

Kerikeri Retirement Village Limited - Kerikeri Retirement Village

Introduction

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

The audit has been conducted by 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: Kerikeri Retirement Village Limited

Premises audited: Kerikeri Retirement 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: 17 July 2025 End date: 18 July 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: 65

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
Yellow	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
Red	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

Kerikeri Retirement Village provides rest home, hospital, and dementia levels of care for up to 68 residents. There were 65 residents on the days of audit.

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

The chief executive officer is appropriately qualified and experienced in healthcare management. The chief executive officer is supported by a clinical nurse manager who also has extensive experience and is a registered nurse.

There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed the previous shortfall around staffing.

This surveillance audit identified a shortfall in care planning.

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.



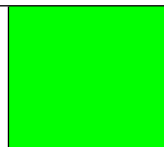
Subsections applicable to this service fully attained.

Kerikeri Retirement Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan in place. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Kerikeri Retirement Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. An informed consent policy is implemented, and residents understood their right to make informed choices. 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, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy documented. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care.

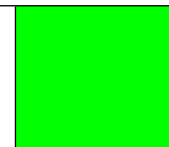
The organisation uses an electronic medicine management system for prescribing, dispensing, and administration of medications. The general practitioner and nurse practitioner are responsible for all medication reviews. Medicines were safely stored and administered by staff who are competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe manner.

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.

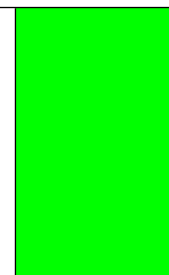


Subsections applicable to this service fully attained.

There is a current building warrant of fitness. Electrical equipment is checked for safety. Clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.

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 infection control programme has been developed with the assistance of an external consultant and approved by the board. The infection control programme is linked to the quality system. Staff receive training during orientation and as part of the annual mandatory training schedule on infection control practice.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been two outbreaks of infection since the last audit. Both were appropriately reported and managed well.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The board and management team are committed to maintaining a restraint free environment. There are policies and procedures for restraint minimisation and safe practice. Staff are trained in the least restrictive practice. There is no use of restraint.

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	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is in place that acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>As part of staff training, Kerikeri Retirement Village incorporate the Māori health strategy (He Korowai Oranga), Te Whare Tapa Whā Māori Model of Health and wellbeing and the Spark of Life principles and model of care. The importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents are included in training. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The service is linked to Ngāti Rēhia, the iwi with whom some staff whakapapa to. Kaumātua and kuia are available to support the organisation’s cultural journey and recently a kaumatua from Ngāti Rēhia performed a blessing for the building works that are in progress onsite. The clinical nurse manager stated Māori who are from the region are prioritised for entry in order to be close to their whenua and whānau.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	FA	<p>The organisation recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral</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>in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific health plan documented as part of the Pasifika Peoples Health Policy. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are available in a number of different languages, including the languages of the Pacific Islands. At the time of the audit there were no residents who identified as Pasifika. There were staff identifying as Pasifika at the time of the audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical nurse manager discuss aspects of the Code with residents and their family/whānau on admission. Interviews with five residents (three hospital level and two rest home level) and one family/whānau dementia level confirm residents are aware of their rights.</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>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. Staff training records show evidence of training in consumer rights and abuse and neglect. Staff are police vetted before employment.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. Staff members interviewed (one registered nurse, one enrolled nurse, three healthcare assistants, one kitchen manager and the staff development coordinator) confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There is a policy and guidelines in place for informed consent. Review of six resident files show consent forms were signed by either the resident if competent or their enduring power of attorney. Resident files also included consent for vaccinations where indicated.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written, by using an electronic complaints' register. Since the last audit there have been seven complaints: two via the Health and Disability Commissioner (HDC); one from the Needs Assessment Service Coordination (NASC); one via Health New Zealand; and three directly from residents or family/whānau. Records for the external complaints show the management team have responded and sent the requested documentation within the specified timeframes. The management team are awaiting the outcome of the HDC complaint. The complaints from NASC and Health New Zealand have been resolved and are closed. Documentation of the complaints from residents and family/whānau include acknowledgement of the complaint, an investigation and letter to the complainant informing them of the outcome in line with the guidelines set by the HDC. All interventions in relation to the HDC complaint have been embedded into practice. There were no issues identified in this audit in relation to these complaints.</p> <p>The complaints process is equitable for Māori. Complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</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>FA</p>	<p>Kerikeri Retirement Village provides care for up to 68 residents. There are 23 rest home level beds, 26 hospital level beds, four dual purpose beds and 15 secure dementia level beds. On the day of the audit there were 65 residents: 21 rest home level; 30 hospital level (including one resident on ACC funding and one resident on respite); and 14 dementia level (including one resident on respite). Apart from the resident on ACC and the two on respite all other residents were under the age-related residential care contract.</p> <p>The organisation’s strategic plan 2025 to 2027 describes the purpose, values, goals and how goals are to be achieved. This includes a “spark of life” philosophy with principles of care that support residents to feel needed and useful; to have the opportunity to care; to love and be loved; to have self-esteem boosted by encouraging and supporting individuals' positive qualities; and having the power to choose. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>The annual business plan also states the purpose, values and areas of focus that include: staff retention; development of the community centre; sustainability; clinical management; increasing activities for residents; quality indicators such as skin tears, falls, pressure injuries and infection prevention and control; resident and family/whānau satisfaction; and health, safety and quality improvement.</p> <p>The board receives monthly reports form the chief executive officer and meet bi-monthly with the chief executive officer. Reports to the board were sighted for January, February and March 2025 and these included clinical overview, complaints/compliments, timeliness of interRAI assessments, staffing, professional development and training, mandatory reporting, quality improvements and quality indicators.</p> <p>There is Māori representation on the Board, and community links that provide advice to the Board in order to further explore and implement solutions on ways to achieve equity, remove barriers and improve outcomes for all residents. The working practices at Kerikeri Retirement Village are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori.</p> <p>The board has clinical personnel including a pharmacist and registered</p>
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		<p>nurse to provide clinical governance in collaboration with the clinical nurse manager. The organisation benchmarks quality indicators against other aged care facilities in New Zealand.</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>Kerikeri Retirement Village has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, an external consultant, and through the collection, collation, and benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The management team described available reports which are available to review ethnicity data that can be generated for this purpose.</p> <p>Monthly senior team meetings, monthly clinical meetings, staff meetings, and three-monthly quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff in their staffroom and nurses' stations. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The resident and family/whānau satisfaction survey was completed in June 2024 showed overall satisfaction with all aspects of the service.</p> <p>There is a health and safety system in place that complies with current legislation. Staff are inducted into health and safety during orientation and receive ongoing training. Staff incidents, accidents and near misses are reported and followed up by the CEO. Where needed, staff are supported for a safe return to work. The hazard register is reviewed at least annually. Electronic reports on the resident management system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking</p>

		<p>occurs internally, and with an external consultant (for infections).</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed appropriately. There have been no reports to the Health Quality and Safety Commission required.</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>FA</p>	<p>There is a staffing policy that describes rostering requirements in terms of registered nurse cover and healthcare assistants working in the dementia unit to have completed dementia standards. Review of the rosters for three weeks show full staffing and cover for unexpected leave such as sickness. The previous shortfall (2.3.1) has been addressed. The service employs casual staff who will come in at short notice to help during busy times such as mealtimes when needed.</p> <p>The registered nurses and most healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The clinical manager is available Monday to Friday, and an assistant clinical manager is available Monday to Friday. They share an on-call roster with the registered nursing staff.</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. Competencies are completed by staff, which are linked to the education and training programme. All healthcare assistants are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment, cultural safety and moving and handling. A record of completion is maintained on an electronic register. Registered nurses complete training on interRAI, and relevant topics for the resident cohort. Of the 15 registered nurses, five are trained in interRAI.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 58 healthcare assistants, 38 have achieved a level 3 NZQA qualification or higher. Twenty-eight of the healthcare assistants work in the dementia unit, with 17 having attained the dementia unit standards, and 11 being in progress. These staff have been employed within the last 18 months.</p>

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>A register of practising certificates is maintained for all health professionals including registered nurses, general practitioner, podiatrist, physiotherapist and pharmacists.</p> <p>Eight staff files were reviewed including three healthcare assistants, two registered nurses, diversional therapist, clinical nurse manager and maintenance person. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses, healthcare assistants and activities staff to provide a culturally safe environment for Māori.</p> <p>There is an appraisal policy in place and all staff who had been employed for over one year have an annual appraisal completed.</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>	<p>PA Low</p>	<p>Six resident files were reviewed including two hospital level (including one on ACC funding), two rest home level and two dementia level. Registered nurses are responsible for all assessments including interRAI assessments and care planning. A physiotherapist is employed part time and has input into mobility and falls prevention and staff training in moving and handling. A physiotherapy assistant is employed to deliver exercise classes and to implement individual exercise for residents. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment to care planning to evaluation. Initial assessments, short-term admission plans, interRAI assessments and long-term care planning are completed within the timeframes required by the age-related residential care contract. The resident on ACC funding and the respite residents do not have interRAI; however, do undergo a comprehensive assessment process by the registered nurse.</p> <p>Medical assessments are completed by the contracted general or nurse practitioner within the required timeframes. At the time of the audit all residents had chosen to be attended by the contracted general or nurse practitioner. Residents then have a monthly or three-monthly review by the general or nurse practitioner as a routine, or if their needs change, they are seen when needed. During business hours the general or nurse practitioner</p>

	<p>are available on-call. The Bay of Islands Hospital has a general practitioner clinic until 10pm during weekdays and on Saturday until 1pm and the service can phone the general practitioner on duty during this time. Outside of these hours staff can either call the ambulance or consult with the emergency department doctors at Bay of Islands Hospital. The general practitioner expressed staff are competent and communicate any concerns in a clear and timely manner.</p> <p>The diversional therapist completes a detailed lifestyle assessment to identify residents' interests and preferences and uses this to develop a plan for meaningful activities. The lifestyle assessment includes cultural assessment and residents and family/whānau interviewed confirmed their extensive input into this. Residents in the dementia unit do not have 24-hour activities plan that describes their usual routines. The service facilitates access to traditional Māori health practitioners as needed. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Care plans are comprehensive and holistic and include the goals and aspirations of residents and describe the interventions required to achieve these. Residents who identify as Māori have a care plan that includes their specific cultural preferences and needs. Where there is a potential for a risk for a resident, such as a change in mood, infection or hypoglycaemia, the early warning signs are not always documented. Care plans are recorded on an electronic system and healthcare assistants confirm they easily access them.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of resident's change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Each area of the care plan shows that goals are reviewed and if not met, there is an explanation, and the care plan is updated so that interventions are planned to meet the residents' goals. Families and whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. When care plans are updated, healthcare assistants are updated on any changes. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated.</p> <p>Short-term care plans are developed for short-term needs such as wounds and infections. At the time of the audit there were seven wounds being</p>
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		<p>treated including a skin lesion, skin tears, a chronic ulcer, a blister and one stage two pressure injury. A wound register is maintained. and review of wound care plans and photographs show wounds are managed according to best practice with input from a wound nurse specialist if needed. Photographs and wound assessments show the progress of wounds.</p> <p>Progress notes are completed each shift by the healthcare assistants and daily by the registered nurse. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment and updates the care plan if needed.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight, monthly as a routine or more often if indicated; blood glucose if needed; behaviour; positioning; bowels; oxygen saturation; vital signs; and food and fluids. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</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>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing dispensing, administration, review and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in blister packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the electronic medication management system and progress notes. There is one medication room. Medicines were seen to be stored in a locked trolley and locked medication room. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done.</p>

		<p>Twelve medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are no residents currently who self-administer their medications; however, there is a process for assessing the competency for residents who wish to self-administer their medications and a policy for the safe storage of medications. There are no standing orders.</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>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>The food control plan is current till 30 January 2026.</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>Transition to a different level of care, transfer to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 31 August 2025. A certificate of public use has been issued for the reception area to cover the building works occurring outside the front of the building. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available inside and in the courtyard. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings as viewed on the day of audit.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, and calibration and testing of clinical equipment. Hot water temperatures have been tested and recorded in every resident room, laundry, and kitchen monthly. All hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms and 60 degrees Celsius in the laundry and kitchen areas.</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 control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team in consultation with an external consultant and approved by the board. Policies are available to staff. The infection control programme is linked to the quality system and reviewed annually. Monthly reports to the board include infection rates, types and use of antimicrobials.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There is ongoing training and education around Covid-19, and staff are informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly and annually.</p> <p>Infection control surveillance is discussed at staff meetings and reported to the board monthly. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator; clinical nurse manager; and quarterly external benchmarking is completed by the consultant. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>Since the last audit there has been one outbreak of Covid-19 and one outbreak of gastroenteritis. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings and communication with residents, relatives and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks and families/whānau were kept informed by phone or email.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governance board, management and staff. There is no use of restraint.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally</p>	PA Low	Registered nurses are responsible for all assessments including interRAI assessments and care planning. Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive and holistic and include the goals and aspirations of residents and describe the interventions required to achieve these. Residents who identify as Māori have a care plan that includes their specific cultural preferences and needs.	Two of two resident files in dementia level of care did not have activities and routines for the 24-hour period documented. Where interRAI had triggered mood, behaviour and delirium, the care plans did not describe early warning signs, triggers and strategies to manage the resident. One resident under ACC funding did not have a comprehensive assessment on admission or a care plan that reflected their current needs.	<p>Document activities and routines over the 24-hour period for residents in dementia level of care. Where interRAI shows a trigger, ensure the care plan identifies early warning signs, triggers and strategies to manage the resident. When residents are admitted under a short-term contract, ensure a comprehensive assessment is completed on admission and a care plan is in place that reflects their current needs.</p> <p>60 days</p>

<p>competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</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.