

Wairarapa Limited Partnership - Wairarapa Village

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 Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity: Wairarapa Limited Partnership

Premises audited: Wairarapa Village

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

Dates of audit: Start date: 23 September 2025 End date: 24 September 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 58

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Wairarapa Village is an independent care facility certified to provide rest home, hospital, and residential disability care for up to 78 residents. The facility is attached to a retirement village that includes independent living service apartments and villas. There have been no significant changes since the last audit.

This certification audit was conducted against the Health and Disability Services Standard Ngā Paerewa NZS8134:2021 and the service contracts with Health New Zealand – Te Whatu Ora.

The audit process included a review of policies, procedures and resident and staff files, observations and interviews with residents, staff, management, the general practitioner and the chief operations officer.

There were no areas identified as requiring improvement at this audit.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
---	--	--

The service complies with the Code of Health and Disability Services Consumers' Rights. Residents receive services in a manner that considers their dignity, privacy, and independence. Informed choice and consent are facilitated.


Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery.

Care is provided in a way that focuses on the individual and considers each resident's values, beliefs, culture, and religion.

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse and neglect. The service has a culture of open disclosure.

The complaints policy and processes are managed in line with the requirements of Right 10 of the Code of Health and Disability Services Consumers' Rights.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
---	---	--

The BeGroup is the governing body responsible for the services provided at Wairarapa Village. The governance body understands its obligation to comply with legislative, contractual and regulatory requirements. The organisation's mission statement and vision are documented and monitored. The service has a current business plan and quality and risk management systems are in place.

An experienced and suitably qualified facility manager is responsible for the management of the facility. A clinical leader oversees the clinical care in the facility. The BeGroup's chief operating officer supports the facility manager.

Quality and risk management systems are in place with regular collection, monitoring, analysis and review of identified trends.

Human resource policies and procedures, that align to the principles of good employment practice and the Employment Relations Act 2000, are implemented and guide practice in relation to recruitment, orientation, and management of staff. Orientation and training programmes support safe service delivery.

Systems are in place to ensure the secure management of resident and staff information.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

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

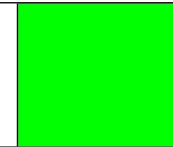
Residents can take part in a range of activities, both one-on-one and in groups. The activity programme helps residents stay connected to the community and supports the health and wellbeing of Māori and their whānau when required. Residents are encouraged and supported to keep doing things they enjoy,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

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

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

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

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.

All buildings and equipment complied with legislation.

Resident areas have sufficient space to manoeuvre. There are several private nooks, lounges and garden areas that are accessible for residents and their whānau. All resident bedrooms have individual ensuites with shower and toilet facilities. There are sufficient separate staff and visitors' toilets.

The environment is maintained at a comfortable temperature.

An emergency plan is in place and staff are trained in emergency procedures. The facility has sufficient systems in place and provisions to sustain staff and residents in an emergency.

Call bells are available to summon assistance in all resident rooms and bathrooms/ensuites

Security systems are in place to ensure the safety of residents, visitors, and staff. Systems include a nighttime lock up procedure, security cameras, duress alarms, and security checks.

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

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

Subsections applicable to this service fully attained.

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

Prescribed antibiotics are monitored, and any adverse effects are followed up. Specialist infection prevention advice is obtained when required. Staff demonstrated understanding of infection prevention and control principles and practices, which are guided by current policies and reinforced through education and training.

Waste and hazardous substances are managed in line with council requirements. Cleaning and laundry services are provided effectively. Surveillance of healthcare-associated infections is undertaken, with results communicated to staff, and the governance body and follow-up actions implemented when indicated. Infection outbreaks since the previous audit have been managed effectively and in accordance with policy.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service has implemented effective restraint minimisation practices. The overarching goal is to achieve and maintain a restraint-free environment. There were 11 restraints in use at the time of the audit. Robust organisational policies and procedures support safe practice and compliance with legislative requirements.

The governing body receives regular reports on any restraint use, ensuring appropriate oversight and accountability. Staff have completed training in least restrictive practices, de-escalation strategies, and alternative interventions, equipping them to manage behaviours safely without resorting to restraint.

Where restraint is clinically indicated, a comprehensive process is followed, including thorough assessment, approval, monitoring, and regular review. This ensures that restraint is only used as a last resort, in the least restrictive manner, and for the shortest duration possible.

The evidence demonstrates a strong organisational commitment to restraint minimisation and the promotion of residents' dignity, safety, and rights.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	181	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Wairarapa Village Māori Health Plan reflects the organisation’s commitment to, and position on Te Tiriti o Waitangi. The plan includes supporting a Māori worldview of health and wellbeing for residents who identify as Māori. Supporting health equity and fair, effective services based on the principles of self-determination (mana motukahe) is also stated. Interview with the chief operating officer (COO) described an understanding of the determinants of inequity and the organisations equity focus.</p> <p>Policies and procedures are in place to ensure the services provided are culturally safe. Staff received training in cultural safety and e Tiriti o Waitangi at orientation and in mandatory training such as webinars and competency assessments. This was confirmed by education records and staff interviews. Staff and resident interviews, including those who identified as Māori, described service delivery that was culturally safe for Māori. Residents and family/whānau described being involved in decision making and receiving care that was provided in a manner that was respectful of their cultural preferences and needs.</p> <p>Māori Health and Quality Assurance Policies describe recruitment strategies and processes to recruit and retain a Māori health</p>

		<p>workforce. These include acknowledge the need to employ staff representative of the ethnicity of residents, to better meet their cultural needs and provide culturally safe services, through greater understanding and respect of cultural preferences and differences. In line with policy requirements workforce ethnicity data is collected, reviewed annually and reported to Governance.</p> <p>The business plan objectives include a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific people. The Māori Health Plan describes equity centred approaches to care.</p> <p>Documentation and staff interviews described linkages and professional cultural support available to the organisation, this included Māori cultural support through the public hospital and local iwi.</p> <p>At the time of audit there were three residents in the service who identified as Māori and six staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The principles of the Pacific People’s Policy are underpinned by, and reference, Ola Manuia and Te Mana Ola: The Pacific Health Strategy. Interview with the facility manager (FM) advised that the plan had been developed with input from Pacific peoples.</p> <p>The plan identifies a commitment to addressing health inequities for all ethnicities including Pacific peoples. It recognises that to achieve optimal outcomes for Pacific People, Pacific culture, language, faith and family/whānau values form the basis of their culture. These are important aspects of recognising the individual within the broader context of Pacific culture. Strategies in the plan include building relationships with families, eliminating barriers to access, training and cultural competency.</p> <p>The plan identifies that recruitment practices will acknowledge the need to employ staff representative of the ethnic groupings of the residents. It is stated that this is to better meet residents’ cultural needs and provide culturally safe services, through greater</p>

		<p>understanding and respect of cultural preferences and differences. Interview with the FM described relationships with Pacific peoples and external agencies to support identification of suitable Pacific peoples for recruitment, when vacancies occur. These also include linkages in the local Pacific peoples' community through a local church, providing advocacy, support and navigation.</p> <p>At the time of the audit there was one resident and one staff member who identified as Samoan and two staff who identified as Fijian Indian.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Policies and procedures are in place to ensure that services are provided in a manner that is consistent with the Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>All staff have received education on the Code as part of orientation and the mandatory education programme. Staff interviews confirmed awareness of the Code and observations identified practices that demonstrated an understanding of their obligations.</p> <p>Evidence that the Code is implemented in staff members everyday practice included but was not limited to; maintaining residents' privacy; providing residents with choice; and providing opportunities for residents and their family/whānau to be involved in care.</p> <p>The Code is provided in resident information packs and explained on entry to the service. This included discussion on informed consent. Resident interviews confirmed awareness of the Code. Posters and pamphlets outlining resident rights were visible throughout the facility in English and te reo Māori. Information packs also include the resident's right to independent advocacy,</p> <p>Policies and staff interviews confirmed awareness of Māori mana motuhake and the right to self-determination. This was facilitated by gaining an understanding and acknowledging what was important to Māori residents and their family/whānau, and included gaining resident consent, involving family/whānau in care and decision making.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Interviews with residents, including young people with a disability (YPD), and their family/whānau confirmed they had input into decision making regarding their care and were involved in care planning. They felt that staff listened to them and that their privacy was maintained and beliefs and views were respected and upheld.</p> <p>Interviews and policies describe an environment promoting diversity, equity and inclusiveness. The Code of Rights policy outlines how residents' dignity, respect and independence will be supported. The resident, and if requested their family/whānau or other representative, were consulted to identify the resident's values and beliefs. These were documented and informed care planning.</p> <p>The Confidentiality and Privacy policy provides guidance to staff to ensure that the privacy (both visual and auditory) of residents, staff and visitors is maintained in accordance with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020.</p> <p>Residents have their own room and observation and staff interviews confirmed that staff knocked on doors prior to entering and ensured that conversations of a sensitive nature were held in private.</p> <p>Tikanga best practice is outlined in policy and included in staff cultural safety training. Cultural appropriate activities included celebrating Matariki. The service responded to tāngata whaikaha needs and enabled their participation in te ao Māori if they so wished. Staff interviewed stated that there are staff available to speak in te reo if a resident wished this.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There is an Abuse and Neglect Policy that documents the process to identify, report, prevent, correct and create awareness of any risk to residents and support workers arising from abuse and neglect. Staff complete education in orientation and in the ongoing in-service education programme on this topic.</p> <p>The Code of Conduct for staff defines professional boundaries.</p>

		<p>Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation and refreshers are included in mandatory training.</p> <p>There is a Protection of Resident Finances and Property Policy that provides the procedure to manage residents' property and finances. This ensures funds are only used in a way intended by the resident. Staff and family/whānau interviewed expressed no concerns about the security of residents' belongings or property. Residents stated that staff were respectful in the treatment of their personal belongings.</p> <p>The Abuse and Neglect Policy's philosophy of service delivery for tāngata whaikaha, is reflective of a strengths-based model of service to be implemented alongside and in conjunction with Whare Tapa Rima (a Māori health model) to represent a holistic worldview for all those receiving services, and to prioritise wellbeing outcomes for Māori.</p> <p>There were no documented incidents of abuse or neglect and no evidence of abuse or neglect reported in staff, resident or family/whānau interviews. The staff and resident Interviews confirmed that the staff are very caring, supportive, and respectful and there was no evidence of institutional racism.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>There are policies and procedures in place to ensure that consistent, appropriate and effective verbal and written communication takes place. This includes effective communication between Wairarapa Village personnel and the resident's family/whānau/ next-of-kin, as well as communication with residents with a sensory deficit. The informed consent policy ensures that each resident and where relevant their family/whānau, receives full information at the earliest opportunity.</p> <p>Information was made available for residents in a variety of mediums this included brochures, the Wairarapa Village website and discussions with staff.</p>

		<p>Resident records and staff interviews evidenced that clear communication between other agencies and services involved in a resident's care such as the GP and physiotherapy.</p> <p>On admission the next of kin and emergency contact were identified and documented. Staff stated that the importance of family/whānau was recognised, particularly in collecting historical information relating to the resident.</p> <p>Residents, including YPD, and family/whānau confirmed that free and frank open communication was practiced. Communication was clear and provided in a manner that residents and family/whānau understood. They felt that they were given sufficient time to discuss matters and ask questions and were satisfied with the level of information provided.</p> <p>With resident consent, family/whānau are contacted to advise of any change in condition and ensure family/whānau were aware of the plan of care.</p> <p>The Interpreter Policy ensures that residents (and/or their advocating representative) understand all information supplied to them, are given adequate time to understand the information and have an opportunity to ask questions. The contact details of public hospital interpreter services and community organisations is available. Staff confirmed that when required interpreters, cultural representatives and advocacy services are accessed to ensure information is understood. At the time of audit there were no residents requiring the services of an interpreter.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,</p>	<p>FA</p>	<p>There is an implemented Informed Consent Policy and associated documents in place that are in line with the requirements of the Code. It ensures residents, and their family/whānau are supported to receive services in a way that enables them to effectively manage and direct their own health needs, achieve optimal health, and live well. The policy provides guidelines for staff, to ensure adherence to the legal and ethical requirements of informed consent and choice.</p> <p>Residents interviewed confirmed that they were fully informed and</p>

<p>keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>were afforded sufficient time to consider options prior to giving consent. Staff included family/whānau in consent decision making if the resident wanted their family/whānau to be involved. Staff confirmed that they obtained consent prior to any treatment or procedure. Evidence of a range of signed consents were sighted in resident records.</p> <p>Enduring Power of Attorney (EPOA) and advance directives including do not resuscitate (DNR) are in place, were also enacted in line with policy.</p> <p>The Informed Consent Policy requires consent to be sought within the requirements of natural justice, free of coercion, harassment, or threat and to follow tikanga best practice guidelines. This includes residents and their family/whānau being given the opportunity to come together and make unified decisions, to ensure the process of kotahitanga (unity) is maintained during the process.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is an implemented Complaints - Concerns Management Policy that outlines the process to be followed when a complaint is received. The policy and processes are in line with Right 10 of the Code.</p> <p>The right to complain is communicated to residents during the admission procedure and is a component of the admission agreement. Residents and family/whānau confirmed awareness of the complaints process, and that they were satisfied with care and had no reason to lodge a complaint.</p> <p>The FM is responsible for managing complaints. There is a system in place that documents the complaint, the timeline to be followed, the outcome and any corrective actions required (CAR) arising from the complaint. There have been seven complaints since the last audit.</p> <p>The complaints process ensured that the complainant was made aware of their right to have an independent advocate with their cultural needs considered. Complainants may also have a support person including family/whānau present at any stage of the</p>

		<p>procedure.</p> <p>Review of complaints received showed that the complaints process had been followed with appropriate closure of the complaint following investigation and response to the complainant, within the required timeframes.</p> <p>There have been no complaints for this service lodged with external entities since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Wairarapa Village is a part of the BeGroup. BeGroup’s directors and executive team provide direction to the service. The Business Plan 2025-2026 outlines the organisation’s requirement to comply with relevant legislation. Interview with the BeGroup executive team’s COO confirmed the governance body understands its obligations and has systems and processes in place to meet legislative, contractual, and regulatory requirements. The business plan details the organisation’s mission, vision, objectives and values. The plan’s strategy includes providing person-centric services where residents have a sense of mana motuhake.</p> <p>These are reviewed as part of the business planning process. They are made known to staff in key human resource documents, such as the orientation manual. The plan describes how the quality and risk programme, through internal audits, aims to assess and analyse compliance against contractual and legislative requirements.</p> <p>The facility manager (FM) has been in the role for over two years and has previous clinical manager experience. The clinical leader (CL) has been in the role for three months. Both the FM and CL are registered nurses (RNs) with current practicing certificates. In the absence of either the FM or CL, one covers for the other with the support of the COO.</p> <p>Quality improvement and risk management has support across the organisation. The quality strategy identifies that governance and management’s commitment to continuous quality improvement and risk management. It further states there is a general willingness</p>

	<p>among the key stakeholders to work together to achieve the goals of clinical and operational leadership. This was also described in COO and FM interviews. The FM leads the quality and risk programme at Wairarapa Village, supported by the BeGroup COO. The risk register was sighted and captures a range of risks including environmental, staffing, legal, financial and clinical.</p> <p>The business plan describes the organisation’s commitment to improving the health status of ethnic groups including Māori and Pacific peoples. The Māori health plan describes how the organisation will ensure equity. Interview with the COO described the governance bodies commitment to multiculturalism and achieving equity of all including Māori and tāngata whaikaha.</p> <p>Residents and family/whānau have input into the services through satisfaction surveys and resident meetings.</p> <p>The organisation is yet to obtain Māori representation on the board but remains committed to addressing this and has identified and developed linkages with Māori health advisors and providers to provide support to the organisation and governance when required, including input into the operational policies.</p> <p>Interview with the COO described the training day attended by the directors and executive team relating to understanding governance from a Māori perspective. The organisation has established contacts with Māori in governance roles and understands its obligations under Te Tiriti, health equity, and cultural safety.</p> <p>The clinical governance structure is appropriate to the size and complexity of service provision. Oversight including monitoring and evaluation of key aspects of service delivery and clinical quality are provided by the FM and CL, with any issues raised to the COO. Interview with the FM described that when required input would be sought from another facility under BeGroup, or a pharmacist, a general practitioner (GP), physiotherapist or occupational therapist.</p> <p>The service provides rest home, hospital level, and care for younger people with lifelong disabilities – (YPD), for up to 78 residents. The allocation of beds consists of 21 rest home, 11 hospital, 42 dual purpose, and four YPD – physical beds. On the days of the audit there were 24 residents assessed as requiring hospital level care</p>
--	---

		<p>and 27 requiring rest home level care. In addition, there are: seven YPD residents, four at hospital and three at rest home levels of care.</p> <p>Twelve of the 21 rest home beds are serviced apartments. At the time of the audit there were three residents in the serviced apartments who were assessed as requiring rest home level care and had occupational rights agreements (ORAs).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Wairarapa Village has an implemented quality and risk management system (QRMS), that includes a current Quality Assurance and Risk Management Policy. Quality objectives are reviewed annually by the directors and executive team. The policy outlines the quality and risk management framework based on the quality cycle of 'plan, do, check and act' for continuous quality improvement. There are policies and procedures, and associated systems to ensure that the service meets accepted good practice and adheres to relevant standards, including standards relating to the Health and Disability Services (Safety) Act 2001. The FM, supported by the BeGroup's COO, is responsible for overseeing the QRMS. Staff and residents have input into and are made aware of quality and health and safety through their respective meetings, confirmed in both resident and staff interviews. Observation of service delivery identified that residents were able to be involved in decision making/choices as well as access to technical aids and technology within the service. Interview with a YPD resident confirmed that they could have input into quality improvement through resident meetings if they so wished. They were satisfied the choices and opportunities they were provided with and were involved in decision making about equipment they used. Most quality activities are recorded and reported on an electronic database.</p> <p>Quality improvement projects using a risk-based approach were evidenced. A range of data from quality activities is collected, including but not limited to: complaints, customer satisfaction surveys, accidents and incidents and infections. There is an implemented annual schedule of internal audits (sighted). Where</p>

	<p>required corrective actions are developed and implemented with sign-off by the FM. Results from quality activities are analysed, evaluated and reported. Meetings minutes evidence that feedback on a comprehensive range of subjects is shared with staff at staff meetings. Staff reported receiving regular updates on quality and risk through monthly staff meetings and there was opportunity at meetings for input from staff. The hazard and risk register sighted was relevant to the service and had been regularly reviewed and updated.</p> <p>The quality plan includes a range of annually reviewed quality goals/objectives and key performance indicators. Progress towards the achievement of the respective key performance indicators is measured, monitored and reported in management meetings.</p> <p>The COO, FM and village manager oversee health and safety for the Wairarapa Village site. Staff receive training in health and safety at orientation and through on-line training modules and health and safety updates. A Risk Management Policy sets out the programme to provide a safe environment for employees, residents, and visitors. A regular review of the on-site health and safety system occurs. The reviews include adverse events and issues arising, staff injuries, health and safety training attended, maintenance, new contractors on site, and onsite health and safety inspections.</p> <p>An adverse event Management Policy ensures all adverse events are identified, documented accurately in a timely manner and investigated. Staff report an incident/accident on a new adverse event form via the RN in charge, who will assess the resident and add injuries, treatment provided, and observations undertaken to the report. Reporting for incidents/accidents records if communication occurred with the GP and/or family/whānau in the event of an accident/incidents involving residents (sighted). The electronic system sighted, facilitates the collation of information, which is reviewed monthly for trends and shared with staff in meetings and on the staff notice board.</p> <p>All adverse events are categorised into a severity assessment code (SAC) classification. The service follows the national adverse event reporting policy for internal and external reporting (where required)</p>
--	--

		<p>to reduce preventable harm by supporting system improvement.</p> <p>Interviews with senior staff described an understanding of the requirements to comply with statutory and regulatory obligations in relation to essential notification reporting. Interview with the FM advised that since the last audit there had been a pressure injury that required essential notification under Section 31. The appointment of the CL had also been reported.</p> <p>High quality health care and equity for Māori is stated within the Māori Health Plan and throughout organisational documentation. Staff were appropriately trained and supported to deliver high quality health care. The plan's aim is to co-design health services in a Māori partnership model of care. It outlines a Māori cultural care philosophy and procedures to provide culturally safe services to residents and their family/whānau who identify as Māori. Staff interviews described understanding of culturally safe service provision for Māori and how this was implemented in service delivery, such as identifying cultural and personal needs and facilitating the inclusion of whānau in communications and decision making.</p> <p>The service utilises the health equity assessment tool (HEAT). There was evidence of tracking and analysis of risk and quality information by ethnicity to identify trends and possible inequities</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Rostering follows the Annual Leave and Rostering Policy guidelines. Rosters and requirements for additional staff are determined by the FM taking into consideration the needs of residents and associated roles, responsibilities and levels of experience of staff. Staff rosters reviewed showed that the facility was staffed safely and staff gaps in rosters had been covered by permanent staff picking up additional hours, with external agency staff available to be called upon if required. There were sufficient staff to meet the needs of rest home residents in the collocated, serviced apartments.</p> <p>Both the FM and CL worked day shifts, Monday through to Friday, 40 hours per week and alternated being on call after-hours.</p>

	<p>On the morning shift there are two RNs or an RN and enrolled (EN) each day from 6:45 am until 3:15 pm supported by eight healthcare assistants (HCAs) who work varying shifts starting between 6:45 or 8:00 am until between 1:00 and 3:00 pm.</p> <p>On the afternoon shift there are two RNs or an RN and EN each day from 2:45 pm until 11:00 pm supported by seven HCAs who work varying shifts starting between 2:45 and 5:00 pm until 10:00 or 11:00 pm.</p> <p>On the night shift there was one RN and three HCAs from 10:45 pm until 7:00am the following morning.</p> <p>There were two rostered cleaning staff on each day, seven days per week.</p> <p>The skills and knowledge required of each position are identified in the respective staff job descriptions. These detailed the expected behaviours, responsibilities and requirements of the role. Staff are required to read and accept the code of conduct as part of the on-boarding process.</p> <p>Caregivers complete CareerForce training in New Zealand Qualification Standards (NZQA) to level four and are required to commence training within 12 months of employment.</p> <p>New staff are required to complete competencies appropriate to their role. Staff confirmed they were supported to upskill and maintain competencies appropriate to their role and were able to meet the needs of all residents equitably.</p> <p>There is an ongoing training programme relevant to the services provided. There are systems in place to record and monitor ongoing staff learning and ensure that staff competencies are current. Staff records and training logs sampled evidenced that staff had completed the necessary training and competencies for their respective role.</p> <p>The service collects both staff and resident ethnicity data to support the gathering of Māori health information. A system is in place to ensure the accurate collection and sharing of Māori health information. The Māori health plan outlined that on admission each</p>
--	--

		<p>resident's ethnicity and specific cultural beliefs/values shall be recorded in their individual care plan. Care plans sampled evidenced this was completed.</p> <p>Health care and support workers acquired health equity expertise through workforce development such as the mandatory training for all staff in Te Tiriti o Waitangi and cultural safety.</p> <p>Support systems promote health care and support worker wellbeing, and a positive work environment, this was confirmed in staff interviews. There was a planned return to work programme following an accident or illness. An employee assistance programme, counselling service could be accessed by employees if needed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Policies and procedures are in place that align to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisation's policy is consistently implemented and records are maintained. The recruitment process includes reference checks, police vetting, and a signed employment agreement and job description relevant to the role.</p> <p>Registrations and annual practising certificates (APCs) were validated for all clinical staff who required them. The system tracked APCs due dates to ensure an annual validation of APCs was completed and recorded on file.</p> <p>There is a documented and implemented orientation programme. Staff records reviewed showed evidence of staff receiving an orientation, with a generic component specific to their roles, on induction. Staff interviews confirmed completing this and stated it was appropriate to their role. The implemented annual training programme was sighted, was relevant to the needs of the residents, including those with physical disability and YPD. Staff records sighted showed evidence of a current performance appraisal.</p> <p>Ethnicity was collected and recorded in the human resource database. Ethnicity data was collected in line with the Health</p>

		<p>Information Standards Organisation (HISO) requirements.</p> <p>Interviews with the FM and staff confirmed that staff are supported and given the opportunity to be involved in a debrief and discussion, following incidents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Residents' records and medication charts are managed electronically. Residents' information including progress notes are entered into the resident's records in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents' progress notes are completed at every shift.</p> <p>There are policies and procedures in place to ensure the privacy and confidentiality of resident information. Staff interviews confirmed awareness of their obligations to maintain confidentiality of resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised access. The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals.</p> <p>The service is not responsible for the National Health Index registrations of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information</p>	FA	<p>Entry criteria for Wairarapa Village are clearly outlined in the information handbook. Admission is managed by the FM, CL, RNs and ENs. Prospective residents, whānau or enduring power of attorney (EPOA) representatives are encouraged to visit the facility prior to admission. Information about the service is provided to support informed decision-making. Residents including young people with disabilities are admitted only after the required level of care is assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service and Ministry of Social development.</p> <p>Whānau and residents interviewed confirmed they were involved in</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>the entry and assessment processes and that their rights and identity were respected. Policies and procedures specify processes for communicating decisions when entry is declined. The service maintains records of all enquiries and routinely analyses entry and decline data monthly, including specific rates for Māori.</p> <p>Established links with Māori organisations support the needs of residents who identify as Māori when required. Three Māori cultural advisors are available to provide cultural guidance when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>An electronic system is used to manage residents' records including nursing assessments, care plans and medical records. Restraint monitoring forms and activities assessments and care plans are paper based. Eight residents' records were reviewed: two for young person with disabilities, two rest home and four hospital level residents. The RNs and ENs complete nursing admission assessments, care plans, and care plan evaluations. Initial assessments reviewed were completed within 24 hours of admission. A range of assessment tools are utilised, including those addressing residents' lived experiences, falls risk, pressure injury risk, continence, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of admission, and long-term care plans were developed within the same timeframe. Care planning incorporated information from InterRAI assessments, referral documentation, observations, and NASC assessments. Residents, including young people with disabilities and whānau, where applicable, were involved in assessment and care planning processes.</p> <p>Long-term care plans identified residents' strengths, goals, and aspirations aligned with individual values and beliefs. Early warning signs and potential risks to wellbeing were documented, along with strategies for mitigation. Care plans for young people with disabilities included community participation and strategies to meet physical and health needs. Systematic monitoring and evaluation of care plans occurred six-monthly or more frequently as clinically indicated. Care plan evaluation recorded the degree of progress</p>

		<p>towards achievement of agreed goals of care. Te Whare Tapa Wha model of health was integrated into care planning to ensure tikanga and kaupapa Māori principles informed care delivery and supported Māori residents in achieving pae ora outcomes when required. Strategies were in place to identify and address barriers to equity for tāngata whaikaha (disabled persons) and whānau, including access to cultural support when required.</p> <p>General practitioners provide services on rotation, and they visit the service weekly and provide after hours on call services. The general practitioner interviewed described an effective relationship with the clinical team and established processes inform the doctors of concerns or changes in a timely manner. Medical assessments were completed promptly by the general practitioner (GP), with routine reviews every three months or sooner as indicated. Records confirmed timely escalation of health changes to the GP. The GP expressed satisfaction with the standard of care provided and confirmed that medical instructions were consistently followed.</p> <p>A range of equipment and resources suited to the levels of care provided was available and maintained. Residents and whānau confirmed involvement in care evaluation and expressed satisfaction with the standard of care provided.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is led by a qualified diversional therapist, supported by two activities coordinators. Residents' activity needs, interests, and social requirements are assessed on admission with input from residents and whānau. A monthly activities calendar is developed and displayed, with daily activities communicated on writing boards around the facility. Each resident is given a copy of the activities calendar.</p> <p>A mix of individual and group activities is provided, reflecting residents' goals, cultural needs, and ordinary patterns of life. The programme includes community involvement, visiting entertainers, national and international day celebrations, and cultural events such as Waitangi Day, Matariki, ANZAC Day celebrations. Māori language week is observed. Residents are supported to participate</p>

		<p>in te ao Māori activities, including kapa haka, and Māori food options are provided during cultural day celebrations. Family/whānau participation is encouraged, and residents including young people with disabilities are supported to attend outings of choice.</p> <p>Attendance records are maintained, and residents' activity needs are reviewed six-monthly alongside interRAI assessments and care plans. Feedback is sought through quarterly residents' meetings and surveys. Residents were observed participating in a variety of activities during audit and confirmed they find the programme enjoyable and meaningful.</p> <p>Young people with disabilities were happy to join the group activities offered. They also participated in individual activities of choice including accessing games on their electronic gadgets as desired, using the facility Wi-Fi. They also go for shopping independently as able.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy complies with current legislation and guidelines. Medicines are administered safely using an electronic system. Observation of two RNs administering lunchtime medications confirmed adherence to safe practice, with both demonstrating knowledge and understanding of their roles and responsibilities at each stage of medication administration. All staff responsible for medication administration had current competency assessments. Medication incidents are documented. Investigations were completed and corrective actions implemented as required.</p> <p>Medicines were stored securely in a locked medication room and locked trolleys. Medications are supplied in pre-packaged formats by a contracted pharmacy. Medication reconciliation is completed by RNs on delivery of new packs and following residents' return from acute services. All medications sighted were within expiry dates. Pharmacist support is available on request. Standing orders are used, and appropriate processes were implemented. Controlled drugs are stored securely, and the controlled drug register showed evidence of weekly and six-monthly stock checks. Temperature</p>

		<p>records for medication storage area and fridges were within the recommended range.</p> <p>Three-monthly medication reviews are consistently completed by the GP. Review of sixteen prescription charts confirmed appropriate prescribing practices, including documentation of over-the-counter medicines, supplements, and allergies where applicable. Residents and whānau are supported to understand their medications. The GP confirmed that culturally appropriate advice and treatment options are provided for Māori when requested.</p> <p>At the time of audit, two residents were self-administering medications. Processes for assessing competence and ensuring safe storage were in place and followed. Registered nurses support the younger resident(s) to access their medication when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents’ dietary requirements are assessed on admission in consultation with residents and, where applicable, whānau or enduring power of attorney (EPOA). Individual diet requirement plans document personal food preferences, allergies, intolerances, cultural needs, and texture-modified diet requirements. A diet requirements form is completed and provided to caterers. The cook stated that special requirements are accommodated in daily meal planning.</p> <p>All meals are prepared onsite by the cooks. The menu operates on a twelve-weekly seasonal cycle and was last reviewed by a registered dietitian in May 2024. Residents who choose not to go to the dining room have meals delivered to their rooms.</p> <p>The service operates with an approved food control plan, valid until 31 July 2026. Food temperatures are monitored and recorded in accordance with the plan. Observations during the audit confirmed the kitchen environment was clean and staff followed appropriate infection prevention and control measures during food service.</p> <p>Residents’ weight is monitored monthly, and interventions, including the provision of nutritional supplements, are implemented as required. Cultural considerations are incorporated, with Māori-</p>

		<p>specific menu options available when required. Snacks and fluids are available 24 hours a day.</p> <p>Mealtime observations confirmed residents received appropriate assistance and were supported to eat in an unhurried manner. Residents interviewed expressed satisfaction with meals provided, and whānau reported no concerns.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The service has a transfer and discharge policy that guides staff practice. Transfers and discharges are carried out safely and in consultation with residents, whānau, and EPOAs where applicable. A transfer form is completed to ensure continuity of care, and verbal handovers are provided to the receiving service. Residents requiring acute or emergency care were transferred via ambulance to the accident and emergency department. Documentation reviewed confirmed that risk mitigation strategies were included, and residents were supported throughout the transfer process. Referrals to kaupapa Māori agencies and other health or disability services are offered when indicated or requested. Records and interviews verified that residents and whānau were informed of the referral process and the reason for transfer or discharge.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building warrant of fitness, current to June 2026, is displayed in the entrance to the facility. Buildings, plant, and equipment comply with relevant legislation. Residents were able to personalise their rooms with their pieces and mementos. Those sighted reflected the residents' cultural practices. There are two spacious communal residents' lounges and external garden area with areas where YPD can find privacy.</p> <p>There is rolling 12-month schedule of preventative maintenance, that includes monthly checks of a selection of rooms and all common areas. The maintenance manager oversees the maintenance schedule and the day-to-day management of repairs in the rest home and village. There is a system to notify and manage reactive maintenance requests. Staff can log maintenance</p>

		<p>requests by completing a maintenance request sheet or through a phone call or email. Review of maintenance requests showed maintenance was attended to promptly. The service has an annual test and tag programme, and this was up to date. Serviceability checks and calibration of clinical equipment was sighted to be current. Hot water temperatures are monitored and maintained within recommended temperature ranges.</p> <p>Resident areas have handrails and sufficient room to manoeuvre with mobility aides. Accessible sliding doors open onto well maintained gardens and decks. Outdoor areas have seating, including shaded seating and sun umbrellas are used in the summer months. Windows in resident rooms provide natural light and views of the gardens. There are designated areas for storing linen, equipment, and activities resources.</p> <p>Heating was a combination of night store heaters and heat pumps. The environment in the facility on days of audit was maintained at a comfortable temperature.</p> <p>All residents, including YPD, have their own bedrooms, with their own toilet and sufficient space to mobilise safely with support or equipment. Of these: twenty-three, have a full ensuite, and toilet and two share an ensuite. The remaining bedrooms share five shower rooms. The serviced apartments have their own ensuite. There are sufficient separate staff and visitors' toilets.</p> <p>The Māori Health Plan states that the organisation would consult with local Māori tikanga advisors in relation to ensuring any new building design is appropriate for Māori and that any barriers to access which are related to the environment have been factored into building design.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>FA</p>	<p>A Fire and Emergency New Zealand fire evacuation plan, approved in December 2023, was sighted.</p> <p>Staff training records reviewed demonstrated that orientation and mandatory training includes emergency and disaster procedures and fire safety. Fire drills are conducted at least six monthly. There</p>

<p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>is a monitored fire alarm, and a sprinkler system is installed. Fire extinguishers are in place throughout the facility, and exit signage is clearly displayed. Staff interviews confirm the RN on duty is the designated fire warden.</p> <p>Emergency planning takes into consideration the needs of all residents, including YPD. A business continuity plan is in place, and this had been partially tested during a power outage. The facility has sufficient provisions to sustain staff and residents in an emergency. Alternative energy and utility sources are available in the event of the main supplies failing. These include a memorandum of understanding for the supply a generator from another facility, a barbeque for cooking, emergency lighting and sufficient, food, and water supplies. There are enough trained staff on duty each shift and to provide first aid and emergency treatment if required.</p> <p>Call bells are available to summon assistance in all resident rooms and bathrooms/ensuites. These activate nurse pagers and send an alert to a screen in the nurses' station</p> <p>Security systems are in place to ensure the safety of residents, visitors, and staff. Contractors are required to sign in and out of the building. External doors are locked in the evenings with access through a single point of entry overseen by staff on duty. There is external lighting around the facility and security cameras are monitored from the nurses' station, manager's office and village manager's office. External security checks are conducted each night by an external security company and two full time walkarounds can be called. The security company can also be directly summoned in an emergency.</p> <p>Sign in to the facility for resident visitors and contractors includes acknowledging health and safety requirements. Monthly health and safety audits checks are conducted. Residents are made aware of emergency and security arrangements on admission.</p>
<p>Subsection 5.1: Governance The people: I trust the service provider shows competent leadership</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme are designed to improve quality and ensure safety of residents, staff and visitors. Expertise and advise on infection</p>

<p>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.</p>		<p>prevention is sought following a defined process which includes advise on significant infection events sought from the clinical governance team, Health New Zealand – Te Whatu Ora and the GP. Reporting of significant infection events to the governance body is completed through monthly quality, health and safety meeting minutes sent to the COO. A stepwise approach to risk management was adopted and appropriate staff support is provided by the clinical leader and the facility manager.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is a nominated infection prevention and control coordinator (IPCC) with a defined role, responsibilities, and reporting requirements in their role description. The IPCC has completed external infection prevention and control education through Health New Zealand – Te Whatu Ora and has access to clinical records and diagnostic results. IP policies reflect current standards and best practice guidance. The IP programme is reviewed annually, last reviewed 20 December 2024.</p> <p>The IPCC and the facility manager have reviewed clinical policies that may have an impact on HAI risk, and they oversee the procurement of infection prevention equipment and consumables. Pandemic and outbreak management plans are current and supported by sufficient and readily available PPE resources. The pandemic and outbreak management plan are tested at regularly intervals. The CL stated that IP considerations are included in planning for major changes or new buildings, no changes were planned at the time of audit. Staff receive IP education at orientation and annually, and residents receive individualised education. This was confirmed in interviews.</p> <p>Reusable medical devices and shared equipment are cleaned and disinfected according to manufacturer recommendations and best practice guidelines, with cleaning schedules available. Single-use devices are not reused. Observations confirmed staff compliance with infection prevention and control practices, including correct use of PPE and hand hygiene. Handwashing facilities are accessible throughout the facility.</p>

		<p>Culturally safe practices are implemented, with staff demonstrating awareness of meeting individual needs and acknowledge the spirit of Te Tiriti . Infection prevention educational material in te reo Māori was displayed in the facility.</p> <p>Regular infection prevention audits are conducted, and corrective actions are implemented when required. Audit outcomes and infection updates are communicated to staff during meetings, and new infections are discussed at shift handovers to support early intervention.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. 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.</p>	FA	<p>The service has an antimicrobial stewardship (AMS) programme appropriate to its size, scope, and complexity. The programme was developed using evidence-based prescribing guidelines and expert input and was approved by the governance body. Responsible antimicrobial use is actively promoted. Infections are recorded electronically on the infection event form. Monthly antibiotic usage data is monitored.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. 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.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service and is implemented in line with organisational policy. The policy clearly outlines surveillance methods, tools for data collection, assigned responsibilities, and standardised surveillance definitions. Infection data is collected, monitored, and reviewed monthly. Analysis is undertaken, and action plans are implemented where required. National surveillance programmes and guidance are applied when required. All healthcare-associated infections (HAIs) are monitored by the infection prevention and control Coordinator (IPCC). Monthly infection data is reported to the facility manager and communicated to staff at meetings. Surveillance includes ethnicity data. Infection surveillance is included in the quality, health and safety reports sent to the CEO monthly.</p>

		Residents and whānau are informed of infections in a culturally safe manner, as verified through interviews. An influenza outbreak reported since the previous audit was managed effectively, appropriate infection prevention and control were implemented.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>The environment was observed to be clean in all areas inspected. Cleaning and laundry staff adhere to best known practices for use of chemicals that maintain hygiene and support prevention of infection and transmission of anti-microbial resistant organisms. Laundry of linen and towels is outsourced to an external provider. Residents' personal clothes are laundered onsite.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. There is clear separation between the handling and storage of clean and dirty laundry. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident/whānau feedback. The cleaning and laundry staff interviewed had completed relevant training and were observed to carry out their duties effectively and safely. Chemicals were being stored safely and material safety data sheets for each product were readily accessible and kept close to the chemicals. Appropriate PPE to protect staff from chemical harm was available.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. Regular environmental audits are completed by the IPCC to monitor the building environment.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	FA	<p>Restraint minimisation and safe practice are integrated into the organisation's business plan. The governing body demonstrated commitment to this through the approval of the documented policies. There are processes in place to ensure that the type and frequency of any restraint used is reported to governance body. Restraint approval group meetings are conducted every three months, and restraint use, and related data are reviewed. Records reviewed demonstrated the service's compliance with the agreed</p>

<p>restraint in the context of aiming for elimination.</p>		<p>strategies to ensure staff and residents' safety. Restraint use is reported to the COO and governance body through the monthly quality, health and safety meetings and minutes.</p> <p>The restraint coordinator described strategies implemented to minimise and work towards eliminating restraint, including the application of alternative approaches and culturally specific interventions. Restraint was in use at the time of the audit. Documentation confirmed staff education has been provided on dementia care, challenging behaviour management, restraint minimisation, de-escalation techniques, and the use of alternatives to restraint. The service demonstrate a commitment to ensuring the voice of people with lived experience, Māori and whānau is heard through the inclusion of the residents using restraint (where applicable) and their whānau in restraint assessment and approval of restraint use in consultation with the GP.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>There have been no emergency restraint episodes since the previous audit. On the days of audit, eleven residents were using restraint (six bedrails and five lap belts). A comprehensive assessment had been completed by the restraint coordinator, with input from the resident's family/whānau, a RN and the GP prior to implementation. The assessment considered and documented all potential risks associated with the use of bedrails, cultural, physical, psychological needs and the alternatives trialled including de-escalation strategies used. Access to advocacy is facilitated as necessary and is documented on the signed assessment forms. Restraint consent, authorisation and assessment forms of the restraints currently in use were viewed.</p> <p>The resident's family/whānau provided informed consent, reported they were consulted, given full information, and remain involved in decision-making related to restraint use. Monitoring records showed that restraint was used for the least amount of time possible, with care staff documenting care provision, pressure area care, nutrition and hydration, skin integrity, cognitive status and safety, at two-hourly intervals. The frequency of restraint monitoring was</p>

		<p>increased where increased risk was noted.</p> <p>The restraint register was current. Staff complete annual restraint use competencies; these were all current at the time of the audit. The restraint coordinator stated that debriefing sessions are offered to staff for any restraint events if required. Restraint use was reviewed three monthly and annually as part of annually quality indicators evaluation.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee completed three monthly and six-monthly review of all restraints in use as per the organisation's policies and procedures. The outcome of the review is reported to the governance body via the quality, health and safety monthly management meeting reports. Any changes to policies, guidelines, education and processes are implemented if indicated. As noted above, there has been a concerted effort to reduce use of restraint, and this has dropped from thirteen to eleven over the past year.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.