Beattie Community Trust Incorporated - Beattie Home

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:	Beattie Community Trust Incorporated
Premises audited:	Beattie Home
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: 27 August 2025 End date: 28 August 2025

Proposed changes to current services (if any): A letter from HealthCERT dated 23 June 2025 noted the request for the conversion of four rest home level care beds (two double/shared rooms) to dual purpose (rest home/hospital) beds, these were verified as suitable. The audit confirmed that the facility has a total of 58 beds; 10 dual-purpose beds including two double rooms, 26 rest home beds and the dementia beds remain unchanged at 22.

Total beds occupied across all premises included in the audit on the first day of the audit: 55

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 haumaru │ 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
(blue)	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
(green)	No short falls	Subsections applicable to this service fully attained
(yellow)	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

Beattie Home is owned and operated by Beattie Community Trust Incorporated. The service provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 58 residents. On the day of the audit there were 55 residents.

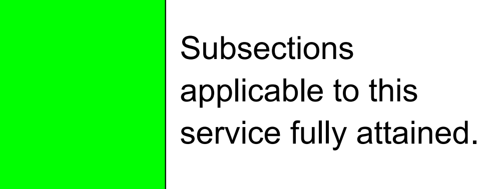
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with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

The general manager is a registered nurse with extensive management experience. They are supported by a clinical nurse leader, nurse supervisor, nurse educator, marketing, and communications leader, and the relationship manager.

This audit has identified shortfalls in timeliness of assessments, care planning, monitoring of care, and infection surveillance.

A continuous improvement has been awarded to the removal of barriers and improving health equity for Māori.

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.

Beattie Home provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori responsiveness strategy and health plan. The service works collaboratively to embrace, support, and encourage a Māori view of health and provide high-quality and effective services for residents. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities. Residents receive services in a manner that considers their dignity, privacy, and independence.

Beattie Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service.

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.

Services are planned, coordinated, and are appropriate to the needs of the residents. The general manager and the clinical nurse leader are responsible for the day-to-day operations. The organisational strategic plan informs the operational objectives which are reviewed on a regular basis. Beattie home has a quality and risk management system that is directed by the board and

management team. Quality and risk performance is reported across the various facility meetings and to the board. Beattie Home provides clinical indicator data for the rest home, hospital, and dementia services provided.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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.		Some subsections applicable to this service partially attained and of low risk.

Residents are assessed before entry to the service to confirm their level of care and entry to service. The registered nurses are responsible for the assessment, development, and evaluation of care plans. There are policies in place to guide the care planning process, and all residents have a current care plan documented.

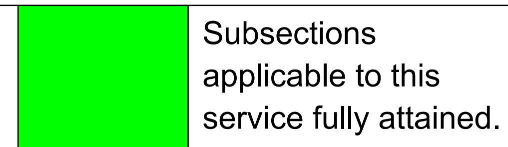
There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme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

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

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

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

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

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

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

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

This audit confirmed that ten beds in the rest home are suitable for dual service rest home / hospital level care.

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.		Some subsections applicable to this service partially attained and of low risk.

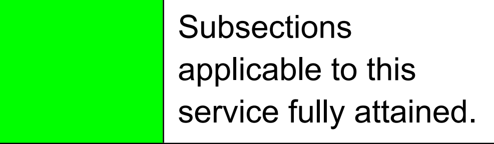
Infection prevention management systems are in place to minimise the risk of infection to residents, staff, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the staff. Documentation evidenced relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. 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.

The service has a robust pandemic and outbreak management plan in place. There are sufficient supplies onsite to effectively manage an outbreak of infection. The internal audit system monitors for a safe environment. Three outbreaks since the last audit were managed effectively.

There are documented processes for the management of waste and hazardous substances in place, chemicals are stored safely in locked chemical cupboards. 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.

Here taratahi | Restraint and seclusion

<table>
<tr><td>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.</td><td></td><td>Subsections applicable to this service fully attained.</td></tr>
</table>

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were no residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	**Continuous Improvement (CI)**	**Fully Attained (FA)**	**Partially Attained Negligible Risk (PA Negligible)**	**Partially Attained Low Risk (PA Low)**	**Partially Attained Moderate Risk (PA Moderate)**	**Partially Attained High Risk (PA High)**	**Partially Attained Critical Risk (PA Critical)**
Subsection	0	25	0	2	0	0	0
Criteria	1	163	0	4	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori responsiveness strategy and health plan is being implemented. This recognises Te Tiriti o Waitangi as a founding document for New Zealand and was approved by the board. A member of the board identifies as Māori from the local iwi and guides the board and organisation in te ao Māori processes and protocols. The overruling objective of the Māori responsiveness strategy is to provide a strategic framework and to identify areas where Beattie Community Trust Incorporated, Beattie Home (hereafter referred to as Beattie Home) can progress its approach to produce benefits for Māori. The organisation has achieved continuous improvement in reducing inequity and removing barriers for Māori, (link 2.1.5). A Māori responsiveness committee is in place to implement the Māori responsiveness strategy and health plan. Ethnicity data for residents and staff is captured on the electronic system and reported to the board monthly. A sample of reports from the general manager to the board were sighted. During the audit there were residents who identified as Māori. Staff have been trained in Te Tiriti o Waitangi, tikanga best practice and Te Whare Tapa Whā model of health which is applied to all residents. The general manager reported Te Whare Tapa Whā is also applied to staff as the model focusses on wellness for all. All meetings open with a karakia, and staff

		meetings close with waiata. Staff described their process of always involving family/whānau in assessments, planning care and evaluations. There are staff employed who identify as Māori. There is signage throughout the facility in te reo Māori and information on te reo Māori and tikanga is displayed on dynamic screens in the nurse's station and dining room. Interviews with the general manager, clinical nurse leader, marketing and communications leader, nurse educator, relationship leader, two registered nurses, an enrolled nurse, four caregivers, one diversional therapist, one chef and one maintenance person included examples of providing culturally safe services in relation to their roles. Beattie Home has close links with the local iwi, Kaumātua groups, Māori Women's League and local schools who perform kapa haka and waiata.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	Beattie Home has a Pacific Peoples Culture and General Ethnicity Awareness Policy, which aligns with the Ministry of Health Pacific Plan. Ethnicity data is captured in the electronic system. During the audit there were no residents who identified as Pasifika. There were staff employed who identify as Pasifika who have personal links with Pacific People in the community. All staff are required to complete training in Pacific models of health and providing healthcare and support for Pacific people. Registered nurses advised that family/whānau of residents are encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan. The general manager confirmed staff who identify as Pasifika are supported through the employment process. Beattie Home has a stated commitment to ensure all staff are treated fairly and equally within the workplace; to make sure the environment remains inclusive and accessible for all staff and residents; and to ensure staff have equal opportunities for career advancement within the company.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Beattie Home's policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents and family/whānau on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum for residents to discuss any concerns. Staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme. Five residents (four rest home level and one hospital level) and six family/whānau (three rest home level and three dementia level) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and family/whānau expressed they are encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be. The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting Māori residents and their family/whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.

Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Interviews with residents and family/whānau confirmed they are asked about their individual preferences, lifestyle, significant people in their lives, aspirations, and anything else that is important to them. Care plans and activities plans are based around this information and residents' individual values and beliefs. The service offers people of all denominations and religions a platform to access and maintain their cultural and spiritual beliefs. Beattie Home's policies and procedures require the environment is to be inclusive and accessible for all residents and diversity is celebrated. The training programme is responsive to the diverse needs of residents and family/whānau and records from 2024 and 2025 show training completed includes but is not limited to: equality/diversity; Te Tiriti o Waitangi and cultural safety; death, dying and tangihanga; sexuality and intimacy; informed consent, privacy, and dignity; and the ageing process. During the audit staff were observed to be respectful, responsive, and maintaining residents' privacy. Residents and family/whānau interviewed expressed their dignity and privacy is maintained. Te reo Māori is actively promoted in all aspects of the service and there is signage in te reo Māori throughout the facility. Celebrations are held during Te Wiki o Te Reo Māori, Waitangi Day, and Matariki with Māori kai and kōrero with residents and families/whānau. Interviews with staff confirm they understand what Te Tiriti o Waitangi means to their practice and examples were provided of how they uphold tikanga best practice. Cultural assessments were evident on files reviewed. Electronic care plans identified residents' preferred names. Information from cultural assessments is incorporated through the care plan and activities plans. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.

Subsection 1.5: I am protected from abuse 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.	FA	Beattie Home has policies and procedures that express a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code of residents' rights. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually, the last session was in May 2025. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with registered nurses, caregivers and activities staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The abuse and neglect policy is implemented. Staff have ongoing training in recognising and responding to abuse and neglect. This was last completed in August 2025. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns. Residents have enduring power of attorney for finance and wellbeing documented in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of residents' possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds. The service provides education on cultural safety and awareness and boundaries. Cultural days are held to celebrate diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Family/whānau interviewed confirmed that the care provided to their family members is of a high standard.

Subsection 1.6: Effective communication occurs 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 who use our services and effectively communicate with them about their choices.	FA	Information regarding the service is provided to residents and family/whānau on admission in an information pack and on the website. Bi-monthly resident and family/whānau meetings identify feedback from residents and Family/whānau and minutes of the meetings show consequent follow up by the service. Policies and procedures relating to accidents, incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau or next of kin of any accident or incident that occurs. Electronic accident and incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. Twelve accident and incident forms reviewed identified family/whānau are kept informed. This was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit there were no residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreters, family/whānau members, picture charts, and online translation tools, if there were residents who could not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand (NZ) specialist services such as dietitian, speech and language therapist, and wound nurse specialist. The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau members interviewed stated they receive appropriate timely notification to attend review meetings.

Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	There is an informed consent policy in place. Resident files reviewed included informed consent forms signed by either the resident or enduring power of attorney (EPOA). Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs were in resident files where available and had been activated where necessary. Staff on interview demonstrated their knowledge in applying tikanga principles in obtaining informed consent.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	There is a policy and procedures for complaints that are communicated to residents and families/whānau. The general manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The general manager (GM) maintains a complaints' register on the electronic system. Concerns and complaints are discussed at relevant meetings. There have been no complaints made since the last audit. Staff interviewed reported that complaints and corrective actions as a result would be discussed at meetings. There have been no external complaints received. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The

		facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Beattie Home provides rest home, hospital (medical and geriatric), and dementia level of care for up to 58 residents. On the days of the audit there were 55 residents: 26 rest home level (including three on respite); nine hospital level; and 20 dementia level. Aside from the residents on respite, all others were under the age-related residential care contract (ARRC). The service has converted four single ensuite rest home level care rooms/beds to dual purpose (rest home/hospital) rooms/beds. A letter from HealthCERT dated 24 June 2025 asked the auditor to comment specifically on converting four single rest home level beds to four dual purpose beds. A partial provisional audit was not required by HealthCERT. This audit verified that the service has converted the four single rest home rooms into two double rooms that are suitable for rest home or hospital level. In total there are 26 rest home level beds, 10 dual purpose (rest home or hospital level) and 22 secure dementia beds. The Trust board is comprised of seven people who have held community level positions and were nominated and voted onto the Trust Board. The board positions are voluntary and not renumerated. The board membership includes two retired teachers, a chartered accountant, a member of the Otorohanga Council, a retired lawyer, a retired midwife, and a farmer. There are terms of reference for their role. The board work closely with the general manager to discuss and review concerns, have oversight on health and safety issues, agree on strategic processes, monitor progress against projects, and ensure compliance with legislative, contractual, and regulatory requirements. The board actively support the implementation of the Māori responsiveness strategy. The board and general manager assume accountability for delivering a high-quality service with the support of staff. Services are provided in ways that honour Te Tiriti o Waitangi and improve outcomes for Māori and people with disabilities. Continuous improvement has been

		achieved in removing barriers and inequity for Māori. The purpose, values, direction, scope, and goals for the organisation are defined. Organisational performance is monitored and reviewed at planned intervals. The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focussed on improving service delivery and care. Goals include improved efficiencies, workforce development and retention, service improvement (including reduction in falls and incidents overall), occupancy/sustainability, reputation, and public relations. Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, family/whānau and staff input through feedback and meetings. All of this is discussed and reviewed from board level down to facility level, with corrective actions being filtered through all committees at all levels. A board member is invited to attend resident meetings. Beattie Home has close links with the local community who actively support the organisation through the 'friends of Beattie Home' who maintain the gardens, support the organisation financially and fundraise for Beattie Home. One of the Board members is a councillor, so Beattie Home has a voice on local Council. A recent open day provided the opportunity for the general public, family/whānau of residents and business groups within the local area to visit, look through the facilities and meet with board members who shared concepts of future plans for expansion and ideas of how Beattie Home will support an aging Otorohanga community. The mayor and local member of parliament attended the open day. The annual general meeting provides opportunity for interested parties to collaborate on business decisions. Any major decisions or plans that will impact the community are communicated through the media. All members of the board have completed training on Te Tiriti o Waitangi, cultural safety and understanding institutional bias and racism. Any new members are provided with links and resources to complete these requirements. The general manager has been in the role for three years and was previously the clinical nurse leader at Beattie Home. The general

		manager is a registered nurse with 40 years' experience in management, and they are supported by a clinical nurse leader, a nurse supervisor, nurse educator, marketing and communications leader and relationships leader. They have overall clinical responsibility. The clinical nurse leader has delegated clinical responsibility and manages the team of caregivers and registered nurses to ensure the provision of safe and appropriate clinical practice, care, and services. The nurse supervisor supports the clinical nurse leader and provides direct oversight of the dementia unit. A rating of continuous improvement has been awarded for the work completed to support Māori.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	A quality and risk management programme is in place that allows Beattie Home to track their progress against the organisations quality goals as outlined in the business plan. Quality goals for 2025 are documented and progress towards quality goals is reviewed regularly at staff and quality meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors, and staff injuries. The service actively looks for opportunities to improve through quality initiatives and analysis of clinical indicator data. Current quality initiatives include trialling of "Rel8 app" to communicate with family/whānau. To date, the service has received positive feedback from family/whānau around the initiative. Another quality initiative recently introduced is a menu opt-out to enable residents to have greater choice and control over their meals if they do not like the menu option. To date, this has led to more accurate meal planning, reduced food waste, and a more personalised dining experience. Meetings are held monthly for all staff and health safety and quality (including infection control). There are bi-monthly Māori advisory group and resident and family/whānau meetings. There are weekly operations meetings and fortnightly clinical meetings for the registered nurses and senior caregivers. Discussions include tabling of the previous minutes, discussion of any outstanding matters, incidents and accidents, clinical indicators, internal audit reports, human resources,

		education, compliments and complaints, policy updates, general business, and actions going forward. Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented when indicated. Quality data and trends in data are communicated to staff in the meetings. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed at a national level via the electronic system. Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities. The 2025 resident and family/whānau satisfaction surveys demonstrated a 96.88% overall satisfaction. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff. A health and safety system is in place with identified health and safety goals. A board member attends the health safety and quality meetings and takes overall responsibility for health and safety. The general manager and health and safety committee maintains oversight of the health and safety system and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health, safety, and quality committee meeting. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits. All resident’s incidents and accidents are reported into the electronic system which allows collation and categorisation of data. Twelve

		incident forms were reviewed and these evidenced immediate action noted, and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the health, safety, and quality and at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Discussions with the general manager and clinical nurse leader evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications completed to HealthCERT and two to the Health Quality and Safety Commission. There have been three outbreaks of infection since the last audit (two of Covid-19 and one of gastroenteritis). These were appropriately reported to Public Health.
Subsection 2.3: Service management 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.	FA	There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The general manager and clinical nurse leader work Monday to Friday. There is always a registered nurse on duty, and they can call the general manager after hours if needed. The maintenance person is available for maintenance and property related calls. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the management team provide good support. Review of the rosters showed any gaps in staffing due to absences were covered by casual staff picking up extra shifts. Residents and family/whānau interviewed reported that there are adequate staff numbers. The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, senior

		caregivers, activities staff, and the van driver have a current first aid certificate. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 35 caregivers in total, 11 of whom have achieved NZQA level three or above. Ten caregivers regularly work in the dementia unit and seven of these have completed the dementia standards. Three are in the process of completing the required training. Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, monitoring blood glucose levels, and insulin competencies. At the time of the audit there were nine registered nurses including the general manager. Four have completed interRAI training and two are in the process of training. Staff have completed training that covers equality/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information. The service actively supports staff, in line with Te Whare Tapa Whā and promote a positive team culture. Birthdays and special events are celebrated, and staff are rewarded for length of service. Staff interviewed report a positive work environment and team collaboration.
Subsection 2.4: Health care and support workers 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. 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. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and	FA	There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Nine staff files including three registered nurses, a diversional therapist, a caregiver, an administrator, a chef, maintenance person, and a cleaner were reviewed. These included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. A register of current annual practicing certificates was sighted and included all

culturally safe, respectful, quality care and services.		registered nurses, the podiatrist, physiotherapist, and general practitioner. An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored on an electronic platform. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process. Following any incident or accident, evidence of debriefing and follow-up actions taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. An employee assistance programmes is available.
Subsection 2.5: Information 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.	FA	The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. 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 registered nurse or caregiver, including designation. Any paper-based documents are scanned into the electronic system. Resident files are archived for ten years as required. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a	FA	Potential resident and their family/whānau are invited to Beattie Home and have a walk-through tour where they are provided with information about our services and facility. During this visit, any other details are gathered, and they are provided with advice about funding and advised to seek further advice from Work and Income New Zealand (WINZ) and informed regarding the varying room rates. Completed needs assessment service coordination (NASC) authorisation forms for dementia, rest home, hospital, and respite level of care residents were sighted. Beattie Home also accepts emergency admissions with some

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.		from the public hospital and others from the local doctor. The service holds an emergency contract. There were no admissions at the time of audit under this contract. A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Residents in the dementia communities were admitted with appropriate EPOA or welfare guardian documents in place and these were sighted in resident records reviewed. The records reviewed confirmed that admission requirements were conducted within the required time frames and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided. The general manager and clinical nurse leader reported all potential residents who are declined entry are recorded. When an entry is declined the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. There were residents who identified as Māori at the time of the audit. Routine analysis includes analysis of entry and decline rates including specific data for entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and family/whānau. The general manager stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they	PA Low	Nine resident files were reviewed: three hospital level, three rest home (including one respite) and three dementia level care. All resident files

know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		reviewed, except the respite at rest home level, were under the age-related residential care (ARRC) agreement. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews. The initial care plan is completed within 24 hours of admission. Ongoing interRAI assessments have been completed and all outcome scores were identified on the long-term care plans; not all initial interRAI assessment were completed within time frames. All residents in the dementia area have a behaviour assessment completed on admission with associated risks and supports needed. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan. Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical and non- medical requirements; however, they do not always provide detailed interventions to provide guidance for staff. The care plans for residents in the dementia unit include a 24-hour reflection of close to normal routine for residents. However; interventions to manage behaviours that challenge have not all been individualised. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. InterRAI re-assessments have been completed six monthly and when changes occurred earlier as indicated for long term residents. Of the nine resident files reviewed one was respite and three had not been at the service for six months. For the longer-term residents; evaluations had not been documented (four files). The service contracts a general practitioner for twice weekly visits and is available on call. The general practitioner had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were happy with the

		competence of the registered nurses, care provided and timely communication when there are residents with concerns. Resident files identify the integration of allied health professional input into care, and a team approach is evident. A physiotherapist visits twice weekly A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these are documented. Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The was observed on the day of audit and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the registered nurses document at least daily for all resident records and when there is an incident or changes in health status. The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident’s condition changes, the staff alert the registered nurses who then assesses the resident and initiates a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status and this was consistently documented in the resident files. There were a total of eight wounds including one pressure injury being actively managed across the service. Other wounds included skin tears, surgical and grazes. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds were reviewed. The RNs described access to a wound specialist as needed. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including

		continence, wound care supplies, and pressure injury prevention resources. There is access to a continence specialist as required. Care plans did not all reflect the required health monitoring of care for individual residents. Monitoring tools including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime are available for staff to use. New behaviours are charted on a stress and distress monitoring chart to identify new triggers and patterns. The challenging behaviour charts had been completed, and entries described the behaviour and strategies to de-escalate behaviours including re-direction and activities. Observations have routinely and comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Incidents reviewed indicate that these were completed in line with policy and procedure. Beattie Home provides equitable opportunities for all residents and supports Māori and family/whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The cultural assessment tool supports Kaupapa Māori perspectives to permeate the assessment process. Care plan in place reflects the partnership and support of residents, family/whānau including extended family/whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Staff confirmed they understood the process to support residents and family/whānau. There were residents who identify as Māori at the time of the audit. One care plan for a resident of Māori descent reflected cultural need and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives	FA	The activity program runs seven days a week from 8:30 - 4:30pm. The mornings activities are themed around exercise and movement. For example, there might be an exercise programme prior to games like

and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.		bowls, skittles, yoga, drumming balls, pool noodle challenge, or bean bag toss. After lunch there are school groups, singing groups, craft ladies, volunteers who take residents for drives, volunteers who bring in animals. There are also events for occasions that are celebrated like high tea parties for daffodil day, Anzac Day, Easter, birthday, and other anniversaries. In the later afternoon quieter activities like cards, category games, spa days, movies or puzzles are scheduled. A monthly planner is developed, posted on the notice boards and residents are given a copy of the planner for their rooms. Daily activities were noted on notice boards to remind residents and staff. Residents and family/whānau meetings discuss different issues at the facility and provide feedback relating to activities. The activity programmes (one for the dementia unit and one for the rest home/ hospital are formulated by the diversional therapist in association with the relationship manager and with input from residents. The activities were varied and appropriate for residents assessed as requiring dementia, rest home, hospital level of care. Individual resident care plans document sufficient interventions in the activities plan to guide staff in the management of behaviour over 24 hours. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planners included quiz, bingo, floor games, Matariki, Māori language week, table games, sensory, outdoor walks, van outings, music, pet therapy, entertainment, kapa haka, and exercise, visits from schools, and relaxing time with pampering. The service promotes access to EPOA and family/whānau and friends. There are regular outings and drives for all residents (as appropriate). The dementia unit`s activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities including domestic like chores, baking, and music therapy. All interactions observed on the day of the audit evidenced engagement between residents and the activities team in the dementia unit. This included observation during the audit of residents and staff

		pottering in the garden together. There were residents who identified as Māori. The activities staff reported opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week with varying events lined up. Residents and family/whānau reported overall satisfaction with the level and variety of activities provided.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe 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.	FA	Beattie Home has policies available for safe medicine management that meet legislative requirements. The registered nurses and medication competent caregivers who administer medications have current competencies which have been assessed in the last twelve months. Education around safe medication administration is provided. All medication charts and signing sheets are electronic. On the days of the audit, a medication competent caregiver was observed to be safely administering medications. The registered nurses, and caregivers interviewed could describe their roles regarding medication administration. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation is conducted by a registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checks medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. Medications are appropriately stored in the medication trolleys and the three medication areas. The medication fridges and medication room temperatures are monitored daily and have remained within acceptable limits. All medications with a short shelf life have been dated on opening. Medication incidents were completed in the event of a drug error, and corrective actions were acted upon. Eighteen electronic medication charts were reviewed. All had

		photographic identification, any allergies or adverse drug reactions are recorded. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-administering inhalers. A process and policy are documented if a resident would like to self-administer medications and the GP as agreed. The service does not use standing orders and there are no vaccines kept on site. There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical nurse leader and nurse supervisor described how they work in partnership with residents who identify as Māori and their family/whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
Subsection 3.5: Nutrition to support wellbeing 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.	FA	The kitchen service complies with current food safety legislation and guidelines. The head chef has oversight of the kitchen and manages all meals along with the team of a second chef and kitchen hands. All food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The service has a verified current food control plan. The menu was reviewed by a registered dietitian(December 2024). Kitchen staff have attended safe food handling training. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the

		day and over night when required. The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. All food at mealtimes is delivered to the dementia unit in a bain-marie and served individually to enable choice for the residents. Meals for the rest home and hospital are served directly from the kitchen. The dining rooms were a calm and pleasant environment and provide ample room for residents using mobility aids. Staff were available to assist as needed. The kitchen staff reported the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. including 'boil ups,' hāngi, Māori bread, and corned beef were included on the menu, and these are offered to residents who identify as Māori when required.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The clinical nurse leader reported that discharges are normally into other similar facilities or residents following their respite stay (as observed on the day of the audit). Discharges are overseen by the registered nurses who manage the process until exit. Exits, discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required. The residents (if appropriate) and family/whānau are involved for all exits or discharges to and from the service, including being given

		options to access other health and disability services. Transfer documents include the transfer form, copies of medical history, the admission form with family/whānau contact details, resuscitation form, medication charts, and the last general practitioner review records. Referrals to other allied health providers were completed with the safety of the resident identified. Current and old notes are collated and filed for archiving. A written request is required for a resident's information to be transferred to another facility. Discharge notes are kept in residents' records and any instructions integrated into the care plan. The clinical nurse leader advised a comprehensive handover occurs between services.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	The building has a current warrant of fitness that expires on 7 January 2026 and a certificate of public use for previous upgrade in in place dated 22 May 2025. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective communities with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the care home. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards. The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. Hot water temperatures were monitored weekly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance manager who works full time (and provides on call for emergencies after hours and weekends) and certified tradespeople where required. The care home contracts a gardener for maintenance of the outdoor space and gardens. The environment is maintained at appropriate temperatures with central heating or heat pumps in hallways, ceiling heaters in the residents' rooms and heat pumps/air conditioning systems in the communal areas. Entry and exit into the dementia community is by use of a security

		swipe key which is individually coded to each employee. The layout provides a home- like and secure environments for residents needing dementia care. There is a main lounge and dining area that caters for residents' needs. The outdoor areas were secure, safely maintained, and appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the gardens with access to the raised vegetable and flower gardens. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. There are adequate toilets and showers in Kauri and Te Whare Awhina communities. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contained flowing soap and paper towels. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Residents' rooms are personalised according to the residents' preferences. Shared facilities, shower rooms, and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have 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. The service has future plans in place to extend the service. This will take some considerable fundraising effort and therefore isn't envisaged to occur within the next three to four year plan; however, once planning begins the general manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included. The two refurbished rooms are rooms 8 and 12. These rooms were previously identified as being able to be used for rest home level of care in each room. These two rooms have been verified at this audit to

		be suitable for either hospital or rest home (dual purpose) level of care and will be used for two residents sharing. The rooms have sufficient space to accommodate hospital equipment. There are privacy curtains between the beds. Each bed has a call bell and there are ceiling hoists installed for each bed space.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 3 December 2021. Trial evacuation drills are carried out six monthly. The staff orientation programme includes fire and security training. There are adequate fire exit doors, and there are two designated assembly points in the main car park area. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water candles, torches, continent products, and a gas BBQ to meet the requirements for residents and rostered staff. There is a generator on site. Emergency lighting is available and is regularly tested. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24 hours a day, seven days a week. Staff interviewed confirmed their awareness of the emergency procedures. A call bell system in place that is used by the residents, family/whānau, and staff to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance person. Each resident in a double room has a call bell above their bed. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff respond to calls promptly. Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after

		hours. There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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.	FA	Infection prevention and control and antimicrobial stewardship is an integral part of Beattie Home's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. The health safety and quality committee has oversight of policies, procedures and data on infections and antimicrobial usage. This committee includes a board member who ensures that the board identifies that the IP and AMS programmes are integral to business plans. Data is analysed for trends and reported to the board as part of the monthly quality reporting. Expertise in infection control and antimicrobial stewardship is available through the infection control nurse specialist at Waikato Hospital. Resources on infection prevention and control and antimicrobial stewardship are accessible to staff at Beattie Home. The health safety and quality committee meet monthly to discuss infection rates, types of infections with comparison to the previous month, and use of antimicrobials. This information is included in monthly staff meetings (minutes sighted). Any significant events are managed using a collaborative approach and involve the infection prevention control coordinator, general manager, clinical nurse leader, and general practitioner. Outbreaks are escalated in a timely manner.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and	FA	The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and the antimicrobial stewardship programmes are reviewed annually by the health safety and quality committee. The review for 2024 was

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.		sighted. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are developed and updated by the company running the electronic system and are reviewed by the health safety and quality committee. Policies are available to staff. The infection control coordinator job description outlines the responsibility of the role relating to infection prevention and control matters and antimicrobial stewardship. The infection control coordinator has completed training specific to the infection control coordinator role. The service has access to the infection control team at Waikato Hospital. The infection control coordinator described the outbreak management plans used to manage previous, and any possible future outbreaks within the facility. The infection control coordinator monitors the effectiveness of education and infection control practices such as hand hygiene competencies for all staff. The infection control coordinator, in collaboration with the clinical nurse leader and general manager has input in the procurement of consumables for infection prevention and control and personal protective equipment (PPE). Sufficient infection prevention resources including PPE were sighted and these are regularly checked against expiry dates. The infection prevention and control resources are readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention information and hand hygiene posters in te reo Māori. The infection control coordinator, registered nurses and caregivers described how they work in partnership with Māori residents and family/whānau and use of tikanga best practice to ensure culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared

		and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audit system. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility, and handbasins all have flowing soap.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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.	FA	The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme was approved by the board. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The registered nurses work in collaboration with the general practitioner and the pharmacist to monitor the use of antibiotics. Quantity and types of antibiotic usage is monitored monthly. Staff, residents and family/whānau have received education on antibiotic usage. Monthly records of infections and prescribed antibiotic treatment are maintained. The effects of the prescribed antimicrobials are monitored, and the infection control coordinator reported that any adverse effects are reported to the general practitioner. The antimicrobial stewardship programme is evaluated annually and a report for 2024 was sighted.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the	PA Low	The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and

surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.		laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six monthly. Infection control surveillance is discussed at monthly health safety and quality and staff meetings. Infection surveillance data is reported to the board in the monthly reports. Improvement is required in collecting ethnicity data for infection surveillance. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a healthcare acquired infection. Since the last audit there have been two outbreaks of infection. There has been a combined Covid 19 and upper respiratory infection outbreak in 2024, and one respiratory outbreak in June 2025. Each outbreak was appropriately reported and well-managed.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals are clearly labelled with manufacturer's labels and stored in locked cupboards. The trolleys are kept in a locked cleaner's room when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, face shields, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is one sluice room with a sanitiser and stainless-steel bench and separate handwashing facilities. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback. Laundering of bed linen, bath and hand towels and flannels is contracted out. Personnel clothing, blankets, kitchen towels, and other items are laundered onsite. There are dedicated laundry staff on duty Monday to Friday and over the weekend's caregivers launder residents' personal clothing. There is clear separation between the

		handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards are well stocked, and linen was sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The infection control coordinator and clinical nurse leader oversee the implementation of the cleaning and laundry audits.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Beattie Home is committed to providing service to residents without use of restraint. At the time of the audit there were no residents using restraints. The service has been restraint free for several years and is committed to remaining restraint free. Policies and procedures meet the requirements of the standards. Restraint is discussed at the service meetings and board level. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Beattie Home & Hospital will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident, EPOA, GP, and the restraint coordinator. Restraint related training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Low	The initial care plan is expected to be completed within 24 hours of admission in consultation with the resident and family/ whanau. Ongoing interRAI assessments have been completed within expected timeframes and all outcome scores were identified on the long-term care plans. Not all initial interRAI assessment were completed within time frames.	Three resident files for resident who had been admitted within the last year did not have a documented initial interRAI assessment within set time frames (one hospital level and two dementia level of care).	Ensure that initial interRAI assessment is complete within set time frames as per policy. 60 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled,	PA Low	Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provide guidance to staff around all medical and non- medical requirements; however, they do not always provide detailed interventions to provide guidance for staff. The care plans for	Pain management and pain monitoring were not documented for one hospital and one dementia unit resident. Infection control precautions were not documented for one	Ensure that pain management and pain monitoring are documented for residents with known pain. Ensure infection

and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		residents in the dementia unit include a 24-hour reflection of close to normal routine for residents. However, interventions to manage behaviours that challenge have not all been individualised.	hospital level resident with a known infection. Behaviour management strategies were not individualised for one dementia level resident.	control precautions are documented for resident with a known infection. Ensure behaviour management strategies are individualised for residents. 90 days
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the	PA Low	InterRAI re-assessments have been completed six monthly and when changes occurred earlier as indicated for long term residents. Of the nine resident files reviewed one was using respite care and three had not	Four care plans for long term residents did not evidence that formal evaluations had been documented.	Ensure there is a documented evaluation of care six monthly and as needed.

person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		been at the service for six months. Evaluation of care had not been documented for the remaining longer-term residents.		90 days
Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.	PA Low	Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six monthly. Infection control surveillance is discussed at monthly health safety and quality and staff meetings. Infection surveillance data is reported to the board in the monthly reports.	Ethnicity data is not reported in surveillance of infections.	Include ethnicity data in infection surveillance. 180 days

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
Criterion 2.1.5 Governance bodies shall ensure service providers deliver services that improve outcomes and achieve equity for Māori.	CI	The board actively support the implementation of the Māori responsiveness strategy. The board and general manager assume accountability for delivering a high-quality service with the support of staff. Services are provided in ways that honour Te Tiriti o Waitangi and improve outcomes for Māori and people with disabilities.	In 2023 Beattie Home implemented a Māori responsiveness plan to provide a strategic framework for developing resident and staff related goals to embrace diversity and support health equity for Māori. At the time Māori represented 5% of the resident population at Beattie Home while Māori represented 40% of the Otorohanga population. Staff were 10% Māori. Previously the board had a Māori representative with no voting rights. There is a now a Māori board member with voting rights. A staff Māori advisory group was developed to implement the Māori responsiveness strategy. The marketing and relationship team developed appropriate resources, built relationships with key stakeholders within local iwi and council groups, speak at local marae to kaumātua and kuia groups and invite small groups to visit and see what the service offers. Activities were expanded to include adult and children kapa haka

			groups; have a strong focus on celebration of Matariki and Te Wiki o Te Reo Māori; involve local iwi groups in providing specific activities such as weaving; and utilise volunteers from local Māori groups. Te reo Māori is encouraged and staff are required to answer the phone with "kia ora." Te reo Māori signage is throughout the facility and there are dynamic screens in the nurse's station and dining room that display the meaning of Māori words, karakia and whakatauki. Clinical staff utilise Te Whare Tapa Whā in developing and reviewing care plans. The kitchen introduced a Māori meal option on the weekly menu. A recruitment campaign was implemented to target the local population with opportunities to apply for vacant positions. Staff are trained and supported to attain cultural competence in tikanga, Te Tiriti o Waitangi and te reo Māori learning and pronunciation. Staff meetings include Māori games, dance routines and waiata with a focus on developing a positive team culture and culturally safe workplace. The local iwi has blessed the facility and gifted the name Papakainga to the dementia unit, a carved entranceway, and a carved waka huia (treasure box) in reception. In July 2025 Māori residents are 17% of the resident population (11% in rest home and hospital and 20% in dementia), an increase of 12%. Staff represent 24% Māori, an increase of 19%.

End of the report.