirmed that their family/whānau were treated with respect. A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There was one married couple (receiving rest home and hospital level of care) at the time of the audit. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Confirmation was given that care staff make the effort to get to know residents and are aware of what it is important to them. Privacy is ensured and independence is encouraged. Residents' 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, and spiritual support is available. Residents are supported to access church services and maintain links with their community.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The senior management team have completed training related to te ao Māori as part of their orientation and ongoing as part of the roles. Te reo Māori was noted to be promoted across all aspects of service delivery. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency.</p> <p>The cultural advisor/educator described how 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>
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<p>Subsection 1.5: I am protected from abuse</p> <p>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.</p>	<p>FA</p>	<p>The service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are provided with ongoing training and reminders of the contents of the policies and steps to follow, should they suspect any type of abuse has occurred. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. 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 on orientation and as per the annual training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, and professional boundaries. All residents and family/whānau interviewed confirmed that 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, as confirmed by the administrator. Professional boundaries are defined in job descriptions. Interviews with registered nurses and care staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Staff interviewed across all areas evidenced that the working environment is supportive and teamwork is promoted.</p> <p>The CARE Village 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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people</p>	<p>FA</p>	<p>Information about the homes and services offered is provided to residents and family/whānau on admission. Quarterly resident meeting minutes identified feedback from residents is encouraged and consequent follow up by the service. 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. Electronic accident/incident forms have</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes, and this was confirmed through the interview with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who could not speak English.</p> <p>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. The service communicates with other agencies that are involved with the resident, such as Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the homes and felt informed through emails and regular newsletters.</p> <p>Staff have completed annual education related to communication with residents with speech impediments, different cultural needs, and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	<p>FA</p>	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Eight electronic resident files were reviewed, which evidenced written general consents sighted for photographs, release of medical information and medical cares. 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.</p>

<p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. 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. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. Advance directives for health care, including resuscitation status, had been completed for 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. Residents assessed at dementia level of care were admitted with appropriate EPOA or welfare guardian documents in place, and these were sighted in resident records reviewed.</p> <p>Interviews with family/whānau identified that the service actively involves them in decisions that affect their family member. 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, informed consent, and enduring power of attorney 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</p>	<p>FA</p>	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The operations manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. There were four complaints received in 2023, seven in 2024, and six up to the day of audit in 2025. No trends have been identified. All bar one of the complaints were documented as resolved to the satisfaction of the complainant. One complaint received in March 2025 remains open, as the complainant has requested that an external agency becomes</p>

<p>in a manner that leads to quality improvement.</p>		<p>involved. Follow up and resolution letters are linked to the national advocacy service.</p> <p>There have been no external complaints received from the Health and Disability Commission since the previous audit. All complaints received and subsequent corrective actions have been discussed in the staff meetings. Access to complaints forms is located at the entrance and in visible places throughout the homes or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Quarterly resident meetings provide opportunities 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.</p> <p>The Code and the complaints process is visible, and available in te reo Māori, and English. An interview with the operations manager and documentation reviewed demonstrates that complaints are managed in accordance with guidelines set by the HDC. 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 operations manager acknowledged their understanding that for Māori, there is a preference to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	<p>FA</p>	<p>The CARE Village is located in Rotorua and is certified to provide rest home, hospital (medical and geriatric) and dementia levels of care for up to 81 residents. All beds are dual purpose. There are no double or shared rooms. At the time of the audit there were 79 residents. There were 30 hospital level care residents, including one resident on an Accident Compensation Corporation (ACC) contract, and three residents on a long-term support -chronic health care (LTS-CHC) contract; 25 rest home residents including three residents on an ACC contract and one resident on a LTS-CHC contract; and 24</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>dementia level residents.</p> <p>There are thirteen households in total at the service. Eleven were sampled for the purposes of the audit. Each household has six or seven bedrooms, and each contains a mix of residents with different assessed needs. One of the houses is dedicated to residents who identify as Māori.</p> <p>There have been no changes in the management team since the last audit. The overall management is provided by a chief executive officer, who has been in the role since 2011. Alongside of their registered nurse qualification, they have a broad healthcare background, including change management, and quality systems development, including developing infection prevention systems for public hospitals. The operations manager has a science background and has been in the role for four years. They are receiving mentoring from respected healthcare leaders to further develop their role and upskill. The management team is supported by a team of registered nurses, care staff, housekeeping, cultural advisory team, activities, maintenance, and administration staff. Discussion with the two co-chairs confirmed that the Trust governing body members have completed cultural training, including Te Tiriti o Waitangi, health equity and cultural safety training. They are supported by the cultural advisory group, led by two staff members and supported by a kaumātua.</p> <p>The CARE Village is governed by the not-for-profit Rotorua Continuing Care Trust. Currently there are two co-chairs, while a process is underway to recruit a chairperson. A further four trustees are also part of the governance body. The co-chairs (interviewed) outlined that the Board members bring a range of skills and expertise to the Board and include a lawyer, accountant, and business manager. There is also Māori representation on the group and there are clearly documented terms of reference. The co-chairs work with the chief executive officer to ensure the necessary resources, systems and processes are in place that support effective governance. These include operations, care/service standards and outcomes, mitigation of risks and a focus on continuous quality improvement. The clinical governance structure in place is appropriate to the size and complexity of the service provision.</p>
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		<p>Clinical governance is led by the CEO, who is a registered nurse.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. There is an overarching strategic business plan in place for the CARE Village. The Business Plan for 2023-2026 contains the organisation's vision (residents living normal lives), mission (CARE based on Lifestyle), and values (compassionate hearts loving care and cheerful natures). Feedback is sought around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the management team to identify barriers to care to improve outcomes for all residents. The strategic plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori.</p> <p>The CARE Village has a business plan that includes goals which relate to clinical effectiveness, risk management and financial compliance. The chief executive officer and operations manager complete quarterly progress reports toward these goals. The 2024 goals have been evaluated, and the village is in the process of implementing goals for 2025 (sighted). The governance body is responsible for setting strategy, risk, monitoring and reporting, culture and capability, and engagement. The governance body is involved in the quality and risk management system, through reports to the Board around clinical risk and other areas of risk across The CARE Village. They also support around emergency planning and service continuity planning.</p> <p>The organisation benchmarks quality data internally. The clinical team are supported to upskill and receive collegial support through established links within the public hospital. Māori consultation ensures policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. Management reports on any barriers to the governing body 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. The chief executive and operations manager have attended training in excess of eight hours over the past year related</p>
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		to managing the site and appropriate to their roles.
<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>	FA	<p>The CARE Village is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly registered nurse and staff meetings provide an avenue for discussions in relation to quality goals (key priorities): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, resident/family/whānau meetings, staff meetings, and collation of data were documented as taking place. Quality data and trends in data are posted on a noticeboard in staff areas. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>The CARE Village has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies and procedures and associated implementation systems provide a good level of assurance that The CARE Village 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. Policies are regularly reviewed and align with the Ngā Paerewa 2021 Standard.</p> <p>The resident and family/whānau satisfaction surveys have been completed for The CARE Village and evidence a satisfaction with service provision, with a higher satisfaction rate compared to the previous survey. The outcome of the surveys has been discussed with staff, residents, and family/whānau.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Two of the health and safety committee members have completed the required external training for health and safety officers. Hazard identification forms are completed electronically, and an up-to-date hazard register was last reviewed June 2025 (sighted). Health and safety policies are implemented and monitored by the</p>

		<p>chief executive officer. Staff incident, hazards and risk information is collated and reported in the monthly report. A consolidated report and analysis is then provided to the governance body. The noticeboards in the staff area keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries since last audit.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in staff meetings and at handover. A notification and escalation matrix are available to staff. The system escalates all alerts to the chief executive, operations manager, and clinical nurse leader. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. The organisation follows the Severity Assessment Code (SAC) rating and triage tool for adverse event reporting.</p> <p>The CARE Village implements a continuous quality improvement approach with service delivery, including critical review of clinical data and identifying opportunities for improvement. Quality improvement projects are documented for areas where results are less than optimal. These projects demonstrate continuous improvement with improved outcomes for the residents.</p> <p>Discussions with the operations manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications reported. Regular policy review, and internal and benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</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>PA Moderate</p>	<p>There is a staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The Māori cultural advisor/educator interviewed</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>confirmed staff needs and shortages are reported to the senior team. The roster provides sufficient and appropriate coverage for the care staff; however, there were registered nurse staff shortages reported at the time of the audit. A review of the current and previous rosters evidenced that the following staff are rostered: a registered nurse (RN) 24-hours per day; a minimum of three-night staff over the service for the nocte shift; one house leader and home support staff with support from the clinical and management team on the morning shift; one house leader and support staff with RN oversight and on-call support on the afternoon shift.</p> <p>There is no use of agency staff. The service contacts their own staff and those on the casual pool to cover short notice absences. There were no vacancies reported for non-regulated care staff and there is a wait list for care staff wishing to join the team. 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.</p> <p>The managers all work full time Monday to Friday. The clinical nurse leader is on call for clinical concerns. The chief executive officer is on call for any operational concerns. There are separate staff dedicated to recreation and cleaning. The maintenance manager attends to all maintenance issues and maintains the grounds surrounding the homes to a high standard.</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. Toolbox talks are held when required at handovers. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The service supports and encourages care staff to obtain a New Zealand Qualifications Framework (NZQF) qualification. Review of the training records for all care staff confirmed that all but the newest care staff employed have completed or are on the pathway to complete their dementia LCP. High uptake was also noted for care staff completing their level three and level four qualifications. A professional development policy is being implemented.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, staff training and development. Ten staff files (two registered nurses, one administrator, one activities coordinator, three house leaders, one housekeeper, and two care staff) reviewed evidenced implementation of the recruitment process, employment contracts, police checking, 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.</p> <p>A register of practising certificates is maintained for all health professionals, including general practitioners, registered nurses, and pharmacists. There is an appraisal policy in place. Staff who have been employed for over a year have had an appraisal completed and all the appraisals reviewed were current. 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.</p>

		<p>The service demonstrates that the orientation programme supports registered nurses and care staff to provide a culturally safe environment for Māori. Staff interviewed confirmed the orientation programme is sufficient to prepare them for their roles and responsibilities and can be extended if required.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. There is a staff debrief policy, which includes follow up of any staff incident/accident. Staff confirmed that they are given an opportunity to debrief, should this be required. The organisation follows a safe return to work policy and process where required for staff rehabilitation.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. 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. Signatures that are documented include the name and designation of the service provider. Resident's paper-based documents are securely stored and uploaded to the system. Personal resident 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>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>	FA	<p>Residents who are admitted to The Care Village are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for dementia, rest home, and hospital level of care residents was sighted. The clinical lead screens prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in</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>place. The welcome pack includes information on dementia care and providing a safe environment within the facility of 13 individual houses. Information provided clearly describes the lifestyle model of care. Assessments and entry screening processes were documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided. Where entry to the service is delayed, the person receives timely updates from the managers.</p> <p>The operations manager reported that all potential residents who are declined entry are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and</p>	<p>FA</p>	<p>Nine electronic resident files were reviewed: three rest home, including one funded through ACC; three hospital level of care, including one funded through LTS-CHC; and three dementia level residents, including one very recently assessed at psychogeriatric level of care, but still currently under dementia level and funding. Files were selected from different houses as much as possible. All nine files evidenced initial assessments and care plans were</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>completed on admission by a registered nurse. InterRAI assessments and long-term care plans were completed and reviewed within expected timeframes. A registered nurse is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, and six-monthly multidisciplinary reviews.</p> <p>The CARE Village uses a range of risk assessments alongside the interRAI care plan process. Risk assessments conducted on admission include those relating to falls, pressure injury, skin, pain, continence, cultural and activities. The initial care plan is completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes, and all outcome scores were identified on the long-term care plans. Residents assessed at dementia level of care and others with behaviours that challenge, have behaviour assessments completed, with associated risks and supports needed. The outcomes of the assessments formulate the basis of the long-term care plan in the resident files reviewed.</p> <p>The initial long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provide guidance to staff around all medical and non- medical requirements and document detailed interventions to provide guidance for staff. The care plans for residents assessed at dementia level of care include a 24-hour reflection of close to normal routine for the resident, with interventions to assist care staff in management of the resident behaviour. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI re-assessments (six-monthly) for residents, and earlier when changes occurred. Evaluations documented the progression towards goals.</p> <p>The general practitioner visits the facility once a week, and as required for regular reviews and acute needs. There is an after-hours service provided based in Rotorua, or staff can send residents to hospital if required. The general practitioner is available after hours</p>
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	<p>for palliative residents. The general practitioner has remote access to the electronic resident files and the electronic medication chart. The general practitioner was not available for interview. A physiotherapist and occupational therapist are contracted for four hours a week. The general practitioner had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status.</p> <p>A podiatrist visits regularly and a dietitian, speech language therapist, psychogeriatrician, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through the Health New Zealand. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Care staff including registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The registered nurses are based in the nurse's hub in the administration block. Each house lead provides a verbal handover at the beginning of each shift and keeps the village coordinators and registered nurses up to date throughout the shift. The registered nurses visit each house and liaise with house leads and home supports and reviewing residents. Progress notes are written on every shift by the care staff and the registered nurses document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses, who then assesses the resident and initiate a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes and any changes to health status, and this was consistently documented in the resident files.</p> <p>There were a total of 39 wounds from 19 residents being actively managed across the service. These included skin tears, lesions,</p>
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	<p>chronic ulcers, and grazes. There were two pressure injuries being managed at the care home: one stage I and one stage II. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms, and wound monitoring has occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Care staff and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Care staff complete monitoring charts as scheduled, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. New behaviours are charted on a stress and distress monitoring chart to identify new triggers and patterns. The behaviour chart entries described the behaviour and strategies to de-escalate behaviours, including re-direction and activities. Neurological observations have routinely and comprehensively been completed for unwitnessed falls, or where a head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure.</p> <p>The CARE Village provides equitable opportunities for all residents and supports Māori and family/whānau to identify their own pae ora outcomes in their care plans; including a house specially designed to reflect a Māori world view. The service uses assessment tools that include consideration of resident's lived experiences, cultural needs, values, beliefs, and spiritual needs, which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori health care plan in place reflects the partnership and support of residents, family/whānau, and the extended family/whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori</p>
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		<p>health care plan.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. There were residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as Karakia, rongoā, and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Three activities coordinators and the cultural advisor/educator oversee activities six days a week. They are supported by the shop coordinator on a part-time basis. The houses are big enough to host activities/entertainers and on a nice day, this can be held outside between two houses with a large outdoor area. Daily activities in the village start with exercises, newspaper reading, discussions and music in two houses. Residents across the village can attend and there are activities that they can request as well. After morning tea, activities are set up around the other houses (the village is divided into two groups, with activities in houses on both sides of the village at the same time). Activities include newspaper readings, reminiscing, riddles, quiz mornings, and crafts. The activity programme is displayed in the houses, and the house leads ensure residents have the opportunity to attend the events. They were seen assisting residents to group activities on the days of audit. There are large grass areas which are used in the summertime to host large activities and entertainment.</p> <p>Each resident has a “my life” profile completed on admission and a lifestyle plan that includes individual interests and activities. The lifestyle plan is reviewed six-monthly with the MDT review. House leads encourage residents to be engaged in normal household activities, including folding washing, helping with meal preparation, and going to the shop for the groceries. The house lead maintains individual records of daily activities (household, one-on-one time, group, and community activities), which is kept in the resident file (sighted). The activities are meaningful to the residents and align with their lifestyle plan. Residents also help caring for the village cats. Residents were seen to be walking throughout the village and gardens and visited other resident houses to join into small group</p>

		<p>activities for musical activities, to watch television, enjoy a cup of tea, fold washing, and to set the tables for meals. Other activities include a weekly church service, communion, canine friends visit, the lady's group, and trips to the community and church. Younger people in the village are supported to participate in activities of their choosing, with the activity coordinators supporting the setup of the activities. Residents and family/whānau use the shop as a meeting place, e.g. to have a cup of tea, a chat around the tables, group chats, or to participate in crossword sessions. One on one activities are provided to residents who choose not to be engaged in the larger group activities. These activities are more focused around individual likes and preferences and include walks, hand massages, and chats.</p> <p>The service has three vans (two with wheelchair hoist). All drivers (house leads) have current first aid certificates. Outings are planned over summer months and weekly in the winter months weather depending.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week, with varying events offered.</p> <p>Residents and family/whānau interviewed commented positively on the activity programme. Residents have the opportunity to feedback on the activity programme through monthly resident house meetings facilitated by the house leads and activity coordinators.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	<p>PA Moderate</p>	<p>The CARE Village has policies for safe medicine management and administration that meet legislative requirements. The registered nurses and medication competent care staff who administer medications have current competencies, which have been assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, a medication competent care staff was observed to be</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>safely administering medications. The registered nurses and care staff interviewed could describe their roles regarding medication administration. All medications are checked by the registered nurses against the medication chart and prescription when delivered to the service. The registered nurse completes medication reconciliation when a resident is transferred back to the service from the hospital, or from any external appointments. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in locked cupboards in each of the houses. The medication fridge in each house is consistently monitored daily. Shortfalls around the management of medication were identified, including dating of medications with a short shelf life; not all medications have the resident's name on them; and there was one instance of decanting of medications. Medication incidents were completed in the event of a drug error, and corrective actions were acted upon.</p> <p>Eighteen medication charts were reviewed. There is a three-monthly general practitioner review of all the residents' medication charts. Each drug chart has photographic identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications. Prescriptions included over-the-counter medications and supplements. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-administering medications. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical nurse lead described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>A food control plan is not required for this service as each house cooks its own meals as per a residential home. All meals and baking are prepared and cooked within the fully functional kitchens at each house. The house leads are responsible for coordinating the menu in each house, including supplying meals and baking each day. Residents are encouraged to participate in daily activities as able, including the cooking and baking as observed. The kitchens and pantries were observed to be clean, tidy and well-stocked. Labels and dates were on all containers. House kitchens viewed were well stocked and there were nutritious snacks available 24 hours a day. The temperature of each fridge is checked (and recorded) weekly. All perishable goods and decanted goods were dated. The menu is reviewed by a dietitian.</p> <p>There is flexibility around the cooking methods without altering the nutritional value or protein for the main meals (lunch and dinner). Each resident has a nutritional screening on admission and dietary profile completed. Resident dislikes are known and accommodated. Modified meals (puree/soft) and high calorie/protein foods are provided by the house lead as relevant to their residents. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues.</p> <p>There is a village shop open Monday to Friday where the house leads collect their daily supplies, including meat, fresh vegetables/fruit/dry goods and snacks. Supplies are brought in ‘normal’ household amounts.</p> <p>Residents were observed in the shop assisting house leads, choosing their supplies and baking ingredients for their house. The shop coordinator (interviewed) ensures the shelves, freezers, chillers are fully stocked to meet the menu requirements. All goods are rotated/replaced weekly. The RNs have access to the shop after hours and weekends for any additional supplies needed.</p> <p>Residents and family/whānau interviewed commented positively about the quality and variety of food served.</p> <p>The house leads and the cultural advisor reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori,</p>
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		including 'boil ups,' hāngi, Māori bread, and corned beef were included on the menu, and these are offered to residents who identify as Māori when required.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected and transfer from services. Discharges are overseen by the registered nurses who manage the process until discharge. Discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and families/whānau are involved for all discharges and transfers to and from the service, including being given options to access other health and disability services (tāngata whaikaha), social support or kaupapa Māori agencies, where indicated or requested. Referrals to other allied health providers were completed with the safety of the resident identified. Transfer documents include the transfer form, copies of the resident's medical history, admission form with family/whānau contact details, advance directives, medication charts, and last general practitioner review records. The clinical nurse lead advised a comprehensive handover occurs between services.</p> <p>Current and old notes are collated and filed for archiving at the time of discharge. If a resident's information is required by a subsequent general practitioner, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, nurse specialists, and physiotherapists, was sighted in the files reviewed.</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</p>	FA	<p>The main building and all houses have a current warrant of fitness. The maintenance person (interviewed) is employed full-time and responsible for maintenance and gardens. A maintenance book is in</p>

<p>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>the administration block; requests are addressed daily and signed off as completed. There is a planned maintenance schedule. Electrical testing and tagging have been completed, and resident related equipment was calibrated, including hoists, electric beds, and weigh scales. Hot water temperatures in each house in resident bathrooms are monitored monthly, and records demonstrate these are maintained below 45 degrees. Essential contractors are available 24 hours.</p> <p>The service provides a mixed model of care where all three levels of care are in each house. Residents live in the house most suited to their cultural and social needs. The houses are classified as simple, middle, and cultural. If there is indecision with the resident and their family/whanau, the service places the resident in the environment most suited to the resident. The individual houses are easily accessible with flat paved entrance ways and pathways between each house. Residents using mobility aids have access to safely designed external areas that have seating and shade. The houses have central (HRV) heating, which is controlled from the administration building. There is ventilation in each room, with extractor fans in bathrooms. All bedrooms, communal areas and corridors have large external double-glazed windows, allowing natural light into the house. Residents and family/whānau interviewed confirmed the houses were maintained at comfortable temperatures.</p> <p>Residents' rooms are personalised according to the residents' preferences. Shared facilities, shower rooms, and toilets are of a suitable size to accommodate mobility equipment. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. There are adequate numbers of toilets and showers in all houses. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>All the houses are located within a large village setting with a safe boundary fence. The main entrance to the facility is at the front of the administration building, where rest home and hospital residents can exit and enter freely. Residents diagnosed with dementia are free to</p>
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		<p>wander throughout the village to the shop, visit other houses, and walk along the pathways. They are monitored (by wristwatch alarm), with staff alerted when they are near the main entrance. Security lights are fitted throughout the village.</p> <p>The grounds and external areas are well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the CEO advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the Fire and Emergency New Zealand in April 2018. Evacuation drills are conducted every six-months. The staff orientation programme includes fire and security training.</p> <p>All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, continent products, and a gas BBQ to meet the requirements for all residents, including rostered staff. There is no generator on site; however, the service has a relationship with the power company, so that they can access a generator for any emergencies. Emergency lighting is available and is regularly tested. The registered nurses and a selection of care staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system (pendants or wrist alarms) in place that is used by the residents, family/whānau, and staff to summon assistance. Residents and family/whānau confirmed that</p>

		<p>staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise, noting that residents or others can exit from the inside to the outside areas. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and antimicrobial stewardship (AMS) programmes are led by the infection prevention coordinator (the clinical nurse lead). The infection prevention programme and policies and procedures link to the quality improvement system. The importance of the infection prevention and AMS programmes is outlined within the organisational business plan. Information pertaining to the infection prevention and AMS programme is collected monthly and is presented at the quality/staff meetings. Data was graphed and analysed. Results of which are reported through to staff as part of the quality programme and forms part of the report through to the Board. The same pathway is followed for escalation of significant events. The infection prevention policy and procedure guide staff to follow a step wise approach to risk management. The CEO has the responsibility to support this process</p> <p>The infection prevention coordinator explained their linkages in place with the local public hospital, and they are a member of the Aged Care Association nursing advisory group. Advice is also available from the public health team, pharmacist and GP. The CARE Village clinical group (the infection prevention coordinator, a registered nurse with support from the chief operating officer) know and understand their responsibilities for delivering the infection prevention and control, and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention coordinator leads, oversees and coordinates the implementation of the infection prevention programme. The infection prevention coordinator's role, responsibilities and reporting requirements are defined within an addendum to their job description. The infection prevention coordinator has completed internal and external education on infection prevention and anti-microbial stewardship.</p> <p>The infection prevention programme was developed with input from external infection prevention services. The programme been approved by the governing body, and is linked to the quality programme, with this being an agenda item within the monthly quality and registered nurse meetings and is included within the business plan. The infection prevention policy outlines that the infection programme is reviewed yearly (sighted). Infection prevention policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support a pandemic response plan if required. The infection prevention coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection prevention education at orientation and through ongoing annual online education sessions. Staff education covers additional information related to outbreak management. Education with residents is on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection prevention coordinator liaises with the operations manager and chief executive officer on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand. The CARE Village has a documented process that ensures the infection prevention coordinator will be involved in the consultation process, if</p>
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		<p>any changes are proposed to the existing homes.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. The last infection audits completed in 2024-2025 demonstrated compliance with expected guidelines. All staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitisers were available. The kitchen linen is washed separately, and different or coloured face clothes are used for different parts of the body.</p> <p>There were culturally safe practices observed, and these acknowledged the spirit of Te Tiriti. The infection prevention coordinator reported that residents who identify as Māori will be consulted on infection control requirements as needed. The service has printed off educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. The AMS programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The policies in place aim to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. The AMS programme is approved by the governance body in tandem with the infection prevention programme.</p> <p>Responsible use of antimicrobials is promoted. The general practitioner has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. Antimicrobial stewardship is monitored and discussed at all clinical meetings, with a particular focus on infections that do or do not meet the infections surveillance criteria, and appropriate taking of specimens and antibiotic usage. The annual infection prevention and antimicrobial stewardship review and the infection prevention and</p>

		hand washing audit includes antibiotic usage; monitoring the quantity of antimicrobial prescribed; effectiveness; pathogens isolated; and any occurrence of adverse effects.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. Action plans are implemented when required. Opportunities for improvement are identified and implemented to ensure continuous quality improvement and wellbeing of the residents. The healthcare acquired infections being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Records of monthly data sighted confirmed minimal numbers of infections; comparison with the previous month; reason for increase or decrease; and action taken. Any new infections are discussed at shift handovers for early interventions to be implemented. Rates of infections were noted to be low over the 2024-2025 period. Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>The last outbreak of COVID-19 was early 2023. This was isolated to one house, with a minimal number of residents affected and was quickly resolved. The organisation has policy and process in place that ensures a debrief is held with the appropriate staff for any incident, to identify areas that went well and where they could improve.</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</p>	FA	There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. Chemicals were observed to be stored

<p>the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>securely and safely in each of the houses. Material safety data sheets were sighted. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. Enough PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on the use of PPE. Basins for handwashing had flowing soap, paper towels and posters, reminding everyone of the need to adhere to the correct handwashing etiquette. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning by dedicated cleaning staff.</p> <p>Personal laundry and bed linen is washed on site. The laundry in each house is designed to ensure all dirty and clean laundry is kept separated. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All the cleaners and care staff have received training and documented guidelines are available. The cleaners and care staff demonstrated awareness of the infection prevention protocols. The infection prevention coordinator has oversight of environmental testing and monitoring of the built environment.</p> <p>Resident interviews confirmed satisfaction with cleaning and laundry processes. On days of audit, all houses and laundry areas were noted to have been cleaned to a high standard. Infection prevention audits including cleaning, laundry, and hand hygiene are completed as scheduled and are reviewed by the infection control coordinator. Relevant corrective actions were identified as indicated, with evidence of sign off when completed.</p>
<p>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</p>	<p>FA</p>	<p>The service, the Board and management team has an ongoing commitment to remain restraint free. The restraint minimisation and safe practice policy is in accordance with this standard and specifies the Board is committed to a restraint-free environment. This is a documented plan to reduce restraint. Restraint is included in the internal audit schedule with results reported to the quality meeting. The minutes of the meeting confirmed that there was discussion of the need for each restraint and consideration of alternatives. At the</p>

<p>restraint in the context of aiming for elimination.</p>		<p>time of the audit, there were three residents with bed rail restraint. The family/whānau had requested bed rails to be put in place.</p> <p>The restraint policy is aimed towards restraint elimination and confirms that consideration and application of restraint must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the restraint coordinator works in partnership with Māori, to promote and ensure services are mana enhancing. The CEO ensures the commitment to restraint minimisation and elimination is implemented and maintained, and reports restraint use and any issues to the Board. The clinical lead is the restraint coordinator and confirmed the service is committed to providing services to residents without use of restraint. The use of restraint is reported and discussed also at quality meetings.</p> <p>Reducing restraint and managing behaviours that challenge, and associated risks is included as part of the mandatory training plan and orientation programme. .</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint policy documents the requirements of safe restraint use and the type of restraints approved. The restraint assessments reviewed addressed alternatives to restraint use before restraint was initiated. Cultural considerations are included in the restraint assessments. Written consent was obtained from the residents' EPOA following a comprehensive discussion.</p> <p>A restraint register is maintained. Restraint assessment process have been completed by the restraint coordinator in two files for residents with restraint, with the frequency of monitoring detailed in the assessment. Use of restraint including interventions is detailed in the resident's care plan. The care plan documents the restraint in use, risks and the reason for the restraint use. Prior to the use of restraint, all alternatives are considered and discussed with the resident and family/whānau and this is documented as part of the assessment.</p> <p>The care plan addresses the resident's cultural, physical, psychological, and psychosocial needs as well as wairuatanga. Monitoring forms are completed as per the monitoring frequencies</p>

		<p>stated in the restraint policy. All episodes of restraint are reviewed by the restraint coordinator in association with the resident and family/whānau. Māori staff are also available as needed for cultural aspects of restraint and review.</p> <p>Any comments related to restraint use is recorded in progress notes. The service does not approve the use or implementation of emergency restraint practices, as documented in the restraint policy; however, the restraint coordinator described what emergency restraint is and the debrief meeting that would be required to be held. Any accident or incident that occurred as a result of restraint use are monitored. Residents using restraints are reviewed three-monthly with the GP and family/whānau. Restraint use is discussed in the quality meetings and at handover.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint programme is reviewed six-monthly, and the review includes criteria (a) to (m). Monthly reporting on restraint use is included, as well as results of the evaluation of the staff restraint education programme. The GP, family/whānau and quality meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried. Staff attend the quality meeting and minutes are available for staff after the meeting.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	The CARE Village has sufficient numbers of care staff to cover all houses 24/7; however, review of current and previous rosters and Section 31 notifications, discussion with registered nurses, and the operations manager confirmed that registered nurses were not always available to cover all shifts over a 24-hour period. The CARE Village had employed two internationally qualified nurses. One of these RNs decided not to move to Rotorua. The risk was mitigated by rostering the EN on the shift, with an RN on call and an RN on the shift for three hours.	The CARE Village is unable to consistently maintain the required number of registered nurses to meet their contractual obligations 24/7.	<p>Ensure there is a registered nurse on duty 24/7 to meet the contractual obligations and ensure the provision of clinically safe services.</p> <p>180 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to</p>	PA Moderate	The registered nurses, and medication competent care staff are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication	<p>i). Eye drops and creams in use have not been consistently dated on opening.</p> <p>ii). Four medication</p>	<p>i). Ensure all eye drops and creams (or other medications with a short shelf life) are dated on opening.</p>

<p>the scope of the service.</p>		<p>management. Review of the medication charts and progress notes indicated that staff were always documenting the outcome or effectiveness of as needed (PRN) medications when they were administered. Staff have received training related to medicine management and audits have been completed as scheduled.</p> <p>There is a policy and process around safe medicine management and administration, including reconciliation, storage, and documentation requirements. Observation of the medication round noted that creams and eye drops in use were all not dated on opening; not all medications had the resident's name on the packaging; and there was one instance of decanting medications.</p>	<p>inhalers did not have the resident's name on them.</p> <p>iii). Arnica cream had been decanted into smaller pottles in one house.</p>	<p>ii). Ensure all medication have the resident's name on it.</p> <p>iii). Ensure that all medication is stored in its original container and not decanted.</p> <p>60 days</p>
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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.