

Kaiapoi Aged Care Limited Partnership - Marne Street

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Kaiapoi Aged Care Limited Partnership
Premises audited:	Marne Street
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 26 August 2025 End date: 27 August 2025
Proposed changes to current services (if any):	Change of ownership
Total beds occupied across all premises included in the audit on the first day of the audit:	52



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.

General overview of the audit

Marne Street Hospital is certified to provide care for up to 55 residents at rest home, hospital (geriatric and medical) and residential disability (physical and intellectual) levels of care. Occupancy of the day of the audit was 52. Management representatives have the required skills and experience. There have been some changes to the organisation since the last audit. There is a new facility manager, and a new quality and risk management system has been implemented. Resident acuity is increasing. Health New Zealand infection prevention audits have also resulted in additional changes and improvements.

This was a provisional audit, pending the transfer of ownership. The prospective provider was interviewed. The audit also included a review of current processes and systems, samples of resident and staff records, interviews with management, residents, whānau, the general practitioner and staff.

The audit resulted in six areas requiring improvement. These include governance responsibilities, staffing, care planning and infection prevention.

Ō tātou motika | Our rights

Policies and processes ensure cultural requirements are respected and responded to. Māori residents receive fair and effective care, guided by Te Tiriti o Waitangi and the principle of mana motuhake. All residents and their whānau are informed about their rights under the Code of Health and Disability Services Consumers' Rights, and these rights are respected and protected. Residents' personal identity, independence, privacy and dignity are respected and supported. Staff maintain professional boundaries. There have been no reported incidents or complaints related to abuse and neglect.

Residents and whānau are given clear and easy-to-understand information. They reported they felt listened to and included when making decisions about their care. Staff use open communication, and interpreters are available when needed. Whānau and legal representatives are involved in decision-making, following the law. If a resident has an advance directive, it is followed whenever possible.

There are numerous mechanisms for residents/whānau to have their voice heard and provide feedback. The complaint process aligns with consumer rights legislation. The organisation engages with national advocacy services.

Hunga mahi me te hanganga | Workforce and structure

The organisation is privately owned. There was one active director who is frequently onsite. The prospective provider has a documented transition plan for the change in ownership. It was reported day to day management and staffing would not be changed. The required policies and procedures are documented and current. A range of quality data is collected and collated. Clinical indicators are monitored against best practice guidelines. Adverse events are managed as per requirements. Information regarding all quality activities is shared amongst staff. Service improvements are implemented as required. Internal and external risks are identified with mitigating factors documented and monitored.

Human resource policies and processes align with employment legislation. Staff qualifications are validated. The orientation programme covers the scope of the organisation. The organisation aims to ensure there is sufficient staffing by reviewing

allocations and monitoring the roster. The required training and competencies are defined and completed. Staff performance is monitored. Staff records are securely and confidentially maintained.

Resident and staff records are maintained in an accurate, secure and confidential manner. Ethnicity is recorded.

Ngā huarahi ki te oranga | Pathways to wellbeing

The facility manager, clinical manager, and nurses ensure an organised and smooth admission process. Assessments and care plans are completed in a timely manner with input from the resident and their whānau. Each resident has a personalised care plan which is based on their needs and updated if anything changes. Residents are referred and transferred to other health services, when required.

Residents partake in a range of activities, both one-on-one and in groups. The activity programme helps residents stay connected to the community and supports the health and wellbeing of Māori and their whānau. Residents are encouraged and supported to keep doing things they enjoy, based on their age, needs, and stage of life.

The service uses a safe medication system with pre-packed medicines and an electronic record system. Trained and competent staff administer medication. The general practitioner reviews medication charts regularly.

The food service provides nutritious meals which meet each resident's dietary and cultural needs. Food is handled safely, and snacks and drinks are available as required. Residents confirmed satisfaction with the meals provided.

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

The environment is safe and fit for purpose. There is a current building warrant of fitness. Medical devices and equipment are routinely calibrated and monitored. Testing and tagging is completed as required. There is a preventative maintenance schedule and ongoing maintenance requests are attended to in a timely manner. Hazards are identified. Bedrooms are of sufficient size.

There is an adequate number of toilet and bathing facilities. All furniture and fitting were in good order. The environment reflects the cultural values and beliefs of residents.

There is an approved evacuation plan. Evacuation drills are routinely conducted. Emergency policies are documented and all staff receive training in emergency management. Civil defence supplies are well stocked. Additional equipment is available in the event of the mains utility supply fails. Security is maintained.

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

The infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. The programme is led by a suitably qualified infection prevention coordinator. Sufficient resources, including personal protective equipment are available and readily accessible to support the outbreak management plan.

Prescribed antibiotics are monitored, and any adverse effects are followed up. Specialist infection prevention advice is obtained when required. Staff demonstrated understanding of infection prevention principles and practices, which are guided by current policies and reinforced through education and training. Surveillance of healthcare-associated infections is undertaken, with results communicated to staff, and follow-up actions implemented when indicated. Infection outbreaks since the previous audit have been managed effectively and in accordance with policy.

Waste and hazardous substances are managed in line with council requirements. Cleaning and laundry services are effectively provided and monitored.

Here taratahi | Restraint and seclusion

There service maintains a restraint free environment. There were no restraints in use. Staff receive training in restraint minimisation and de-escalation.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	2	3	0	0
Criteria	0	165	0	2	4	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>The Māori health policy is comprehensive and includes the organisations commitment to Te Tiriti o Waitangi, Māori models of health, eliminating barriers, promoting equity, training and links with Māori health providers. He Korowai Oranga is referenced. There are also a number of related policies and general references including clinical procedures, cultural assessments, building closer partnerships and an equity of health care for Māori framework. Care plans follow a holistic framework encompassing Te Whare Tapa Whā. The organisation has established connections with a local iwi representative who provide Te Ao Māori education and cultural advice when required. The facility manager, and clinical manager reported they are able to access cultural support and guidance from this resource. Māori residents are supported to attend their local marae. The organisation supports a Māori workforce by providing equitable access to the recruitment process. Staff receive training on Te Tiriti o Waitangi and cultural competency. Staff provided examples of how mana motuhake is recognised and tikanga practices are implemented into day-to-day practice. Staff interviews included feedback from Māori staff. National festivities/holidays such as Matariki and Te Wiki o te Reo Māori are celebrated. Refer subsection 2.1 regarding Māori representation at a governance level.</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>The Pacific Peoples Culture and General Ethnicity Awareness Policy includes Pacific models of health and world views. Additional general references include Ola manuia Pacific Health Wellbeing Action Plan 2020-2025. A Pacific health plan is documented which focuses on achieving equity and efficient provision of care for Pacific people. The Pacific health Plan was written by an external consultant, with input from the Pacific community. The organisation aims to achieve optimal outcomes for Pacific people, by recognition of fanau values. Staff receive training regarding cultural practices and competencies. The organisation has an established link with the Pacific Trust Otago who are able to provide a wide range of resources and support for organisations in the health and disability sector. There were no staff who identified as Pacific, however employment policies include equal employment opportunities.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Posters outlining the Code of Health and Disability Services Consumers' Rights (the Code) were displayed in English, te reo Māori, and New Zealand Sign Language in prominent areas of the facility. Staff training on the Code is provided during orientation and on an ongoing basis. This was confirmed through staff file reviews and interviews. Staff were able to describe how they apply residents' rights in daily care.</p> <p>Information on the Nationwide Health and Disability Advocacy Service and pamphlets on the Code are included in admission packs and were available at the main entrance. Residents and whānau confirmed awareness of the Code and independent advocacy services. They stated care is provided in a way which respects their rights and reported the environment is welcoming and homely. An independent advocate visits the service.</p> <p>Residents' rights are incorporated into the satisfaction survey process. Records reviewed from recent surveys indicated satisfaction with services, including respect for rights. Māori mana motuhake is upheld</p>

		<p>as guided by the Māori health plan. There were Māori residents/whanau residing at the service (refer to subsection 1.1).</p> <p>The prospective provider knows and understands their responsibilities with regard to consumer rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents' values, beliefs, cultural identity, religion, disabilities, gender, sexual orientation, relationship status, and other social characteristics are identified and documented as part of the admission and assessment process. Residents and enduring power of attorney (EPOA) representatives confirmed they were consulted regarding individual values and beliefs and reported staff respected these preferences. Observations confirmed staff maintained residents' privacy, respected personal spaces, and communicated in a respectful manner.</p> <p>Residents are supported to maintain independence to the greatest extent possible. They can choose to participate in preferred activities and perform personal cares where able. Te reo Māori and tikanga Māori are actively promoted and integrated across the service, including naming of bathrooms, toilets, offices, and dining areas in te reo Māori. Staff have completed training on cultural safety, equity, and Te Tiriti o Waitangi. Tāngata whaikaha needs are assessed and responded to appropriately, and participation in te reo Māori is supported where required. Whānau described staff as warm and welcoming and confirmed cultural and individual values are upheld in practice.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Professional boundaries, staff code of conduct, and the management of misconduct, discrimination, and abuse or neglect are covered during staff orientation and documented in the employee handbook. Staff demonstrated an understanding of professional boundaries and described the procedures they would follow if they suspected or witnessed abuse, neglect, or exploitation.</p> <p>Policies and procedures on abuse and neglect outline safeguards to protect residents from harm. Systems in place include a documented</p>

		<p>complaints management process, regular residents' meetings, and satisfaction surveys. These processes also support protection against victimisation, institutional and systemic racism. Residents and whānau/EPOAs confirmed they had not witnessed or suspected any discrimination, racism, or abuse and were aware of the procedures for reporting concerns if required.</p> <p>Residents are invoiced every three months for personal expenses outside those covered by in the funder agreement. The service does not manage residents' finances; those requiring support have this managed by their whānau. Residents' property is recorded and labelled at admission to prevent loss or mismanagement. Residents and whānau stated staff behave in a professional manner and staff observe professional boundaries.</p> <p>A holistic approach to care, incorporating the Te Whare Tapa Rima health model, is implemented to support wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents, including young people with disabilities, and enduring power of attorney (EPOA) representatives receive information to support informed decision-making. Opportunities to discuss concerns are provided during admission and as required. Documentation in resident records confirmed involvement of external agencies, and referrals where present were appropriate.</p> <p>Whānau and EPOAs stated they were kept well informed about changes to their relative's health status, including incidents, accidents, medical reviews, and general updates. Records of communication via phone and email were maintained. Staff demonstrated understanding of open and effective communication principles, which are outlined in policies and procedures consistent with the Code. Information is primarily provided in English, with some information available in te reo Māori. Interpreter services are available when needed. At the time of audit, one resident's EPOA used google translation to enable effective communication. Written information and verbal discussions are used to enhance communication with residents, whānau, and EPOAs.</p> <p>Residents, including younger residents with disabilities have access to use facility Wi-Fi for their electronic devices. Residents stated they</p>

		have regular phone contact with their friends and whānau. Routine satisfaction surveys include questions regarding communication.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Best practice tikanga guidelines relating to consent are implemented. Informed consent is obtained on admission and documented in residents' files. Admission agreements were signed by competent residents, and where residents were unable to sign, enduring power of attorney (EPOA) representatives signed on their behalf. Signed documentation was sighted in all records reviewed. Advance directives for resuscitation were present in residents' files.</p> <p>Staff were observed seeking consent before providing daily cares. Residents including young people with disabilities, whānau, and EPOAs confirmed they are provided with sufficient information and are actively involved in decision-making regarding care. Residents are offered a support person through advocacy services when required. Communication records confirmed inclusion of support people where appropriate.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints policy aligns with consumer rights legislation and includes equitable access for Māori. The process is accessible with residents/whānau receiving complaint and advocacy information during entry. Complaint forms and pamphlets are displayed at the entrance to the facility. Residents/whānau confirmed their understanding of the complaint process and a representative from National Advocacy Services has visited the rest home to provide additional information and support.</p> <p>All staff have access to the recently implemented electronic complaint register. This has resulted in a number of complaints being entered which were concerns from staff, and not formal complaints from residents. The facility manager has been providing additional education to staff regarding appropriate use of the register. There were five resident complaints on the register. These had all been added since the last audit and were from the one resident. This resident has been</p>

		<p>visited by an independent advocate and reported their overall satisfaction with the services provided and the outcomes of their complaints. All the associated complaints in the register had been investigated within the required timeframes with evidence of resolution and follow up actions. Resident complaints are discussed at management, clinical and staff meetings.</p> <p>Residents are able to voice any concerns regarding the day to day running of the rest home with the facility manager and clinical manager. Both reported their open-door policy and residents/whānau confirmed their comfort in talking directly with management. Resident meetings are also conducted and are well attended. Records of resident meetings predominately included feedback regarding meals, laundry, the environment and activities. There was evidence resident feedback is responded to in a timely and respectful manner.</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 delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Moderate</p>	<p>The organisation is privately owned with three directors named on the New Zealand Companies register. The main shareholder is frequently onsite to provide governance and monitor day to day operations. Improvements are required regarding a current strategic/business plan and clinical governance (refer criteria, 2.1.2 and 2.1.11).</p> <p>The organisation is now being sold and the prospective provider was interviewed. The prospective provider is Kaiapoi Aged Care Limited Partnership (KACLP) and was incorporated in September 2023 and is in the process of purchasing other aged care facilities. The settlement date is scheduled for September 2025. The transition plan states there are two directors. Most of the tasks related to the transfer will be undertaken by executives or contractors who have experience in the acquisition of care facilities. One of the contractors has worked in the health and disability sector for many years and has extensive experience with compliance requirements, including legislation, contractual, regulatory requirements and a commitment to the quality and risk management.</p> <p>It was reported Marne Street staffing and the quality management system (including the quality plan) will remain in place, with no proposed changes to day-to-day operations or the facility. The</p>

	<p>prospective provider has an understanding of the requirements of this standard and has commenced Te Tiriti o Waitangi training. KACLPC directors have met with facility management and staff to relay the proposed changes in ownership, reiterating that no changes are planned to service delivery. A chartered accountant will oversee financial management. The funder is aware of the proposed changes in ownership. One of the new directors intends to have weekly meetings with the facility manager and be onsite twice per month. Weekly reports will include a range of quality indicators, outputs and outcomes.</p> <p>The previous facility manager left the organisation in March 2025. There was an interim facility manager for a short time, with the current facility manager (FM) commencing in May 2025. It was reported the required notifications were made regarding changes in management. The facility manager is an overseas trained qualified medical practitioner with experience in general practice, paediatrics and intensive care, with additional experience tutoring pathology and neurology to medical students. The FM has been working in management roles in the aged care sector since 2020. Training has included New Zealand Qualification Authority (NZQA) Unit Standard 8086 – demonstrates knowledge required for quality auditing, Ministry of Health (MOH) Ngā Paerewa training, online education on Te Tiriti o Waitangi and equity, attending age related care education forums facilitated by Health New Zealand (Health NZ) and engaging in continual professional development. The FM also attends quarterly meetings with the Principal Service Development Manager for Aging Well – Health New Zealand.</p> <p>The FM is supported by the clinical manager (CM), who has been in the role for twelve years. The CM is a registered nurse who maintains professional practice through continued education related to the provision of age-related care and disabilities. This includes interRAI competency. The CM provides clinical leadership to the team of registered nurses and the health care assistants. The designated role of quality manager was disestablished in 2023 with quality and risk management now a shared responsibility between the FM, CM and administration manager.</p> <p>Māori representation at a governance level has been delegated to the management team. The management team are committed to providing</p>
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		<p>equitable services for Māori (refer subsection 1.1) and tāngata whaikaha. This is achieved through collaboration with staff and residents/whānau who identify as Māori and tāngata whaikaha in the development of service delivery. Working practices are holistic and inclusive of tikanga. The organisation has links to the wider community including local iwi and disability services. Opportunities for staff/residents/whānau are provided through general feedback, surveys, meetings, and the complaints process to participate in the planning and implementation of services.</p> <p>Marne Street Hospital is certified to provide care for up to 55 residents at rest home, hospital (geriatric and medical) and residential disability (physical and intellectual) levels of care. Ten rooms are certified as dual-purpose. Occupancy on the day of the audit was 52. This included 46 hospital level residents and no rest home level residents. There were two residents on Accident Compensation Corporation (ACC) funding, three on a long-term support- chronic healthcare (LTS-CHC) contract, one resident on a younger person with a disability (YPD) contract, and one resident on respite care. All other residents were funded through the age-related residential care (ARRC) contract. The acuity level of residents has been gradually increasing over the last few years (refer subsection 2.3).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The facility manager commenced implementation of the electronic quality management system in May 2025. The system had been purchased previously but not implemented. The system includes all the required policies and procedures and tools/methods for collecting, collating and critically analysing quality related data. A quality plan template is provided but has not been approved (refer criterion 2.1.2).</p> <p>There is a current risk management plan. The plan covers the scope of the organisation. Risks are defined using likelihood and consequence, with risk ratings allocated. One of the high risks on the register is the lack of adequate staffing during the night shift. This is a result of increased acuity in the resident group (refer criterion 2.3.1). Financial management and related risk is monitored by the director and an external accountant.</p>

	<p>The electronic quality and risk management system provides the resources and mechanisms to evaluate progress towards quality related outcomes. A range of quality related data is gathered, with collation completed by the FM. Internal audits are completed against a schedule and delegated to 13 staff members. The schedule covers the scope of the system. Results of internal audits confirm corrective actions must be implemented prior to the final success rate of 100% being entered. In addition, Health New Zealand infection prevention representatives have completed two internal audits of the infection prevention programme in 2025, with corrective actions currently being addressed (refer subsection 5.2).</p> <p>Additional quality data collected includes surveys, complaints, infection surveillance, clinical indicators (falls, medication errors and skin integrity) and adverse events. The organisation follows the National Adverse Event Reporting Policy and is completing all the required reports for pressure injuries. There have been two recent notifications to the Health Quality Safety Commission regarding pressure injuries. All adverse events are entered into the HCSL system, collated and reported at staff meetings. The highest number of adverse events was falls (34%), with skin tears at 20%, medication errors and behaviour events at 5%. Ongoing corrective actions are in place to address falls and skin integrity. These include the implementation of an improved call system, implementation of a falls prevention programme, additional monitoring and rounds of all residents during the night for position changes and toileting, additional training/competencies and equipment.</p> <p>Resident satisfaction surveys are completed annually and were out for feedback at the time of the audit. Results of the last survey (2024) confirmed general satisfaction, however the number of residents/whānau who responded to the survey was low in 2024 and the facility manager has been working towards increasing engagement. The 2025 surveys are currently out with residents/whānau already meeting a 50% response rate from residents and 16% from whanau. This is an improvement on the 2024 response rates. Surveys include general questions regarding the effectiveness of cleaning, laundry, the environment, activities, cultural needs, values and beliefs, communication and opportunities for improvement. Residents' meetings are also conducted with an independent advocate from</p>
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		<p>National Advocacy Services attending the last resident meeting.</p> <p>All quality related data is discussed at routine meetings. The meeting schedule includes separate meetings for the nurses, health care assistants, domestic staff, management, residents and the health and safety committee. Meeting minutes sampled confirmed consistent information was being shared across the organisation. This includes a critical analysis of all events and clinical indicators completed by the FM.</p> <p>The health and safety system aligns with current legislation. There is a health and safety commitment statement signed by the director and displayed. This outlines the responsibilities of a person conducting business and undertaking (PCBU). All staff are orientated to the health and safety system. The health and safety committee includes representatives from across the organisation, including maintenance staff. One member of the committee has completed health and safety representative training. Meeting minutes addressed all health and safety risks and hazards, including mitigation strategies and updates following improvements.</p> <p>The organisation ensures staff can deliver high-quality health care for Māori. This was evident in service delivery planning, training, policies and procedures, local iwi connections and interviews (refer sub-section 1.1).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>The organisation employs 25 permanent health care assistants (HCAs), 13 casuals, nine registered nurses (including the CM and infection prevention coordinator), two activities staff, two cleaners, one laundry person, two maintenance/gardening staff, five kitchen hands and three members of the management/administration team. This equates to 49 full time equivalents (FTEs). Staff numbers are reduced in the event occupancy falls below 49 residents.</p> <p>The staffing policy provides guidelines for staffing and skill mix, 24 hours a day, seven days a week (24/7). The roster is developed by the administration manager, approved by the CM and FM and developed six weeks in advance. There is 24/7 RN cover with two RNs on morning and afternoon shift and one during the night. There are 10 health</p>

	<p>HCA's on duty the morning, six in the afternoon and two overnight. There are two short shifts to cover busy times in the morning and late afternoon. Members of the management team are on site Monday to Friday business hours and on call as required. Previous rosters confirmed staff numbers had usually been maintained in the event of any unplanned absence; however, this had not been possible during the current flu outbreak where there had been some occasions a replacement HCA could not be found for the afternoon shift, reducing the HCA number to five. Staff confirmed this had been hard, however they felt they had managed. HCA's are divided into four teams to work across the facility and allocated to complete specific tasks in addition to their day-to-day duties. Allocated tasks include care activities such as toileting, positioning and feeding. The allocation of these tasks is overseen by the CM and based on the HCA's skills and experience, resident acuity, risk and care needs. Health care assistants sign the allocation document ensuring they understand their daily delegations. An improvement is required regarding staff numbers during the night shift (refer 2.3.1). The FM and CM share on call duties.</p> <p>Health care assistants are encouraged to complete the NZQA certificate of health and wellbeing. From the total pool (permanent and casual) there were 15 HCA's on level four, seven on level three (currently working towards level four), seven on level two and five who had not commenced the training. In addition, there was one HCA who had achieved a level eight post graduate diploma in health practice, one level five enrolled nurse, one internationally qualified nurse currently completing the competency assessment process (CAP), one inhouse physiotherapist has achieved level seven and the occupational therapist has a bachelor's degree. There are 12 HCA's who have achieved medication competencies.</p> <p>Mandatory inhouse competencies and annual training are defined, planned and monitored. All nurses, and the majority of HCA's, have a current first aid certificate. Nurses have also completed additional competencies for example intravenous fluid and syringe driver management, palliative care, continence care and pressure injury/wound management. Some of the nurses have completed their Long-Term Care annual examinations provided by Health New Zealand. There are five nurses who are interRAI competent. A number of competencies are assessed for all staff during the orientation</p>
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		<p>process. These include infection prevention (including hand hygiene, donning and doffing), restraint, culture, moving and handling (including the use of hoists), personal cares, emergency management, aphasia, elder abuse and consumer rights. Additional in-service training on disabilities was provided by a clinical nurse specialist from the Health New Zealand intellectual disability service (December 2024). This training was attended by 43 staff members.</p> <p>Staff are enabled to deliver high-quality health care for Māori. Cultural needs are considered and acted on. Mana motuhake is recognised and respected. Information is available in te reo Māori and tikanga is practiced. Local connections with iwi are supported. Māori residents/whānau were satisfied with the level of cultural support they receive. The FM and CM demonstrated their understanding of equity and were able to describe the activities and education they implement in order to gather high quality health care. Staff training records confirmed training related to Māori health outcomes, disparities, and health equity has been provided. Staff appeared knowledgeable regarding these subjects.</p> <p>Staff reported the organisation provided a positive workplace culture (refer criterion 2.3.1). Information is openly communicated to staff through routine meetings. The CM and FM are available to address any individual concerns. The biggest concern voiced from staff was the ability to keep providing effective and safe services to the meet increasing resident acuity levels. Management are responding to these concerns through the careful allocation process of daily tasks, ensuring the rosters are meeting contractual requirements, maintaining the casual pool, covering the costs of training, supporting career pathways, providing equitable remuneration, advocating for additional resource and supporting staff to take time off when needed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p>	<p>FA</p>	<p>Human resource policies align with employment legislation and are equitable. The FM has transferred all employee data onto the electronic system. Position descriptions include responsibilities, accountabilities and person specifications. Qualifications are validated with copies</p>

<p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>included in staff records. Reference checks and criminal vetting is completed for all new staff. The original vetting process could not be confirmed for staff who had been employed for many years (in some cases 10-20 years ago), however the FM is managing to source the required information and is considering having all of the long-term staff complete the new police vetting process and moving to three yearly vetting for all.</p> <p>All staff complete an orientation programme. The programme covers the essential components of service delivery and includes a range of competencies (refer subsection 2.3). The programme is completed over six weeks and signed off when completed. Completed orientation records were sighted. Staff confirmed the orientation process prepared them for their role, which included a buddy system until they feel confident.</p> <p>Communication and teamwork were rated positively and staff reported they feel comfortable discussing any concerns with management. There was evidence any concerns from staff were taken seriously, with improvements and changes communicated either individually or at staff meetings. The FM has reminded staff to report their concerns to the management team. Staff surveys are completed. There are processes in place for involving staff in any debriefing following events. All staff engage in annual performance appraisal with evidence of appraisals sighted.</p> <p>Staff records are current, accurate, comprehensive and confidential. The required data is obtained including (but is not limited to) employment agreements, position descriptions and employee demographics. This includes ethnicity data.</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</p>	<p>FA</p>	<p>Resident records are maintained securely. Electronic information is regularly backed up and password protected. Individual records were uniquely identifiable, legible, and entered in a timely manner. Signatures include the name and designation of the writer. Resident records were integrated including the notes of visiting health professionals and referral/discharge documents. Daily entries are maintained with oversight from the registered nurses. Past paper-based</p>

accurate, sufficient, secure, accessible, and confidential.		documents are securely archived on site. The service is not responsible for National Health Index registration criterion 2.5.3 is not audited.
<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> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Entry criteria is clearly outlined in the information handbook. Admission is managed by the FM, CM, and the registered nurses (RNs). Prospective residents, whānau, and enduring power of attorney (EPOA) representatives are encouraged to visit the facility prior to admission. Information about the service is provided to support informed decision-making. Residents are admitted only after the required level of care is assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency.</p> <p>Whānau confirmed they were involved in the entry and assessment processes and that their rights and identity were respected. Policies and procedures specify processes for communicating decisions when entry is declined. The service maintains records of all enquiries and routinely analyses entry and decline data, including specific rates for Māori.</p> <p>Established links with kaumatua groups and Māori organisations support the needs of residents who identify as Māori when required. A Māori cultural advisor is available to provide cultural guidance when required (refer subsection 1.1).</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Low	<p>The registered nurses (RNs) complete nursing admission assessments, care plans, and care plan evaluations. Initial assessments sampled were completed within 24 hours of admission. A range of assessment tools are utilised, including those addressing residents' lived experiences, falls risk, pressure injury risk, continence, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of admission, and long-term care plans were developed within the same timeframe. Care planning incorporated information from InterRAI assessments, referral documentation, observations, and NASC assessments. Residents and whānau were involved in assessment and</p>

		<p>care planning processes.</p> <p>Long-term care plans identified residents' strengths, goals, and aspirations aligned with individual values and beliefs. Early warning signs and potential risks to wellbeing were documented, along with strategies for mitigation. Systematic monitoring and evaluation of care plans occurred six-monthly or more frequently as clinically indicated. However, care plan evaluation did not clearly record the degree of progress towards achievement of agreed goals of care (refer criterion 3.2.5). Te Whare Tapa Rima model of health was integrated into care planning to ensure tikanga and kaupapa Māori principles informed care delivery and supported Māori residents in achieving pae ora outcomes. Strategies were in place to identify and address barriers to equity for tāngata whaikaha and whānau, including access to cultural support when required.</p> <p>Medical assessments were completed promptly by the general practitioner (GP), with routine reviews every three months or sooner as indicated. Records confirmed timely escalation of health changes to the GP. The GP expressed satisfaction with the standard of care provided and confirmed medical instructions were consistently followed.</p> <p>A range of equipment and resources suited to the levels of care provided was available and maintained. This included sufficient continence and wound care products. Residents and whānau confirmed involvement in care evaluation and expressed satisfaction with the standard of care provided.</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>The activities programme is led by a qualified diversional therapist, supported by an occupational therapist who is the activities assistant. Residents' activity needs, interests, and social requirements are assessed on admission with input from residents and whānau. A monthly activities calendar is developed and displayed, with daily activities communicated on facility whiteboards.</p> <p>A mix of individual and group activities is provided, reflecting residents' goals, cultural needs, and ordinary patterns of life. The programme includes community involvement, visiting entertainers, national and international celebrations, and cultural events such as Waitangi Day,</p>

		<p>Matariki, ANZAC Day, and Māori Language Week. Residents are supported to participate in te ao Māori activities, including kapa haka, Māori baton exercises, and food preparation. Whānau participation is encouraged, and residents are supported to attend outings of choice. Younger residents are supported to continue with activities involving their peer group, music and social media.</p> <p>Attendance records are maintained, and residents' activity needs are reviewed six-monthly alongside interRAI assessments and care plans. Feedback is sought through meetings and surveys. Residents were observed participating in activities during audit and confirmed they find the programme enjoyable and meaningful.</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 current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy complies with current legislation, standards, best practice and guidelines. Medicines are administered safely using an electronic system. Observation of two registered nurses (RNs) administering lunchtime medications confirmed adherence to safe practice, with both demonstrating knowledge and understanding of their roles and responsibilities for each stage of medication administration. All staff responsible for medication administration had current competency assessments. Medication incidents are documented. Investigations were completed and corrective actions implemented as required.</p> <p>Medicines were stored securely in locked medication room (dispensary) and trolleys. Medications are supplied in pre-packaged formats by a contracted pharmacy. Medication reconciliation is completed by RNs on delivery of new packs and following residents' return from acute services. All medications sighted were within expiry dates. Pharmacist support is available on request. Standing orders are not in use as all medication are individually prescribed. Criterion 3.4.7 is not audited. As required (PRN) medications are monitored for use, including effectiveness.</p> <p>Controlled drugs are stored securely, and the controlled drug register showed evidence of weekly and six-monthly stock checks. Temperature records for medication storage areas and fridges were</p>

		<p>within the recommended range.</p> <p>Three-monthly medication reviews are consistently completed by the GP. Review of prescription charts confirmed appropriate prescribing practices, including documentation of over-the-counter medicines, supplements, and allergies where applicable. Residents and whānau are supported to understand their medications. The GP confirmed culturally appropriate advice and treatment options are provided for Māori when requested.</p> <p>At the time of audit, five residents were self-administering medications. Processes for assessing competence and ensuring safe storage were in place and followed. Registered nurses support the younger resident(s) to access their medication when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents' dietary requirements are assessed on admission in consultation with residents and, where applicable, whānau or enduring power of attorney (EPOA). Individual nutrition plans document personal food preferences, allergies, intolerances, cultural needs, and texture-modified diet requirements. A diet requirements form is completed and provided to caterers. The kitchen manager (from the contracted services) stated special requirements are accommodated in daily meal planning.</p> <p>All meals are prepared off site by a contracted provider and delivered daily in insulated boxes. The caterer provides morning tea, lunch, afternoon tea and dinner meals. Breakfast is prepared onsite. The menu operates on a four-weekly seasonal cycle and was last reviewed by a registered dietitian on 28 April 2025. Residents who choose not to attend the dining room have meals delivered to their rooms.</p> <p>The service operates under an approved food control plan, valid until 31 July 2026, with the most recent verification audit completed on 21 January 2025. Food temperatures are monitored and recorded in accordance with the plan. Observations during the audit confirmed the kitchen environment was clean and staff followed appropriate infection prevention and control measures during food service. The temperature of meals is checked prior to serving.</p>

		<p>A contracted dietitian reviews residents' nutritional status three-monthly. Residents' weights are monitored monthly, and interventions, including the provision of nutritional supplements, are implemented as required. Cultural considerations are incorporated, with Māori-specific menu options available when required. Snacks and fluids are available 24 hours a day.</p> <p>Mealtime observations confirmed residents received appropriate assistance and were supported to eat in an unhurried manner. Residents expressed satisfaction with meals provided, and whānau reported no concerns. Satisfaction surveys confirmed general satisfaction with the meal service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The transfer and discharge policy guides staff practice. Transfers and discharges were carried out safely in consultation with residents, whānau, and EPOAs where applicable. A transfer form and checklist were consistently completed to ensure continuity of care, and verbal handovers were provided to the receiving service. Residents requiring acute or emergency care were transferred via ambulance to the accident and emergency department. Documentation reviewed confirmed risk mitigation strategies were included, and residents were supported throughout the transfer process. Referrals to kaupapa Māori agencies and other health or disability services were offered when indicated or requested. Records and interviews verified residents and whānau were informed of the referral process and the reason for transfer or discharge.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people</p>	FA	<p>The facility was purpose built and has been well maintained. The facility is divided into three residential wings, with a central administration area, large kitchen, laundry and dispensary. Each wing has a large lounge. One wing houses the main dining room and there is a servery in another. The FM and director have offices on the first floor, which also includes the staff room. The facility backs onto a public park where residents can enjoy watching communal, school and sports activities. There are service entries at the back of the facility for the laundry and kitchen. There is a secure outdoor shed which is used by maintenance</p>

<p>we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>		<p>and gardening staff. Bedrooms are sufficient in size to accommodate personal belongings and equipment. One resident has had an overhead hoist installed funded by ACC. All bedrooms have an external window. Corridors are wide and have handrails. Furniture and fittings are well maintained and appropriate to meet the needs of residents. There are a sufficient number of toilets and bathing facilities with 12 shared ensuite, 22 communal toilets throughout the facility and one large shower room in each wing. There are two shower beds. Staff and visitor toilets are also available. There is underfloor heating throughout and heaters in each bedroom.</p> <p>The building warrant of fitness expires October 2026. All medical equipment has been calibrated. Testing and tagging was completed September 2024. Individual slings, hoist batteries, beds, air mattress pumps, oxygen concentrators, oximeters, blood pressure devices, suction and thermometers have passed the required testing. There are four mobile hoists. Equipment and mobility aids are stored safety and out of the way and away from any egress.</p> <p>A maintenance register is maintained and confirmed all requests are addressed in a timely manner. Preferred providers, such as qualified trades people are utilised as and when required. Maintenance staff are included in the health and safety committee. Preventative maintenance is completed against an annual schedule. There is a current hazard register which is discussed at health and safety meetings. A range of environmental internal audits are completed. These include routine checks of water temperatures. Records confirmed temperatures are maintained at a safe temperature.</p> <p>Residents are invited to decorate their rooms in the manner they chose, as long as any hazards are managed. Personal decorations include those of cultural significance. Signage is displayed in a number of languages, including te reo Māori. There is no plan to change the design of the facility, however management are aware of their responsibilities to consider co-design if changes are proposed.</p>
<p>Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>The approved evacuation plan was dated 2004. There have been no structural changes made to the facility since. Evacuation and</p>

<p>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>emergency procedures are documented. This includes the Health New Zealand Emergency Plan (2023-2025), a fire emergency plan (developed 2023) and a current business continuity plan. Evacuation procedures were developed by an external consultant (2024) and included fire warden duties, evacuation of persons requiring assistance, management responsibilities and means of escape. Fire equipment is located throughout the facility including smoke alarms, sprinklers and fire hoses. Emergency exits are identified with an alarm triggered if an emergency exit door is opened. Emergency evacuation drills are conducted every six months, with the last one in April 2025. All staff receive training on emergency procedures during orientation. Residents/whānau are also given information regarding emergency procedures and evacuation processes.</p> <p>The call bell system has recently been upgraded. All bedrooms and bathrooms have a call bell which goes directly to phones held by staff. Residents are also given an individual phone which is connected to the system. The system enables management to track the time of the call, and the time it took to respond. If the call is not picked up by the designated staff member, it is automatically transferred to another phone. All registered nurses have a current first aid certificate, as do the majority of health care assistants.</p> <p>Essential supplies and utility sources are available in the event that the main energy supply fails. The organisation has leased a backup generator and has an agreement with another rest home facility should residents need to be evacuated. There is emergency lighting. A sufficient supply of water is stored, which was last checked August 2025. Additional food supplies were sighted. There is a BBQ and filled gas cylinder. Civil defence supplies are well stocked including personal protective equipment, torches and batteries. First aid equipment is located in the dispensary.</p> <p>The facility is secure. There are CCTV cameras in common areas and security lighting outside. Staff complete security checks every night by checking all windows and doors. All staff wear a uniform and name badge. There have been no events relating to security.</p>
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<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 (IP) and antimicrobial stewardship (AMS) programme are designed to improve quality and ensure safety of residents, staff and visitors. Expertise and advice on infection prevention is sought following a defined process which includes advice on significant infection events sought from Health New Zealand and the GP. Reporting of significant infection events to the governance body has not been defined in business planning (refer criterion 2.1.2). A stepwise approach to risk management was adopted and appropriate staff support is provided by the CM.</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>PA Moderate</p>	<p>There is a nominated infection prevention coordinator (IPC) with a defined role, responsibilities, and reporting requirements in their role description. The IPC has been in this role for six weeks and is supported by the CM. The previous IPC resigned 18 months ago and had not been replaced until recently. The IPC and the CM have completed external infection prevention education through Health New Zealand and have access to clinical records and diagnostic results. Infection prevention policies reflect current standards and best practice guidance. The IP programme was overdue for annual review (review criterion 5.2.2). Refer criterion 2.1.2 regarding governance responsibilities.</p> <p>The IPC and the CM have contributed to the development of clinical policies which may have an impact on healthcare associated infection (HAI) risk, and they oversee the procurement of infection prevention equipment and consumables. Pandemic and outbreak management plans are current and supported by sufficient and readily available PPE resources. The CM stated IP considerations are included in planning for major changes or new buildings; no changes were planned at the time of audit. Staff receive IP education at orientation and annually, and residents receive individualised education. This was confirmed in interviews.</p> <p>Reusable medical devices and shared equipment are cleaned and disinfected according to manufacturer recommendations and best practice guidelines, with cleaning schedules available. Single-use</p>

		<p>devices are not reused. Observations confirmed staff compliance with infection prevention practices, including correct use of PPE and hand hygiene. Handwashing facilities are accessible throughout the facility. Culturally safe practices are implemented, with staff demonstrating awareness of meeting individual needs. Infection prevention educational material in te reo Māori was displayed.</p> <p>Regular infection prevention audits are conducted, and corrective actions are implemented when required. Audit outcomes and infection updates are communicated to staff during meetings, and new infections are discussed at shift handovers to support early intervention.</p> <p>Health New Zealand conducted a multi- drug-resistant organisms (MDRO) audit in March 2025 after a resident was admitted from this service to hospital and MDRO proteus isolated. All residents were screened, and nine residents were identified to be affected with the same organism at the initial screening with one additional isolated at subsequent screening. Corrective actions implemented included, appointment of a dedicated infection prevention coordinator, policy review, staff education on management of MDRO, catheter care, donning and doffing and the use of PPE. Improvements were made in the sluice room and laundry, including separation of clean and dirty areas and decluttering of the sluice room. Biohazard waste management was strengthened. New equipment was purchased including shower chairs/beds, individual hoist slings for the affected residents and cleaning of equipment was strengthened with a designated cleaner responsible for deep cleaning of the equipment weekly.</p> <p>The facility has responded appropriately to outbreaks and external audit recommendations. While improvements have been implemented, Health New Zealand continues to monitor, and the service was waiting for a third follow up meeting at the time of the audit. There were also residents isolated during the audit due to influenza A. Two had been transferred to hospital.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The service has an antimicrobial stewardship (AMS) programme appropriate to its size, scope, and complexity. The programme was

<p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>developed using evidence-based prescribing guidelines and expert input. Responsible antimicrobial use is actively promoted. Infections are recorded on the infection record form. Monthly antibiotic usage data is recorded.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>The infection surveillance programme is appropriate to the size and complexity of the service and is implemented in line with organisational policy. National surveillance programmes and guidance are applied when required. All healthcare-associated infections (HAIs) are monitored by the IPC. Monthly infection data is reported to the clinical and facility manager and communicated to staff at meetings. Surveillance did not include ethnicity data. There was no evidence of infection surveillance reports to the governance body (refer to criterion 2.1.2).</p> <p>Residents and whānau are informed of infections in a culturally safe manner, verified through interviews. At the time of audit, an influenza outbreak was being managed with appropriate isolation measures in place. Notification requirements were completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and</p>	<p>FA</p>	<p>A number of improvements to cleaning and laundry services were implemented following the infection prevention audits conducted by Health New Zealand (refer subsection 5.2). Cleaning and laundry processes now follow strict infection prevention guidelines and are routinely monitored. Additional equipment has been purchased including biohazard bags, signs and shower equipment. The IP coordinator, FM and CM provided oversight regarding the purchase of all equipment. Biochemical waste is removed in a safe and sanitary manner. Sluice rooms have been decluttered. There is clear clean and dirty separation in the laundry. A new washing machine was purchased. There are two cleaning staff who conduct additional</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>cleaning duties, including a terminal clean of rooms once empty and deep cleaning in communal areas every month. Cleaning trollies are safely stored. Chemicals are dispensed through a closed-circuit system and decanted into labelled containers. Material data sheets are available. There are sufficient supplies of PPE and hand sanitisers have been replaced. All staff are required to maintain competency in hand hygiene, donning and doffing. Domestic waste is removed by the local council. Oxygen cylinders are securely stored. There are colour coded cleaning cloths and laundry baskets. Cleaning and laundry processes are fully documented.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Management demonstrated their commitment to this through the approval of the documented policies and implemented processes. Restraint is discussed in quality meetings regularly. There are processes in place to ensure that the type and frequency of any restraint (if required) would be reported to governance, and that analysis would occur to monitor and ensure the health and safety of residents and staff. However, oversight and reporting on restraint has not been routinely completed (refer to criterion 2.1.2). A registered nurse is the restraint coordinator and is supported by a restraint health care assistant in monitoring staff practices and is fully informed about the restraint standard and requirements.</p> <p>At the time of the audit, no resident was using a restraint, and this has been the case since the previous audit. When restraint is used, this is a last resort when all alternatives have been explored. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Behaviour management plans were implemented where applicable including regular monitoring for residents who are at risk of falling. The prospective owner is versed with their responsibilities in respect of restraint minimisation and safe practice.</p> <p>Subsections 6.2 and 6.3 were not audited as no restraint had occurred.</p>

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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.11</p> <p>There shall be a clinical governance structure in place that is appropriate to the size and complexity of the service provision.</p>	<p>PA</p> <p>Moderate</p>	<p>The CM position description includes clinical leadership for day-to-day operations. Currently clinical matters are discussed between the FM and CM regularly and communicated to staff in monthly meetings. Clinical indicators are monitored and both the FM and CM maintain their professional practice. This ensures clinical matters are addressed, however there is no clinical governance structure and no defined delegations for clinical governance.</p>	<p>There is no defined clinical governance structure.</p>	<p>Define and implement a clinical governance structure.</p> <p>90 days</p>
<p>Criterion 2.1.2</p> <p>Governance bodies shall ensure service providers' structure, purpose, values, scope, direction,</p>	<p>PA</p> <p>Moderate</p>	<p>The number of active directors has reduced from three to one over the past year. The one director who is frequently on site was not available for interview at the time of the audit. There were several</p>	<p>There is currently no formal reporting against approved business/quality goals including commitments to equity, infection prevention</p>	<p>Provide evidence of a current business/quality plan and formal reporting to the directors including equity, infection prevention and restraint.</p>

<p>performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>		<p>different versions of a business/quality plan. One was dated 2024-2026, however it did not include the responsibilities of governance regarding equity, infection prevention or restraint. This version was signed by the three directors in January 2024 and the previous facility manager. There was another version in the electronic quality management system, however this was the template only. A third version (2023 – 2025) was located in the management file. This version had been developed prior to the implementation of the sector specific quality system and referenced a current business/quality plan, which had not been developed. The facility manager reported there is no formal reporting to the directors regarding business goals, other than occupancy reports.</p>	<p>and restraint.</p>	<p>90 days</p>
<p>Criterion 2.3.1 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>	<p>PA Moderate</p>	<p>Health care assistants numbers reduce from 10 in the morning, six in the afternoon and two at night. All shifts have RN cover, with one RN on duty overnight. This meets the minimum number of staff required in the funder agreement; however, current resident needs and acuity and the lay out of the facility adds pressure to the night staff to complete all tasks. Staff confirmed the number of HCA's on duty during the day was manageable, however the reduced numbers overnight was concerning. This has been raised by management as a risk and is on the current risk</p>	<p>The number of staff rostered overnight is considered insufficient to provide clinically safe care.</p>	<p>Consider the need for providing additional staff overnight. 60 days</p>

	<p>management plan. Mitigation factors identify the need for additional staff overnight. There has been a high staff turnover on night staff over the last three years, with staff stating burn out as one of the reasons for resignation.</p> <p>All residents require hospital level care, with increasing numbers of residents with complex care needs and/or end of life cares. This includes those who have been referred through ACC. The majority of residents are assessed as a falls risk, and those who need support with mobilisation are two person assists and require a hoist. There were three residents with complex wounds, 45% of all residents require routine repositioning and one third require toileting during the night. Routine toileting overnight aligns with the falls prevention programme, with falls being the majority of adverse events.</p> <p>Staff complete three rounds overnight. They check on every resident and schedule repositioning and toileting. Calls bells are routinely responded to and additional support is needed for the younger disabled residents who tend to be awake more overnight, the older residents who have some level of delirium/dementia and those receiving end of life care. Staff reported once they have finished the first round, it is time to start the next one. The lay out of the facility adds to the difficulties in completing all tasks in a timely manner. All residents are spread over three separate wings.</p>		
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<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Low</p>	<p>Long-term care plans were reviewed at least six-monthly following six-monthly interRAI assessments. InterRAI assessment outcomes were used. Short-term care plans were developed for acute conditions and updated as clinically indicated. Care plan evaluations did not clearly report progress toward residents' and whānau goals and aspirations. A blanket statement was recorded on the evaluation section. Adjustments to care plans were made in collaboration with residents or EPOAs where outcomes differed from expectations. Progress notes completed each shift documented ongoing care and changes in residents' status.</p>	<p>While goals and interventions were documented in care plans, the degree of achievement against residents' agreed goals and aspirations, as well as whānau goals and aspirations, were not consistently and specifically recorded.</p>	<p>Provide evidence care plan evaluations consistently record the degree of achievement against residents' and whānau goals and aspirations</p> <p>180 days</p>

<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	<p>PA Moderate</p>	<p>The infection prevention (IP) programme is documented, appropriate for the size and scope of the service, and was developed with input from an external expert. Reporting lines to management are clearly defined, however, links to governance and the business planning were not implemented (refer to 2.1.2). In addition, while the IP programme requires an annual review and reporting, evidence of the most recent annual review was not available at the time of audit</p>	<p>The IP programme was overdue for the required annual review.</p>	<p>Provide evidence the infection prevention and control programme is reviewed and reported on annually, with documented evidence of the review, and establish clear links between the IP programme, governance and business planning.</p> <p>180 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>The policy clearly outlines surveillance methods, tools for data collection, assigned responsibilities, and standardised surveillance definitions. The service is required to incorporate ethnicity data into infection surveillance records to enable analysis of infection trends across different population groups and support equitable outcomes. However, infection surveillance data did not include ethnicity information. Infection data is collected, monitored, and reviewed monthly. Analysis is undertaken, and action plans are implemented where required.</p>	<p>Surveillance did not include ethnicity data.</p>	<p>Include ethnicity data in infection surveillance.</p> <p>180 days</p>

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.