

Lexhill Limited - Kaikohe Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Lexhill Limited
Premises audited:	Kaikohe Care
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: 4 September 2025 End date: 5 September 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:	57

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Kaikohe Care is a privately owned facility certified to provide rest home, dementia, and hospital (geriatric and medical) levels of care for up to 65 residents. There were 57 residents on the day of audit.

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

There is a sole director of the company. The facility manager is appropriately qualified and experienced and is supported by a clinical nurse leader (registered nurse), finance manager, and a team of experienced care staff. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided.

This audit identified the service meets the Standard.

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.

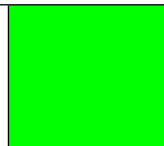
Kaikohe Care provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health, and provide high-quality and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

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents, and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

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 2025 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure are established. Healthcare assistants are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all healthcare assistants.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Residents are eligible for the service if they have been assessed as needing rest home, hospital, or dementia level care. Registered nurses are responsible for assessment, care planning, and evaluations. These processes are completed within the required timeframes. There is a contracted nurse practitioner who undertakes medical assessments, monthly or three-monthly reviews and urgent assessments. Residents can choose to have their own general practitioner. Care plans are comprehensive and developed in collaboration with residents and their family/whānau.

Medication management is in accordance with best practice guidelines. Staff complete annual medication competency tests. Residents and their family/whānau are consulted when there are changes to medications.

Activities are planned and delivered by a diversional therapist. A broad range of group and individual activities are provided, including van outings. Cultural diversity is celebrated. Residents in the protected living environment (dementia unit) have activities aimed at stimulating their cognitive function, memory, and enjoyment.

The meal service is prepared and cooked on site. Dietary preferences, allergies, intolerances, and specific needs are catered for.

There is a process in place for the safe transfer and discharge of residents.

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. There is a planned and reactive maintenance system implemented. The facility is clean, spacious, and safe for residents. Residents personalise their rooms to their taste. They have access to safe and pleasant outdoor areas.

There is an approved fire evacuation plan and fire drills are held six-monthly. The facility and staff are prepared for emergencies and civil disasters through training, sufficient supplies, and a generator. There is always at least one staff member on duty with a current first aid certificate. Call bells are readily available to residents at all times.

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

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers, and visitors. The infection prevention and control programme are implemented and meets the needs of the organisation, and provides information and resources to inform the service providers. Documentation evidence relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size of Kaikohe Care. 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. Pandemic and outbreak (including Covid-19) response plans are in place and there is adequate personal protective equipment and supplies. There have been two outbreaks since the previous audit.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring is appropriate for cleaning.

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 policy and procedures for restraint minimisation and safe practice align with the Standard. Staff have ongoing training in alternative strategies to restraint and the least restrictive practice. The restraint coordinator is the clinical nurse leader. There is minimal use of restraint, and this is managed safely.

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	29	0	0	0	0	0
Criteria	0	176	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Kaikohe Care acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. Kaikohe Care are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and community links. The service had residents who identified as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic, with staff completing a written competency to reinforce their understanding. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents.</p> <p>The service supports increasing Māori capacity by employing more Māori applicants when they apply. At the time of the audit, there were Māori staff members. Staff have access to relevant tikanga guidelines.</p>

		<p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with seven residents (three rest home, four hospital) and three family/whānau (one rest home, one hospital, and one dementia). Management and eight staff interviewed (three healthcare assistants, one cleaner, one cook, one maintenance, one laundry, and one registered nurse) described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant, well-known and respected in the industry, who had input from their Pacific community contacts. The service works with this consultant, and their Pacific community links to improve outcomes, health, and wellbeing of Pacific peoples.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika at the time of audit. The management team confirmed that family/whānau of any Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The management team described how they encourage and support any applicants that identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with the management team, and staff confirmed the service puts people using the services and the local community at the heart of their services.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager or clinical nurse leader discuss aspects of the Code with residents and their family/whānau on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during resident meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</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>	<p>FA</p>	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family members to be involved in their care. Residents have control and choice over activities they participate in.</p> <p>The service completes an annual resident and family/whānau survey which demonstrates high levels of satisfaction. It was observed that residents are treated with dignity and respect, and this was also confirmed during interviews with residents and family/whānau.</p>

		<p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Eight residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Kaikohe Care policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the registered nurse, and healthcare assistants (HCAs) confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with the management team if they felt that this was an issue.</p>

		<p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for any potential Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings, and frequent informal interactions identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Family/whānau interviewed stated that they are kept informed when their family member's health status changes, or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there was no residents who were unable to speak or understand English. Staff interviewed described how they are able to use non-verbal communication, an electronic translation app, and utilise family members as interpreters to effectively communicate with residents if required.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>There is a multidisciplinary team approach to care at Kaikohe Care. Health professionals involved with the residents may include specialist services. The management team and registered nurse described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</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 are policies around informed consent. The resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with family/whānau demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. These were activated in the case of dementia residents. The service has Māori tikanga guidelines available for staff to ensure they are able to provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.</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 families/whānau on entry to the service and is available in te reo Māori. The facility manager is responsible for maintaining the complaints register. There have been twelve minor internal and no external complaints received by the facility since the previous audit. The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters, and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings, and the open-door policy are avenues to provide residents</p>

		<p>with the opportunity to voice their concerns. This is encouraged by the management team and staff, facilitating an equitable process for all cultures.</p> <p>Complaint forms and advocacy brochures are held at the entrance to the facility. Residents/family making a complaint are supported to involve an independent support person in the complaints process if they choose. The management team acknowledged the importance of face-to-face communication with 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>Kaikohe Care, located in Kaikohe, Northland, provides rest home, dementia, and hospital (medical and geriatric) levels of care, for up to 65 residents. There are 46 dual purpose, three rest home, and 16 dementia level beds. On the day of the audit, there were 57 residents. There were 27 hospital level, including three on a long-term support chronic health contract (LTS-CHC), and two on a young person with disability contract (YPD); 14 dementia level, including one funded by the Accident Compensation Corporation (ACC); and 16 rest home, including one YPD, and two LTS-CHC. All residents, other than the YPD, ACC and LTS-CHC, were under the age-related residential care contract (ARRC). The service has three double rooms; however, only one was doubly occupied (by a couple) on the day of audit.</p> <p>Kaikohe Care is the trading name of Lexhill Limited - a privately owned company with one director. The director (interviewed) maintains at least weekly contact with the facility manager and clinical nurse leader. The facility manager is supported by a clinical nurse leader, finance manager, and an experienced care team. The clinical nurse leader, general practitioner, and external consultant provides clinical governance. There is a current business plan which is documented and regularly reviewed. A mission, philosophy and objectives are documented for the service. The facility manager analyses internal processes, business planning, and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. Collaboration with staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for</p>

		<p>the provision of equitable delivery of care.</p> <p>The director and facility manager have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through completing the same training as the facility staff members.</p> <p>The facility manager has been in the role since September 2024 (having previously been the manager from 2012 to 2017). They have an extensive background in nursing, aged care, and management. The facility manager is supported by a clinical nurse manager, who has been in the role since 2020. The management team regularly attend aged care updates and their staff files evidence that they attend over eight hours of professional development per year relating to their role and responsibilities. The service utilises Care Association New Zealand (CANZ) policies, which align with the Ngā Paerewa Health and Disability Services Standard 2021.</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>Kaikohe Care has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings, management meetings, and to the Director. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the management team and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home, dementia, and hospital level care residents. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection, and complaints management. Data is collected for a range of adverse event data and is collated and analysed.</p> <p>Ethnicities are documented as part of the resident's entry profile,</p>

		<p>and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified.</p> <p>Both residents and families/whānau have the ability to provide feedback via annual satisfaction surveys, and there is an open-door policy whereby residents or family/whānau can talk with the director or facility manager.</p> <p>Health and safety policies are implemented and monitored. Staff are kept well informed, evidenced in staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events, and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The management team are aware of situations that require essential notifications. There has been a Section 31 report submitted related to police attendance for a non-resident, and one stage III pressure injury resulting in the use of the SAC reporting procedure.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Policy describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The facility manager and clinical nurse leader (registered nurse) are available Monday to Friday and is on call 24/7. The finance manager takes over managerial duties in the absence of the facility manager, with clinical on-call component covered by the clinical nurse leader, and registered nurses. There is adequate cover over seven days a</p>

		<p>week, including access to a registered nurse at any time.</p> <p>There is an annual education and training schedule being implemented. The 2024 training schedule was met, and the 2025 is being implemented. Examples of topics covered included (but are not limited to): consumer rights; elder abuse and neglect; care and hygiene; infection prevention and control; first aid and CPR; pain management; and challenging behaviours. There is a staff member trained in first aid 24/7. Competencies cover: first aid; cultural awareness; handwashing; manual handling; medication management; restraint; chemical safety; and fire safety, with a fire drill held six-monthly.</p> <p>The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and staff meeting schedule. Staff participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty HCAs have completed their level three qualification or above. Twenty-one HCAs work in the dementia unit, and all have attained the required dementia standards.</p> <p>The facility manager, and eight registered nurses have completed interRAI training. They participate in learning opportunities provided through in-services, an online learning portal, Health New Zealand, and local hospice. Wellbeing support is provided to staff through the availability of debriefs, karakia, individual spiritual, cultural, and emotional support when required.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Nine staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities,</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed annually.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programme sighted for HCAs supports them to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.</p> <p>Following any incident/accident, there is evidence of debriefing, and follow-up actions taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained securely, both electronically, and in hard copy.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant HCA, enrolled nurse, or registered nurse including designation. Residents archived paper files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p>	<p>FA</p>	<p>There is a policy for managing inquiries and entry into the service.</p>

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Entry criteria include a requirement to be needs assessed for rest home, hospital, or dementia level care. Authority from the needs assessment service coordination (NASC) was sighted in residents' files. There is accurate information about the facility and services available on the Kaikohe Care Centre website and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time, and the manager or clinical nurse leader will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial, and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. A follow-up phone call is made to the prospective resident or their family/whānau to answer any further questions. Residents and families/whānau interviewed expressed the entry process was well explained, and feel they are treated with respect and dignity at all times. Where there are delays to entry, such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options, and referred back to the referrer.</p> <p>The manager collates enquiry forms and reports to the owner on decline rates. This data includes ethnicity. Staff explained the only reason for decline is not meeting the entry criteria.</p> <p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The clinical nurse leader stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	<p>FA</p>	<p>Eight resident files were reviewed, including four hospital level (one on long-term support for chronic health conditions and one palliative), two rest home level residents (including one young disabled resident), and two dementia level (including one funded by</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>the Accident Compensation Corporation [ACC]). Registered nurses are responsible for all assessments, including interRAI assessments and care planning. The physiotherapist is employed one day per week and has input into mobility and falls prevention, and staff training in moving and handling. The diversional therapist has input into the activities plan. 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, initial care plans, interRAI assessments and long-term care planning are done within the timeframes required by the age-related residential care contract. The residents on long-term support for chronic health conditions, young disabled residents and the palliative care resident do not have interRAI assessments, but have had a comprehensive assessment and have a comprehensive long-term care plan in place that is reviewed at least six-monthly. The resident funded by ACC has six-monthly interRAI assessments.</p> <p>Medical assessments are completed by the contracted nurse practitioner within the required timeframes. At the time of the audit, all residents had chosen to be seen by the contracted nurse practitioner. Residents then have a monthly or three-monthly review by the nurse practitioner as a routine, or if their needs change, they are seen when needed. After hours, the service can access medical care through Bay of Islands Hospital. The nurse practitioner expressed staff are competent and communicate any concerns in a clear and timely manner. 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. 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. Where interRAI shows a trigger for a specific need, this is included in care plans. Examples sighted include (but are not limited to) physical activity, mood changes, under nutrition, communication, and maintaining</p>
--	---

	<p>continence. Care plans are comprehensive and holistic. Care plans 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 documented and communicated to staff. Care plans are recorded on an electronic system and healthcare assistants confirm they easily access them.</p> <p>Registered nurses and healthcare assistants described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them, and are supported to achieve their own pae ora outcomes. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of the resident changes. 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. Short-term care plans are developed for short-term needs, such as wounds and infections. At the time of the audit, there were 11 wounds being treated, including one stage III pressure injury. Other wounds included skin lesions, chronic ulcers, and skin tears. A wound register is maintained. A sample 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>Staff reported that sufficient and appropriate information is shared</p>
--	---

		<p>between the staff at each handover. A handover was observed during the audit. Interviewed staff stated they are updated daily regarding each resident's condition. Progress notes are completed each shift by the healthcare assistants, and daily by the registered nurse for rest home and dementia level, and each shift by the registered nurse for hospital level residents. 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. A multidisciplinary approach promotes continuity in service delivery, including the nurse practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau.</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>The Māori health plan supports residents and family/whānau to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the care plan for Māori. The clinical nurse leader reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information, or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. Residents who identify as Māori confirm their cultural identity is respected and their needs are met. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and</p>	<p>FA</p>	<p>The activities programme is run by a full-time diversional therapist Monday to Friday. On weekends, healthcare assistants have access to activities resources such as games and quizzes, and church groups visit on weekends to offer prayers and singing. The</p>

<p>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>diversional therapist develops a monthly plan in collaboration with residents. Review of resident files shows activities plans are informed by using information from a lifestyle assessment, which includes family connections, cultural preferences, previous employment, interests and hobbies, and input from family and whānau. Monthly resident meetings, led by the diversional therapist, provide an opportunity for residents to have a say in the activities programme and the diversional therapist gets ongoing feedback from residents in conversation.</p> <p>Review of the activities schedule shows the following activities are provided as examples: quizzes; word search; news reading; social events such as birthday parties with family/whānau invited; daily exercises; walking group and individual walks; gardening group; visits by a local church; visiting school groups; visiting entertainers; and outings in the van to venues such as Opononi for fish and chips; twin bridges waterfall; Opuā marina; Paihia; shopping trips on alternate weeks; and other community events such as displays at the museum. A barbeque is held on the veranda monthly.</p> <p>Residents in the protected living environment have activities aimed at stimulating their cognitive function, memories, and enjoyment. Residents in the protected living environment participate in food preparation such as baking. In the summer, a gazebo is set up for residents to participate in outdoor games such as golf. A range of activities including exercises, arts, craft, and games is provided for residents with dementia.</p> <p>Photographic evidence was sighted of the range of activities provided. Residents who identify as Māori are supported to participate in te ao Māori by singing waiata, Māori arts and crafts, and maintaining connections with whānau and hapū. Māori entertainers and speakers attend during celebrations such as Matariki and kapa haka groups visit. The diversional therapist had a group of residents in a weaving group. Staff greet residents in te reo Māori and the diversional therapist is fluent in sign language and uses this to communicate with a resident who is losing their hearing and choosing not to speak much.</p> <p>For those who do not wish to participate in group activities, individual activities such as conversations, hand massage, reminiscing, music,</p>
---	---

		<p>and board games are provided. A record of individual activities provided was sighted.</p> <p>Residents maintain links with the community. Family/whānau take residents home and to church. Residents interviewed stated they maintain contact with their friends and family/whānau by video calling, phone calls, and texts.</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. The nurse practitioner completes three-monthly medication reviews. 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>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. Medicines were seen to be stored securely. 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>Sixteen 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</p>

		<p>consulted about medication changes.</p> <p>Residents who self-administer their medications are assessed at least three-monthly for competency. Medications were seen to be stored safely. There are no standing orders.</p> <p>Over-the-counter medications and supplements are considered by the nurse practitioner and where possible, prescribed on the medication chart. Māori residents and whānau confirm they have access to their medications and are aware of the indications and potential side effects.</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>All food is prepared and cooked on site by a main cook, second cook and kitchen assistants. The menu was reviewed by a dietitian in May 2024. There are four-week seasonal menus. Special diets are catered for. Dietary needs including food texture, preferences, allergies and intolerances, and cultural preferences are forwarded to the main cook, who maintains a folder of dietary profiles and a blackboard showing allergies. Food is fortified as needed and nutritional supplements prescribed are provided. Resident meetings are held monthly to obtain feedback on the food service. Satisfaction surveys show residents are overall very happy with the food service. A sandwiches and biscuits are available for residents at night. There is also access to pureed food, such as yoghurt as needed.</p> <p>Residents interviewed confirmed if they do not like what is on the menu, alternatives are prepared. The kitchen is clean and well organised.</p> <p>A monthly hāngi is provided including fried bread. Residents in the protected living environment participate in food preparation as part of the activities programme.</p> <p>Meals in the rest home wing are plated in the kitchen, and served directly in the adjacent dining room. In the hospital and protected living environment, meals are served from a bain marie. The temperature of all hot meals is recorded. The food service was observed in the dining room, and residents were seen to be enjoying their meals. Residents were seated at tables with other residents having similar nutritional needs, such as pureed food. Staff were</p>

		<p>seen to be discreetly assisting residents who needed it. Modified utensils and plates are used where needed.</p> <p>The food control plan has been registered and is current. Records were sighted of daily checks, cleaning, food temperatures and the temperatures of refrigerators and freezers. Temperatures are maintained within an acceptable range. Dry food storage is well organised, and food containers are labelled with the date of opening. Food in the refrigerator is labelled with the date of preparation. Kitchen staff have safe food certificates and have completed training in allergens, hand hygiene, and temperature control.</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. If a resident becomes acutely unwell, the registered nurse can call the nurse practitioner during business hours or Bay of Islands Hospital after hours for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital, they send a summary of care needs, medication chart, legal documents, and resuscitation orders in a yellow envelope with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers, including Māori health practitioners as needed. Records were sighted of attendance at clinic appointments at the public hospital, allied health appointments, and dentist appointments. 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</p>	FA	<p>The building warrant of fitness is current. A full-time maintenance person is employed to carry out the planned maintenance schedule</p>

<p>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>and complete repairs logged in the maintenance book. The maintenance schedule includes checks and compliance for the building warrant of fitness (contacted out), testing and tagging of electrical equipment (last completed in July 2025), calibration and servicing of clinical equipment and hoists (last completed in April 2025), testing of the call bell system, hot water checks, generator checks, checking of the beds, wheelchairs and commodes, and maintenance of the building and grounds. There is a mobility van with a current warrant of fitness and registration.</p> <p>Staff log maintenance or repair requests in a maintenance book. This is checked daily by the maintenance person and signed off when repairs have been completed. Essential contractors such as plumbers, boilers, refrigeration service people, and electricians are available 24 hours a day as required. Staff interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>A tour of the facility was conducted. The facility is on one level. The main building has two wings; one is hospital level, and the rest home wing has some hospital level residents who do not require large equipment such as hoists. There are three double rooms, but only one is doubly occupied. There are some rooms with an ensuite, but most residents use communal toilets and showers. There are sufficient communal showers and toilets in each area for residents in standard rooms. Each wing has a large lounge area and separate dining room with a kitchenette. There is a large veranda with seating and shade, and residents can easily access the garden.</p> <p>The protected living environment is in a separate building and is secured by a passcode lock on the gate. There is one main lounge, separate dining room with a domestic style kitchen, and a separate lounge with kitchenette for residents to visit with family/whānau. There is a small seating area next to an outside door to the garden. The outdoor area is accessible from two doors and there is a circular path for residents to wander. The garden area is fully fenced. All rooms are single and there are communal toilets and showers.</p> <p>The environment and setting were observed to be culturally safe for Māori and family/whānau, and Māori residents had their artwork displayed inside their room. All bedrooms and communal areas have</p>
---	---

		<p>ample natural light and ventilation. There are radiant heaters. Corridors have safety rails to promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>There is sufficient space in all areas to allow care to be provided, and for the safe use of mobility equipment. Staff interviewed reported they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings, as viewed on the day of audit. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors. The visitor's toilet is situated near the reception.</p> <p>There is a process in place to consult with Māori, should any changes to the facility be planned.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 11 October 2022. A fire evacuation drill is repeated six-monthly. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The maintenance person checks the civil defence supplies monthly. In the event of a power outage, there is a generator in place and a gas barbeque. There are sufficient food stocks for up to a month if needed.</p> <p>There are adequate supplies in the event of an emergency, including two water tanks with 25,000 litres of potable water. The water runs through an ultraviolet light filter and is refilled from town supply. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education</p>

		<p>plan. A minimum of one person trained in first aid is available at all times. All call bells are checked monthly. Call bells are in each bedroom, ensuite and communal toilets and showers. Call bells are not in the protected living environment, but staff do regular intentional rounding. Attenuating panels in hallways alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. The building is secure after hours; staff complete security checks at night and a contracted security firm patrols three times per night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>A registered nurse oversees infection control and prevention across the service. There is a job description which outlines the responsibility of the role of infection prevention and control. The infection prevention control and antimicrobial stewardship (AMS) programme is appropriate for Kaikohe Care. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. Infection prevention and control matters are discussed as part of the staff meetings. Infection prevention and control is included in the business and quality plans. The infection control coordinator is able to access advice from the Health New Zealand infection prevention and control specialist, NP, and general practitioner.</p> <p>Kaikohe Care has a process in place to mitigate their risk around outbreaks, including Covid-19. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations. Vaccinations for staff and residents are available and encouraged.</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.</p>	FA	<p>The infection prevention control coordinator has undertaken education in infection prevention and control online, and internally. The pandemic plan, which includes the Covid-19 response plan, is available for the preparation, planning for, and management of Covid-19 infections, screening, and positive tests when these have occurred. There are outbreak kits readily available and personal</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>protective equipment in the storeroom. A robust pandemic plan is in place.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the external consultant, infection control coordinator, the clinical nurse leader, and are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eyewear, blood pressure equipment, and hoist are appropriately disinfected between resident use. Single use items (eg, wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control coordinator, in collaboration with management, has input into the purchasing of supplies and equipment and has access to the clinical nurse specialist from Health New Zealand for advice if required.</p> <p>The service provides te reo Māori information around infection control. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection control policy states that Kaikohe Care 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 has been additional training and education around Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p> <p>There are no plans to change the current environment; however, the infection control coordinator and director will consult with their iwi links for advice if this occurs.</p>
--	--	---

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results, and medical notes. The GP, NP, and infection control coordinator monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</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>	FA	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. Kaikohe Care receives regular notifications and alerts from Health New Zealand for any community concerns.</p> <p>There have been two outbreaks since the previous audit (Covid-19 in June 2025, and scabies in July 2025). These were reported on appropriately, well managed, and staff debriefed following the events.</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</p>	FA	<p>Kaikohe Care has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp's containers are</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There are sluice rooms with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>Laundry and cleaning duties are undertaken by dedicated laundry and cleaning staff across seven days. The laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task list available for staff.</p> <p>The cleaning trolley was always attended and locked away when not in use. All chemicals on the cleaning trolley were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system by the clinical nurse leader, infection control coordinator, and the chemical provider, who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machine and dryer are checked and serviced regularly. The staff interviewed demonstrated their understanding of the systems and processes.</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 an environment where the use of restraint is minimal. This is supported by the director, management, and staff. At the time of the audit there were three residents using restraint: one using a lap belt at meal times, and two using bedrails.</p> <p>The clinical nurse leader is the delegated restraint coordinator. A job description is in place. The manager reports monthly to the owner on restraint use. Restraint minimisation is discussed in staff meetings.</p> <p>The policy requires staff to explore all alternatives prior to the use of restraint, and any decisions must be in consultation with families/whānau. When restraint is considered, staff work in partnership with Māori, to promote and ensure services are mana enhancing. Records of assessment, authorisation and consent, monitoring, and evaluation were sighted for the three residents using</p>

		<p>restraint. The restraint approval process includes the resident, enduring power of attorney/welfare guardian, manager, restraint coordinator, and nurse practitioner.</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> <p>The restraint coordinator could describe the process for emergency restraint, which includes a requirement for a full assessment to be started within 24 hours and completed within 72 hours. A debrief following emergency restraint is required as per the policy. The restraint coordinator stated there has been no use of emergency restraint.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Interviews with the clinical nurse leader confirmed restraint is only approved after all other interventions, such as use of a landing mattress, sensor mats, intentional rounding, and de-escalation have been tried first. A detailed assessment is completed that includes the reason for restraint, alternatives tried, risks of restraint, cultural considerations, and opinions of the family/whānau, manager, clinical nurse leader, and nurse practitioner.</p> <p>The clinical nurse leader determines the frequency and extent of monitoring. For the resident using a lap belt, they are constantly supervised when using the lap belt, as it is used only at meal times. The residents using bedrails, only have the rails up at night while in bed, and they are monitored every two hours. Review of monitoring records and progress notes show monitoring includes cultural, physical, psychological, psychosocial needs and wairuatanga.</p> <p>The clinical nurse leader maintains a folder for all restraint use. Records show the type of restraint used, reason for restraint, alternative strategies tried, support and family/whānau input, outcome of restraint, any injuries as a result (there have been none), complete monitoring records, and three-monthly review of restraint.</p> <p>There is a process for emergency restraint in the policy, but this has not been used. The process includes a requirement for debrief</p>

		<p>following emergency restraint.</p> <p>Three-monthly reviews of restraint include the type of restraint in use; whether the care plan was followed and monitoring was completed as per the care plan; the impact of restraint on the resident and family/whānau; duration of restraint and whether it was for the shortest time possible; alternatives tried including de-escalation; support given to the resident; other options that could be considered before continuing restraint; whether training and education is relevant for the residents using restraint; review of the care plan; and review of staff cultural competency.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>All aspects of restraint minimisation and safe practice are reviewed six-monthly, with the last having occurred on 11 June 2025. The review includes the extent of restraint use and whether this can be reduced. The service has reduced restraint use over time. The review included any adverse events as a result of restraint (none); compliance with policy and procedures; whether the risks of restraint outweigh the benefits to individual residents; what alternatives can be tried or re-tried; input from family/whānau including the effect on them and their consent with ongoing restraint use; and the analysis of data around types of restraint, duration, alternatives, and risks. The review is completed by the manager, senior registered nurse, and clinical nurse leader and forwarded to the owner.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.