

Waihi Lifecare (2018) Limited - Waihi Lifecare

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

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

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

The specifics of this audit included:

Legal entity: Waihi Lifecare (2018) Limited

Premises audited: Waihi Lifecare

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

Dates of audit: Start date: 25 September 2025 End date: 26 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: 59

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

Waihi Lifecare (2018) Limited (Waihi Lifecare) has been operating since 2018 and is privately owned by two directors. The service currently provides rest home-level and hospital-level care for up to 65 residents. On the day of audit, there were 59 residents receiving care across the four wings of the facility.

There were significant changes to the environment in relation to recarpeting and laying of laminate flooring of resident rooms and corridors, repainting of walls, and the renovation of residents' bathrooms.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Health New Zealand – Te Whatu Ora. The audit process included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents, whānau, staff, management, the facility manager, the property manager, and the owner/director. Residents and whānau were complimentary about the care provided.

The strengths of the service, resulting in continuous improvement ratings, are the implementation of staff education and the competency development programme, increasing hydration and reducing urinary tract infections, and the activities programme.

There were no areas requiring improvement identified at this audit.

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.

Waihi Lifecare works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format, and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The Waihi Lifecare governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback, and staff are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored, and not accessible to unauthorised people.

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.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.


Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	3	173	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>	FA	<p>Waihi Lifecare has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from a kaumātua and the local iwi. The plan is used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of the audit, there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</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</p>	FA	<p>Waihi Lifecare identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing</p>

<p>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>planning and evaluation of services and outcomes.</p> <p>Strategies to actively recruit and retain a Pacific health workforce across roles were discussed. At the time of the audit, there were staff, but no residents, who identified as Pacific people. Staff ethnicity data was documented on recruitment and trended.</p> <p>Staff reported that residents were supported in their worldview, and cultural and spiritual beliefs were embraced.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code), and were observed supporting residents in accordance with their wishes. Posters of the Code in English, te reo and New Zealand Sign Language were posted around the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and were provided with opportunities to discuss and clarify their rights.</p> <p>Māori mana motuhake is recognised and observed in practice. There are Māori residents living in the service who receive support; however, they have chosen not to engage in cultural activities. Staff demonstrated an understanding of how to provide culturally appropriate care and follow Māori protocols when required.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. Some residents have a private room, and others share a room with another person or other people with their consent. Shared rooms have dividing curtains for privacy.</p>

		<p>Te reo Māori and tikanga Māori are promoted within the service through Māori signage posted around the facility, the activities programme, and the inclusion of te reo Māori terminology in facility documents. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori. Staff who identify as Māori converse with Māori residents in te reo Māori.</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>	FA	<p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents’ property is labelled on admission, and they reported that their property is respected. A ‘comfort account’ is available for residents to store small amounts of money, if desired. This is managed by the administration team.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. A strengths-based and holistic model of care was evident, and included use of Te Whare Tapa Whā model embedded in the long-term care plans.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents’ health status and general practitioner review outcomes were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required. At the time of the audit, all admitted residents were able to speak and understand English.</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>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Signed consent forms including admission agreements were available in records reviewed.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of enduring power of attorney (EPOA) requirements and processes for patients unable to consent were documented, as relevant, in the resident's record.</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>A fair, transparent and equitable system was in place to receive and resolve complaints, leading to improvements. This met the requirements of the Code. Residents and whānau understood their right to complain and knew how to do so. There were four complaints in 2024 and one in 2025 (year to date). The facility manager (FM) reported that the complaint process timeframes were adhered to, and service improvement measures were implemented as required. Documentation, including follow-up letters and resolutions, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and whānau confirmed they were provided with information on the complaints process, and they remarked that any concerns or issues were promptly addressed.</p> <p>Whānau and residents making a complaint can, if they choose,</p>

		<p>involve an independent support person. The complaints process was linked to advocacy services. The Code was visible and available in te reo Māori and English. Residents and whānau spoken with expressed satisfaction with the complaints process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor, if needed.</p> <p>There had been no external complaints received.</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>Waihi Lifecare provides age-related residential care at hospital level and rest home level of care for up to 65 residents. The service has two owners, who are also the directors. The owners/directors have owned the care home since 2018.</p> <p>There were significant changes to the environment in relation to recarpeting of floors, laying of laminate flooring in most resident rooms and corridors, repainting of walls, and the renovation of residents' bathrooms.</p> <p>The governing body assumes accountability for delivering a high-quality service by supporting the meaningful inclusion of Māori and Pacific people in the governance group. This approach honours Te Tiriti and focuses on improving outcomes for Māori, Pacific people, and tāngata whaikaha. The owner/director, FM, and clinical nurse lead (CNL) reported that the service facilitates meaningful Māori inclusion at both the service and governance levels, ensuring adherence to Te Tiriti o Waitangi. The governance body and staff had completed Te Tiriti and health equity. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, with performance monitored and reviewed through regular meetings held at planned intervals. A focus on improving outcomes was evident in monitoring through staff meeting minutes and the internal audit programme. A commitment to the quality and risk management</p>

	<p>system was evident.</p> <p>Equity for Māori, Pacific peoples and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control). The service continues to work towards recruiting Māori and additional Pacific staff. The management team members interviewed felt well informed about progress and risks. A review or evaluation of resident outcomes to assess equity for Māori residents was achieved and completed. Ethnicity data was analysed monthly to identify potential inequality outcomes between Māori residents and their whānau. Service plans are developed to address all residents' needs.</p> <p>Residents receiving services, and their whānau, participated in the planning and evaluation of services through regular reviews of care needs, satisfaction surveys, feedback, and incident/complaint investigations. Whānau interviews evidenced satisfaction with the services.</p> <p>The FM has extensive experience in the health sector and has been managing the service for more than five years, supported by the senior management staff, health care assistants (HCAs), and the owners/directors. Responsibilities and accountabilities are defined in the job description and individual employment agreement. The management team is suitably qualified and experienced for their roles and within the aged care sector. The FM maintained at least eight hours of professional development activities related to managing an aged care facility, including completing cultural safety, Te Tiriti o Waitangi training, and attending aged care sector conferences.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, and this involves the FM, CNL, registered nurses, and general practitioner (GP).</p> <p>The service currently holds contracts with Health New Zealand – Te Whatu Ora for rest home, hospital-level care (dual purpose), respite, long-term support – chronic health conditions (LTS-CHC),</p>
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		<p>Accident Compensation Corporation (ACC), and Primary Care Inpatient Services (GP) contract. Fifty-nine (59) beds were occupied on the day of the audit. These were comprised of: rest home care, 27 residents, including one resident under the LTS-CHC contract, hospital-level care, 32 residents, including three on ACC, one LTS-CHC, and one under the Primary Care Inpatient Services (GP) contract.</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>Waihi Lifecare has a planned quality and risk system that reflects the principles of continuous quality improvement. This included the management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of several resident safety/quality indicators (e.g., falls, skin tears, bruising, infections), policies and procedures, clinical incidents, and any quality improvement projects. Relevant corrective actions were developed and implemented to address any shortfalls identified from internal audit activities. Trends were analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data was conducted by comparing data with previous months' results, and the other external facility.</p> <p>Residents and whānau contributed to quality improvement by participating in satisfaction surveys, and whānau and residents' meetings, while staff contributed by reviewing data during regular staff meetings, management meetings, registered nurses' meetings, clinical governance meetings, quality health and safety meetings, and audit activities. Staff meeting agendas and minutes reviewed showed satisfactory attendance and comprehensive agendas covering quality and safety measures/activities. The outcomes of the 2025 resident and whānau satisfaction survey were favourable. Minimal corrective actions were identified, and these had been implemented. The clinical governance team has updated and reviewed all policies and procedures to meet the requirements of the Ngā Paerewa Standard.</p> <p>The management team, which included the FM, CNL, and the owners/directors reported that the collection, collation, and review of resident and staff ethnicity data to improve health equity through</p>

		<p>critical analysis of data and organisational practices had been implemented.</p> <p>The management team described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. These were reported during meetings.</p> <p>Staff documented adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of 15 incident forms reviewed showed these were fully completed; incidents were investigated, action plans developed, and actions followed up in a timely manner. The nursing team and management were aware of the new Severity Assessment Code (SAC) 1 and 2 event reporting processes. In 2024, and also in 2025, the service reported SAC 2 events in relation to falls that resulted in fractures.</p> <p>The service complied with statutory and regulatory reporting obligations. The management team interviewed was familiar with essential notification reporting requirements.</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 documented and implemented process for determining staffing levels and skill mixes to provide safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. A team approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. There is always a staff member on duty with current first aid certificate, and there was 24/7 registered nurse coverage.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes of each role, ensured services were delivered to meet the needs of residents.</p> <p>Continuing education was planned annually, covering a wide range of topics including, but not limited to, infection prevention and control, medication management, care planning and assessment, cultural safety, wound care management, palliative care,</p>

		<p>emergency evacuation, falls prevention, skin management, and fire safety. Related competencies were assessed. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Most health HCAs have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. Of the 36 health care assistants employed, four had achieved Level 2, nine had achieved Level 3, and nineteen had achieved Level 4 of the New Zealand Qualifications Authority (NZQA) National Certificate in Health and Wellbeing. Four were still in training. The reviewed records demonstrated that the required training and competency assessments had been completed.</p> <p>Staff reported feeling well supported and safe in the workplace.</p> <p>A continuous improvement rating was awarded in relation to improvement in staff education and competency development.</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>Human resources management policies and processes were based on good employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Practising certificates were current for all regulated health professionals, including the registered nurses, general practitioners, pharmacists, podiatrist, and dietitian.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in eight files reviewed. Opportunities to discuss and review performance occurred yearly, as confirmed in records reviewed.</p> <p>Staff had access to the Employee Assistance Programme (EPA), if required.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information</p>

		<p>Standards Organisation (HISO) requirements.</p> <p>Following the incidents, the FM, CNL, and owners/directors were available for any required debriefing and discussion sessions.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. The clinical notes were up to date, integrated, and legible, and they met current documentation standards. No personal or private resident information was on public display during the audit. Archived records were held securely on-site and were clearly labelled for ease of retrieval. Residents' information was held for the required period before being destroyed.</p> <p>The service uses both an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting general practitioner and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The FM and CNL reported that staff have their own 'logins'. An external provider held backup database systems.</p> <p>There was a consent process for data collection. The records sampled were integrated. The FM and CNL reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format accessible to the residents concerned.</p> <p>Waihi Lifecare is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities</p>	FA	<p>Residents enter Waihi Lifecare when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and</p>

<p>between Māori and non-Māori by ensuring fair access to quality care. 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>understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed three-monthly, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>FA</p>	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan, and review timeframes meet contractual and policy requirements. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan when required. Te Whare Tapa Whā model was imbedded in long-term care plans. This was verified by sampling residents' records and interviews of clinical staff.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. The general practitioner (GP)</p>

		<p>expressed satisfaction with communication received from the clinical staff and the care provided to residents.</p> <p>Tāngata whaikaha participate in service development through the assessment and care planning processes. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha/whānau can independently access information.</p> <p>Residents' records, observations, and interviews verified that the care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</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 activities that promote whanaungatanga.</p> <p>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>	FA	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. The programme is led by a qualified diversional therapist.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. National cultural events celebrated include Waitangi Day and Matariki with kapahaka performances. Community initiatives meet the needs of Māori.</p> <p>Feedback on the programme is provided through residents' meetings and annual satisfaction surveys. Residents interviewed confirmed they find the programme meets their needs.</p> <p>A continuous improvement rating was awarded in relation to improvement in the activities programme for rest home-level residents.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an</p>

<p>and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in staff files reviewed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. There were residents who were self-administering medicine at the time of the audit.</p> <p>Residents, including Māori residents and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. Cooks prepare and cook food on site. The cooks have completed food safety training. The menu was reviewed by a qualified dietitian on 24 November 2024. Recommendations made at that time have been implemented.</p> <p>The service operates with a current food control plan issued by the local council that will expire on 13 June 2026. Each resident has a food requirement and nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. A Māori cookbook was available in the kitchen to guide staff if required. Residents have access to a</p>

		<p>kitchenette where they can prepare hot drinks independently as desired.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The transfer and discharge policy is available to guide staff practice. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</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>	FA	<p>There is a current building warrant of fitness that expires on 24 April 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely with mobility aids in their respective wings. 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 the lounges and dining rooms and outside on the open deck areas. The environment is inclusive of people's cultures and supports the expression and maintenance of their cultural practices.</p> <p>The planned maintenance schedule included testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were</p>

		<p>checked annually. Monthly hot water temperature monitoring is completed as per policy requirements. The service employs full-time staff including a property manager and casual assistant maintenance and gardener. The property manager and certified tradespeople carried out reactive maintenance where required. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes.</p> <p>The service is divided into four wings with a total capacity of 65 beds. This includes 26 hospital-level beds, 21 rest home-level beds, and 18 dual-purpose rooms. Of the rooms, 13 have ensuite facilities, seven are configured for two residents, one accommodates three residents, and two accommodate four residents. Personalised equipment is available for residents with disabilities to meet their needs, as appropriate.</p> <p>There are other toilets available for staff, and visitors. A system identifies whether all common area toilets and shower facilities are in use or vacant. All washing areas provide free-flowing soap and paper towels in the toilet facilities. All areas are accessible to the residents. The furnishings and seating are appropriate for the consumer group.</p> <p>Residents interviewed reported they were able to move around the facility, and staff assisted them when required. Residents' rooms were personalised according to their preferences. All rooms have external windows to provide natural light, appropriate ventilation, and heating. The grounds and external areas were well-maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There is a facility vehicle, which is maintained by the property manager. Registration and warrant of fitness processes are followed.</p> <p>The property manager reported that, when there is a planned development for new buildings, there will be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. HCAs interviewed stated they had adequate equipment to safely deliver care for residents.</p>
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<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>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff had received relevant information and training and had appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency.</p> <p>Adequate supplies for use in the event of a civil defence emergency met the National Emergency Management Agency recommendations for the region. Fire evacuation plans have been approved by Fire and Emergency New Zealand (FENZ). Trial evacuation drills were performed in all respective wings. The drills were conducted every six months, and these were added to the annual training programme. Staff can provide a level of first aid relevant to the risks for the type of service provided. First aid training records were sighted, and most staff had completed requirements. There were always staff members on duty with first aid training.</p> <p>Call bells alerted staff to residents requiring assistance. Residents and whānau reported that staff responded promptly to call bells. Appropriate security arrangements were in place, including facility locking procedures. Residents and whānau were familiarised with emergency and security arrangements on admission and as and when required.</p> <p>There was a closed-circuit television and video (CCTV) system monitoring the entrance and garden areas, and CCTV signage was displayed around the facility. There is a visitors' policy and guidelines available to ensure that resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</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>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of</p>

<p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>progress, issues and significant events to the governing body. All staff, residents and whānau had received training and updates on managing infections. Training records and meeting minutes were documented.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to senior management and the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role, and confirmed access to the necessary resources and support. The IPCC has attended relevant IPC education. Their advice and the advice of the facility manager have been sought when making decisions around procurement relevant to care delivery, design of a new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. The IP programme is reviewed annually; it was last reviewed on 17 September 2025.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/outbreak management plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for the decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</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>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use, review of the effectiveness of antibiotics charted, and identifying areas for improvement monthly.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and the governance body, and where necessary, recommendations for improvement are identified. Two infection outbreaks reported since the previous audit were managed effectively.</p> <p>Communication between the clinical team and those residents experiencing a health care-associated infection (HAI) is culturally safe. This was confirmed in interviews with residents.</p> <p>A continuous improvement rating was awarded in relation to improvement in hydration and reduction in urinary tract infections.</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>FA</p>	<p>A clean and hygienic environment supports both prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the</p>

<p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</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 governance team, with support from the FM and CNL, demonstrated commitment to maintaining a restraint-free environment. Documentation sighted confirmed this commitment, as did an interview with the owner/director.</p> <p>The CNL reported that any use of restraint is reported to the governing body. At the time of the audit, five residents were using a restraint.</p> <p>The policies and procedures reviewed met the requirements of the standards. The CNL was the restraint coordinator, who provided support and oversight for restraint management and reports on its use to the management team, which includes the owners/directors.</p> <p>There was a job description that outlined the role. Staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme.</p> <p>The approval for any use of restraint in the first instance would be put forward to the restraint coordinator. The management meets every week and the clinical staff monthly to discuss whether restraint is to be used. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations and evaluation, and they would ensure that the correct equipment was used.</p> <p>Restraint protocols were covered in the orientation programme of the facility and included in the education programme (which</p>

		includes annual restraint competency), and restraint use was identified as part of the quality programme and reported at all levels of the organisation. All staff had completed annual training around de-escalation and management of challenging behaviour in the last year.
<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>	FA	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>Monitoring of restraint is overseen by the CNL and takes into consideration the person's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga. Records of restraint monitoring were sighted and included any care and support interventions while the restraint was in place.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard.</p> <p>There has not been any use of emergency restraint in this facility. The FM and CNL are responsible for a person-centred debrief following any unexpected clinical event, including restraint. An incident of abuse was managed by police, rather than facility staff, but was followed up with a staff debrief.</p> <p>Restraint use is evaluated both at the individual and service provider levels at six-monthly intervals, and records of these are maintained.</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</p>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint use, which includes all the requirements of the standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes are</p>

<p>reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. 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>implemented if indicated. The use of restraint has increased from three since the previous audit to five in 2025 (year to date). The CNL reported that this was due to having more deteriorating residents needing restraint use.</p>
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Specific results for criterion where corrective actions are required

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	CI	<p>The service embarked on a continuous improvement project to improve staff education and competency development.</p> <p>The service developed a comprehensive staff training programme identifying core education topics. The completion rates across all staff groups demonstrated measurable improvement. Core education completion increased from 39.7% in 2023 to 100% in 2025, with seven additional topics introduced. Health care assistants improved from 80% completion in 2023 to 100% in 2025, with eight more topics completed. Registered nurses maintained 100% completion in both 2023 and 2024, with a further seven new topics added in 2024. Kitchen staff improved from 50% food safety training completion in 2023 to 100% in 2025. In addition, the curriculum was expanded by 15 new topics in 2025, including</p>	<p>The service is working at a level above that required for full attainment of the criteria, and a rating of continuous improvement is given. Waihi lifecare has successfully implemented a comprehensive education project aimed at improving staff competencies and ensuring alignment with sector standards. The initiative addressed previous gaps in both core and role-specific education, introduced new learning topics, and established sustainable systems to support ongoing compliance and staff development. This represented a significant shift from earlier years, where education completion rates were inconsistent and below expectations. This has greatly improved the quality of care of the residents, as evidenced in interviews conducted, resident documentation sighted and results from the resident and</p>

		<p>equity, cultural safety, bias, elder abuse, and Te Tiriti o Waitangi, ensuring alignment with sector standards and resident needs.</p> <p>The Ko Awatea online learning platform (Te Whatu Ora) was adopted, providing flexibility and accessibility for staff learning. Administration staff monitored progress, and education was embedded into staff orientation to ensure sustainability. Staff feedback was positive, with many reporting that they enjoyed the flexibility of online learning and valued the conversations that emerged from the modules, particularly around equity and cultural safety. Resident and family satisfaction surveys undertaken during the project period supported these findings, confirming satisfaction with the quality of care and improved confidence in staff knowledge and responsiveness. The project followed the Plan-Do-Study-Act (PDSA) cycle, ensuring a structured approach to planning, monitoring, and evaluation.</p> <p>The education project has resulted in all staff being up to date with core and role-specific training. Education delivery has shifted to a sustainable model that supports flexible learning and is now embedded into staff orientation, creating a clear pathway for new employees. The completion of 15 new sector-relevant topics demonstrates proactive alignment with best practice and responsiveness to the changing needs of residents. Staff have reported increased confidence in their roles, and residents and families have expressed satisfaction with the quality and safety of care provided. Forward planning has been established for the next two years.</p>	<p>whānau satisfaction survey.</p>
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<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>CI</p>	<p>In late 2024, the activities coordinator noticed that residents in the rest home were not attending activities, even though the programme had been adjusted and staff encouraged participation. At monthly meetings, residents could not explain why they were not attending or suggest different activities. Daily activities were written on a whiteboard, but this did not help. It was also observed that an increasing number of residents with cognitive decline were finding it difficult to engage.</p> <p>A quality improvement project was started with the aim of increasing attendance at activities by 50% through strategies that supported residents with cognitive decline. A project charter was developed, and a project team was set up. Four meetings were held, and both residents and staff were involved throughout the process.</p> <p>Evidence-based approaches for people with dementia were researched. Interventions trialled included:</p> <ul style="list-style-type: none"> • Visual cues to remind residents about activities. • Table-top posters in dining rooms to prompt recall. • Improved activity noticeboards with photos of residents participating, to provide recognition and reassurance. <p>Baseline data was collected between November 2024 and January 2025. Post-intervention data was gathered from March to May 2025. Resident feedback was sought at monthly meetings, and staff contributed through discussions.</p> <p>The results were shared with residents and staff</p>	<p>Measurable improvements were achieved and sustained, with engagement increasing for rest home-level residents. The project represents a successful quality improvement initiative, with practical, scalable strategies that are now under consideration for rollout to other areas of the service. The service is working at a level above that required for full attainment of the criteria and a rating of continuous improvement is given.</p>
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		<p>through slideshow presentations. Attendance data showed a 9.0% increase by May 2025, which was just below the target of a 9.9% increase needed to achieve the 50% improvement goal.</p> <p>By July 2025, continued monitoring showed attendance had risen to 76%, reflecting a sustained upward trend. Resident surveys confirmed that cognitive decline had a greater effect on participation than first expected, reinforcing the value of the tailored interventions that have benefitted residents.</p>	
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	CI	<p>An increasing number of residents were identified as having poor hydration, particularly during the summer months. The purpose of this continuous quality improvement project was to identify and implement an effective, resident-preferred hydration strategy to reduce dehydration and prevent UTIs.</p> <p>Data demonstrated a corresponding rise in urinary tract infections (UTIs) over a three-month period (October-December 2024) prior to project commencement. Resident preferences indicated limited acceptance of plain water or standard orange-flavoured drinks, which impacted fluid intake. Research into alternatives identified a hydration supplement that was palatable, nutritionally beneficial, and easy to prepare.</p> <p>A project team was established. Four project team meetings were held, with regular reviews of hydration data, infection rates, and staff feedback. A reduction of 50% in UTIs was initially targeted, but was found to be unrealistic due to multiple contributing factors. The revised goal</p>	<p>The project demonstrates the service's commitment to continuous improvement, resident wellbeing, and evidence-based practice. The project successfully achieved a 30% reduction in UTIs, demonstrating measurable improvement in resident outcomes. The service is operating at a level above that required for full attainment of the criteria, and a rating of continuous improvement is given.</p>

		<p>was a 30% reduction. A test group of four residents initially trialled the product with positive outcomes, leading to wider implementation as the weather grew hotter.</p> <p>Resident acceptance of the hydration drink was high, leading to increased fluid intake. Comparative data demonstrated a reduction in UTI rates by 30% over the three-month project period (January to March 2025). Staff engagement increased as improvements were observed, and residents expressed satisfaction with the new option. Unexpectedly, several residents demonstrated increased appetite when using the hydration supplement. The service continues to monitor UTI rates and has implemented ongoing use of the new hydration drink for at-risk residents.</p>	
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End of the report.