

# Opunake Districts Rest Home Trust - Opunake Cottage Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Opunake Districts Rest Home Trust
<b>Premises audited:</b>	Opunake Cottage Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 7 October 2025 End date: 7 October 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	16

# Executive summary of the audit

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## 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

Ōpunake Cottage Rest Home provides rest home services for up to 21 residents. The service is owned and operated by the Ōpunake Districts Rest Home Trust. There have been no significant changes to the facility or services since the previous (certification) audit. Residents and their whānau were complimentary of the services being provided.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, a member of the governance group, the manager, staff, a nurse practitioner, and one other associated allied health practitioner.

Corrective actions from the previous (certification) audit related to calibration of the syringe driver and syringe driver competencies for staff had been addressed. One corrective action in relation to the six-monthly review of controlled medication had not been addressed. A further corrective action related to documentation and review of the facility's infection control programme had been partially addressed. As a result of this audit, required improvements were identified to embed completion of neurological observations following falls into practice, planning care for residents, planning and delivery of the competency and education programme, annual validation of professional health care professionals' licence to practice, and performance appraisals for staff.

## 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.

Ōpunake Cottage Rest Home provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, people from Pacific communities, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There were processes in place to ensure Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori in the service confirmed culturally appropriate care was taking place.

There were processes in place to ensure Pacific peoples could be provided with services that recognise their worldviews in a culturally and spiritually safe manner.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. Ōpunake Cottage Rest Home provided services and support to people in a way that was inclusive and respected their identity, choices, and experiences. There was evidence that residents and their whānau were kept well informed.

Complaints were resolved promptly and effectively in collaboration with all parties involved; assistance with this was provided by the Health and Disability Commissioner (HDC) Advocacy Service. There were processes in place to ensure that the complaints process works equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required. An historic complaint received in 2023 via the HDC has been closed.

## 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori. A clinical governance structure meets the needs of the service, supporting and monitoring practice.

Planning ensured the purpose, values, direction, scope and goals for the organisation were defined. Quality performance was monitored and reviewed at planned intervals.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks were identified and mitigated.

Adverse events were documented in line with the National Adverse Events Policy. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents.

Professional qualifications had been validated prior to employment. Staff interviewed felt well supported through the orientation and induction programme.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents were admitted to Ōpunake Cottage Rest Home, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Files reviewed demonstrated that care was evaluated on a regular and timely basis.

Medicines were stored securely.

The food service was safely managed and met the nutritional and cultural needs of the residents.

Residents were transitioned or transferred to other health services as required.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The facility met the needs of residents and was clean and maintained. There was a current building warrant of fitness, and this was displayed. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities. There have been no changes to the building or evacuation planning since the previous (certification) audit.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The governing body, facility care manager, and the infection prevention and control champion at Ōpunake Cottage Rest Home ensured the safety of residents, visitors and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service.

An experienced and trained infection prevention and control champion nurse led the programme.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required. Results from surveillance activities were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

## 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.

Ōpunake Cottage Rest Home maintained a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents in the service observed to be using restraint during the audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, was in place should restraint use be required in the future. A suitably qualified restraint coordinator managed the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques, alternative interventions to restraint, and requirements related to restraint monitoring.

## 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	12	0	1	5	0	0
Criteria	0	42	0	2	6	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Ōpunake Cottage Rest Home (Ōpunake) has policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan with an appropriate model of care had been developed with input from cultural advisors. This was in use for residents who identified as Māori.</p> <p>There were residents who identified as Māori in the service during the audit. They, and their whānau, confirmed that they were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), reporting they felt culturally safe.</p> <p>Partnerships have been established with local iwi, local maraes, kaumātua, and community people and organisations to support service integration, planning, equity approaches, and support for Māori.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</p>	FA	<p>Ōpunake works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs are embraced. The service identified and worked in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. The Pacific health plan in place utilises appropriate Pacific models of care, documenting care requirements for</p>

<p>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.</p>		<p>Pacific peoples to ensure culturally appropriate services. The plan had been developed with input from cultural advisers.</p> <p>There were no residents from Pacific communities in the facility during the audit; however, the Pacific model of care was available to guide staff to deliver culturally safe services to Pacific peoples should they be admitted. There were staff who identify as from a Pacific community who bring their own skills and expertise and would provide advice and support if required. Additional support and advice would be accessed through community services.</p>
<p>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.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Training on the Code had been provided to staff by a representative of the Health and Disability Commissioner (HDC) Advocacy Service in February 2025 (refer criterion 2.3.4).</p> <p>A representative from the Health and Disability advocacy agency addressed residents at a meeting in February 2025, regarding residents' rights and the free nationwide advocacy service. Residents and their whānau interviewed reported being made aware of the Code and the advocacy service and confirmed that they were provided with opportunities to discuss and clarify their rights. The Code was displayed on posters throughout the facility, as was information on the advocacy service. Brochures on the advocacy service were also available in the front entranceway of the facility.</p>
<p>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.</p>	FA	<p>Employment practices at Ōpunake included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p>

		Six residents and four whānau members interviewed expressed satisfaction with the services being provided at Ōpunake.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents at Ōpunake and/or their whānau/legal representatives were provided with the information necessary to make informed decisions. They reported that they felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent, including cultural considerations for Māori in the service.</p> <p>Advance care planning, establishing, and documenting of enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Ōpunake resident records evidenced a commitment to ensuring residents had their wishes documented with an advance directive in place (if they wished to make one).</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>	FA	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Staff reported they knew what to do should they receive a complaint.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, were documented and completed within the required timeframes. Complainants had been informed of findings following investigation. The facility care manager (FCM) was responsible for complaints management.</p> <p>There had been two complaints received by the service since the last (certification) audit. Both had been managed appropriately, with support for the complainant from the HDC advocacy service.</p> <p>There have been no complaints received from Māori residents or their</p>

		<p>whānau; however, processes were in place to ensure that any complaint from a Māori resident or whānau member would be managed in a culturally safe and appropriate way, including the use of hui, culturally appropriate support people, whānau involvement, interpreter services (if required), and respect for tikanga Māori.</p> <p>One complaint received via the Health and Disability Commissioner in 2023 has been closed (letter from the HDC dated 2 October 2025). No other complaints have been received from external sources.</p>
<p><b>Subsection 2.1: Governance</b></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>The governing body assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity, and cultural safety.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation. There is an experienced and suitably qualified facility care manager (FCM) managing the service who is a registered nurse (RN) with 12 years' experience in mental health and aged care services. They are supported by an experienced, internationally qualified RN (IQRN) who works as a clinical coordinator and who is currently seeking RN status with the Nursing Council of New Zealand.</p> <p>The purpose, values, direction, scope and goals are defined in an annual strategic plan, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed, and through monthly staff meetings and governance board reports. A commitment to the quality and risk management system was evident. A member of the governance board interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board of trustees.</p> <p>Compliance with legislative, contractual, and regulatory requirements is overseen by the leadership team and governance board, with external advice sought as required.</p> <p>People receiving services and their whānau participate in planning and</p>

		<p>evaluation of services through residents' meetings, consultation, and discussion with whānau and the local hapu.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora (Te Whatu Ora) for age-related residential care (ARRC) at rest home-level, including respite (short-term) care and care under long-term support – chronic health conditions (LTS-CHC). Sixteen (16) residents were receiving services on the day of audit; including one on a respite contract and one under an LTS-CHC contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management policies and procedures, audit activities, complaints, and monitoring of outcomes from clinical incidents such as adverse events and infections. Staff reported at interview that they knew to report risks, and this was evidenced through documentation sighted.</p> <p>Policies reviewed were current and aligned with all legislative and contractual requirements. Documentation is the responsibility of an external provider that is experienced in quality systems for the aged-care sector. Critical analysis of organisational practices to improve health equity was occurring across the service, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The FCM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Where mitigation strategies were identified, there were processes in place to ensure these were corrected. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. Adverse events notifications in the service's resident management system showed that notifications were fully completed, whānau (as applicable) were advised of the event, actions required to minimise these events were recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plans of care. The exception to this was in the completion of neurological observations post-unwitnessed falls (refer criterion 2.2.5).</p> <p>The FCM understood and had complied with statutory and regulatory notification requirements. In the last 12 months, there have been two</p>

		<p>Section 31 notifications made to HealthCert at the Ministry of Health (Manatū Hauora) related to a call bell system failure (which has since been replaced) and a change in governance personnel. No notifications have needed to be made to the Health Safety &amp; Quality Commission (HSQC). There were no reported police investigations or coronial inquests at the time of audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A safe rostering tool was in use, and the facility adjusts staffing levels to meet the number and acuity of residents. A review of four weekly rosters confirmed adequate staff cover had been provided, with staff replaced in any unplanned absence. The physical environment had been considered. Whilst there were first aid certified staff in the facility, there was not a first aid certified staff member rostered over the 24 hours on the rosters reviewed (refer criterion 2.3.3). Staff reported there were adequate staff to complete the work allocated to them; residents and whānau interviewed reported that staff were responsive to meeting their needs.</p> <p>The FCM described the recruitment policy and process, which includes referee checks, police vetting, and validation of qualifications, where required. Job descriptions were in place defining the skills, qualifications and attributes for each role.</p> <p>Subjects to meet the requirement of education were not planned on an annual basis and did not include mandatory training requirements (refer criterion 2.3.4). Competency assessments were in place, and these had been completed with the exception of first aid competency (as previously noted) and medication competency for two staff administering medication (refer criterion 2.3.3).</p> <p>Care staff have access to a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora. Of the 16 health care assistants (HCAs) employed by the trust, eleven already hold New Zealand Qualifications Authority (NZQA) education qualifications at Level 2, Level 3, and Level 4.</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>PA Moderate</p>	<p>Human resources management policies and processes were based on good employment practice and relevant legislation. A sample of five staff records reviewed confirmed the organisation's policies were being consistently implemented, including pre-employment evidence of qualifications and professional registration (where applicable). Annual practising certification had not, however, been checked annually (refer criterion 2.4.3). For all health professionals involved in the service. Position descriptions were documented and were sighted in the files reviewed.</p> <p>Staff orientation included all the necessary components relevant to the role. New staff interviewed described their orientation and 'buddy' arrangements with an experienced staff member until the employee was confident. Orientation had been completed in the files sighted. Staff interviewed confirmed the orientation process takes place and described it as valuable in preparing them for their roles and responsibilities.</p> <p>Opportunities to discuss and review performance were meant to occur three months following appointment and yearly thereafter; however, no staff had received a performance appraisal, either after three months or annually, on the files sighted (refer criterion 2.4.5).</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at Ōpunake worked in partnership with residents and their whānau to support overall wellbeing. Five resident files were reviewed, representing a range of care needs and circumstances. These included residents who had experienced an acute event requiring transfer to a hospital, those with a tendency to wander within the local community, residents who identified as Māori, individuals receiving services under an LTS-CHC contract, respite care recipients, and residents with multiple co-morbidities.</p> <p>The files reviewed verified that a care plan had been developed by a RN following a range of assessments, including consideration of the person's lived experience, cultural needs, values, and beliefs. The care plans, however, did not address the residents' potential problems associated with diagnosed medical conditions, and the required strategies to monitor these. There was no documentation identifying the early warning signs that would</p>

		<p>indicate the residents' wellbeing was being compromised. Where exacerbations of medical conditions were identified by the NP, evidence of requested systematic monitoring and regular evaluation of responses to planned care was sighted. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and/or whānau. These, however, were not documented in the care plan and this is an area requiring improvement (refer criterion 3.2.3).</p> <p>Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, NP or general practitioner (GP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation. Residents and their family/whānau confirmed active involvement in the process.</p> <p>Interviews with three whānau of other residents expressed a high degree of satisfaction with the care provided at Ōpunake. The residents and their whānau were actively involved in planning the residents' care and any ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness of staff to residents' needs.</p> <p>Interviews with the staff identified that they were familiar with all aspects of the care the residents required, including the cultural aspects of the Māori residents. An interview with the NP and a RN at the medical centre expressed some areas of dissatisfaction with the care being provided by Ōpunake. Requests by the NP to review the residents at a certain time were not always attended to. This was discussed with the FCM, who made an appointment for the following day to meet with the NP to review concerns and expectations.</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>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A system for medicine management using an electronic system was seen on the day of the audit and staff were observed to be administering medications in a safe manner. However, not all staff who administer medicines had been assessed as</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>competent to perform the function they managed (refer criterion 2.3.3). There was a process in place to identify, record, and document residents' medication allergies and sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs, and were within the recommended temperature range. There were no vaccines stored on site.</p> <p>The previous (certification) audit identified that staff syringe driver competency and syringe driver calibration had not taken place; these have been addressed. The FM completed syringe driver competency in 2025, and the syringe driver was calibrated in 2025 (refer subsection 4.1). The previous (certification) audit also identified that the required six-monthly stocktake of controlled drugs had not occurred; this remains ongoing, as the required six-monthly stock check of controlled drugs had not been completed (refer criterion 3.4.2).</p> <p>Prescribing practices met requirements. The required three-monthly NP review was recorded on the medicine chart. Standing orders were not used at Ōpunake.</p> <p>Processes were in place to ensure self-administration of medication could be facilitated and managed safely; however, there were no residents self-administering medications at Ōpunake on the day of audit. Residents, including Māori residents and their whānau, were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</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</p>	<p>FA</p>	<p>The food service provided at Ōpunake was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 12 February 2024. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Ōpunake on 22 February 2024. Two areas requiring corrective action were identified; these</p>

<p>hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>had been addressed in May 2024. The plan was verified for 18 months. The plan is due for re-audit this month, October 2025.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, cultural preferences and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice, and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident and family/whānau meeting minutes. This was supported on the day of the audit, when residents responded favourably regarding the meal provided on the day.</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>	<p>FA</p>	<p>If a resident required transfer or discharge from Ōpunake, the process was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</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>FA</p>	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose and maintained. All residents have their own rooms, which were personalised.</p> <p>The building had a building warrant of fitness with an expiry date of 11 December 2025. The planned maintenance schedule includes electrical</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Syringe driver calibration had been raised as a required corrective action at the previous (certification) audit; this has been addressed with the syringe driver calibrated on 19 March 2025. Monthly hot water tests were completed for resident areas; all were within the required temperature range.</p> <p>There have been no changes to the building or services since the previous (certification) audit. Residents and whānau interviewed reported that they were happy with the environment, including security, heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>The infection prevention (IP) and AMS programmes were appropriate to the size and complexity of the service, had been approved by the governing body, and were integrated into the quality improvement system. The previous certification audit identified that no documented infection control programme was in place and that annual reviews were not occurring. This has been partially addressed: a documented infection control programme is now in place; however, it has still not been reviewed annually and continues to require attention (refer criterion 5.2.2). The risk level remains low, based on the minimal risk to this small rest home by this having not been completed.</p> <p>Expertise and advice were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education (refer criterion 2.3.4), and were observed following these correctly. Residents were provided with ongoing education on a daily basis, and in residents meetings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p>	<p>FA</p>	<p>Ōpunake undertook surveillance of infections appropriate to that recommended for long-term care facilities, and this was in line with priorities defined in the infection control programme. Ōpunake used standardised surveillance definitions to identify and classify infection events that relate to</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>the type of infection under surveillance.</p> <p>Monthly surveillance data, including ethnicity data, was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The board at Ōpunake demonstrated commitment to this through documented policy and regular reporting requirements, supported by the FCM at operational level. At the time of audit, no residents were observed to be using a restraint. Restraint had not been used in the service since at least 2024.</p> <p>Review of historic files (two) showed that restraint processes outlined in policy had been followed. The decision to approve restraint for a person receiving services was made as a last resort in a culturally safe manner and after all other interventions or de-escalation strategies had been tried or implemented. Assessment, planning, and preparation for the use of restraint was made by the FCM, who has oversight of the use of restraint in the facility. Restraint use had been monitored by HCAs in the service.</p> <p>Staff reported, and documentation evidenced, that staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring (refer criterion 2.3.4).</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	<p>PA</p> <p>Moderate</p>	<p>Ōpunake policy and best practice protocols require neurological observations to be undertaken for 24 hours following a fall if the fall resulted in a knock to the head or it was unwitnessed. A detailed review of five out of 12 records relating to unwitnessed falls was conducted. In all reviewed cases, the incidents were documented, and where appropriate, whānau were notified. Of the five records reviewed, none demonstrated full compliance with the neurological observation protocol, and none extended to a 24-hour period.</p>	<p>Neurological observations are not being completed as per the facility’s policy and best practice protocols post-unwitnessed falls.</p>	<p>Provide evidence that neurological observations are being fully completed as per the documented policy protocol post-unwitnessed falls.</p> <p>90 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall</p>	<p>PA</p> <p>Moderate</p>	<p>There is a programme to manage staff competencies at Ōpunake. Staff</p>	<p>There was not always a first aid certified staff member in the</p>	<p>Provide evidence that a first aid certified staff member is</p>

<p>implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>		<p>competencies had been completed relating to the Code, moving and handling of residents, infection control, the management of hazards, blood sugar monitoring, and nebulizer use. Nine staff had first aid certification, but not all shifts over a four-week period reviewed had a first aid qualified staff member on the premises. On the rosters sighted, over a 28-day period, 26 (from 84) shifts were not covered. This is important given the service does not have a RN on site 24/7 (though the RN from the facility lives nearby, and if available, can attend). Added to this, there is a process in place whereby HCAs administer medication – 11 staff undertake this role. The role requires medication competency annually; review of records showed that two staff had not completed competency in the last 12 months.</p>	<p>facility 24/7, and not all staff administering medication had completed medication competency annually.</p>	<p>rostered 24/7 and that all staff administering medication have completed medication competency annually.</p> <p>90 days</p>
<p>Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>Education is noted on the staff education and staff meeting calendar; however, most of the 'slots' indicating education are documented as 'compulsory' with no information as to subject. Review of records showed that education was delivered in 2024 and 2025 covering infection prevention and control (IPC) and antimicrobial stewardship (AMS), restraint minimisation, calm communication, Ngā Paerewa (the Health and Disability Services</p>	<p>The education programme was not planned and did not cover all aspects of education to support culturally and clinically safe services.</p>	<p>Provide evidence that the education programme has been planned to cover all aspects of education to support culturally and clinically safe services.</p> <p>90 days</p>

		Standard) and Te Tiriti o Waitangi, wound management, the Code and advocacy, de-escalation of responsive behaviour, pressure injury, fire and evacuation, and hazardous substances (for non-clinical staff). This does not cover all the requirements of education, for example, there was no education on medication management (given HCAs were administering medication), cultural safety and culturally safe models of care, falls prevention and continence management, the ageing process, personal cares, dementia, care for tāngata whaikaha, and other subjects required to meet education requirements.		
Criterion 2.4.3 Professional qualifications shall be validated prior to employment, including evidence of registration and scope of practice for health care and support workers.	PA Low	Qualifications for Ōpunake staff had been validated during the recruitment process; however, other than the FM who is a registered nurse, none of the other health professionals working in the service had their certification to practise validated annually. This included the nurse practitioner (NP), pharmacy, and the dietician.	Annual validation of certification to practise had not been completed for all health professionals working in the service.	Provide evidence that there is a process in place to ensure annual validation of certification to practise has been completed for all health professionals working in the service.  180 days
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at	PA Moderate	The organisation's policy requires that a performance appraisal be conducted three months after commencement of employment, and annually thereafter. Five staff files were reviewed: one employee	Performance reviews were not being undertaken three months after commencement of employment and annually thereafter as per the policy of the organisation.	Provide evidence that performance reviews are being undertaken three months after commencement of employment for new employees, then annually as per the policy of the

defined intervals.		commenced in 2016, one in 2021, two in 2023, and one in 2024. For the more recently appointed staff, there was no evidence of a three-month review. Additionally, no annual performance appraisals were sighted in the files of longer-serving staff.		organisation.  90 days
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's</p>	PA Moderate	A review of five files found residents' daily needs were identified in the care plan; however, the nursing strategies required to monitor residents' medical problems were not documented. This related to a lack of a management plan documented for residents with diabetes, congestive heart failure, chronic renal failure, and behaviour challenges. Early warning signs that would indicate a change in the residents' wellbeing were not identified. A resident with a wound had no reference to it in the care plan, despite having a wound care plan in place. The NP's request to review a resident a week after commencing a new medication, did not occur.	Care plans did not fully identify the support the residents required to meet their goals. Early warning signs and risks that may adversely affect the residents' wellbeing were not always documented. A resident was not reviewed by the NP within the timeframe requested.	Provide evidence that care plans fully identify the support the residents require to meet their goals. Early warning signs and risks that may adversely affect the residents' wellbeing are documented, and that residents are reviewed by the NP within the timeframe requested.  90 days

<p>values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>Processes were sighted that evidenced safe storage of medications, and weekly controlled drug checks. The required six-monthly stocktake of controlled drugs had not occurred. This was a finding at the previous (certification) audit and remains ongoing. The number of controlled drugs kept on site was minimal.</p>	<p>The six-monthly stocktake of controlled drugs had not occurred.</p>	<p>Provide evidence that a six-monthly stocktake of controlled drugs is occurring.</p> <p>30 days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality</p>	<p>PA Low</p>	<p>There was an infection control programme at Ōpunake that had been approved by the governing body. However, the programme had not been reviewed and reported on annually as required. This continues to be a finding from the previous (certification) audit.</p>	<p>The infection control programme had not been reviewed in the past year as required.</p>	<p>Provide evidence that the infection control programme has been reviewed, and that a process for annual review has been put into place.</p> <p>180 days</p>

improvement programme; and (d) Reviewed and reported on annually.				
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## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.