

North Health Limited - Hummingbird Hospital

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:

Legal entity:	North Health Limited
Premises audited:	Hummingbird Hospital
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: 29 September 2025 End date: 29 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:	35

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
Yellow	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
Red	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

Hummingbird Hospital is owned by North Health Limited and provides rest home and hospital services for up to 35 older adults and young people with disabilities.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, the facility manager/director, clinical manager, staff and a general practitioner.

The corrective actions required from the previous audit have been addressed, with improvements made to the review of internal and external risks, nightshift staffing levels, physical environment, staff on any one shift with a current first aid certificate, infection control training required of the infection control coordinator, and ensuring ethnicity data is included in the monthly surveillance of infections.

There is no corrective actions required as a result of 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.

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

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

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Service providers maintain professional boundaries, and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The facility manager/director 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.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are 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 are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

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.


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

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

The food service meets the nutritional and cultural needs of the residents. Food is safely managed, supported by an approved food control plan.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required. The facility has a Fire and Emergency New Zealand (FENZ) approved evacuation plan. There have been no changes to the building since the previous audit.

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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the facility manager/director, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control, supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

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 facility aims for a restraint-free environment. This is supported by the facility manager/director and policies and procedures. There was one resident using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, and alternative interventions, and they have demonstrated effective practice.

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	19	0	0	0	0	0
Criteria	0	52	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Hummingbird Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established and continue to develop with a staff member/cultural advisor who identifies as Māori and who has links with Ngāti Whatu. There is also a local organisation that provides cultural support and advice, when required, to support service integration, planning, equity approaches, and support for Māori. There were eleven Māori residents at the time of audit, and those interviewed expressed feeling culturally safe.</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</p>	FA	<p>At the time of audit, there were no residents who identified as Pacific people. If a resident who identifies as a Pacific person is admitted, Hummingbird Hospital has services that are underpinned by Pacific worldviews and staff who can support with cultural care planning specific to the resident's needs.</p>

<p>for improved health outcomes.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code were posted around the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>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>Patients receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff, resident and whānau interviews, or in documentation reviewed.</p> <p>Staff maintain professional boundaries. Residents reported that their property and finances were respected and protected. Residents' belongings are recorded, and clothes are labelled on admission to services.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Enduring power of attorney (EPOA) documents were activated where applicable.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p>

<p>make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</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. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints register identified that eight complaints had been received in the last 12 months. A fair, transparent and equitable system is 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. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>The service has not received any complaints from people who identify as Māori; however, the facility manager/director and clinical manager assured that the complaints process works equitably for Māori. Residents have easy access to complaint forms and information on how to make a complaint, with support available in te reo Māori, and a cultural advisor is available if requested or required.</p> <p>There have been no new complaints received from external sources since the previous audit. One of the Health and Disability Commissioner (HDC) complaints identified in the previous audit remains open and awaits a response from the HDC, with the facility having provided the requested information in March 2024.</p> <p>The second HDC complaint identified in the previous audit (which relates to a complaint that occurred prior to the appointment of the current facility manager) was initially closed. However, the HDC has since requested further information, and the facility is required to respond by 6 October 2025.</p> <p>Health New Zealand – Te Whatu Ora (Te Whatu Ora), having received an anonymous complaint regarding the quality of food services at the facility, requested at the time of the audit to review the current menu. On the day of the audit, the food provided to residents reflected the menu last reviewed by the dietitian in April 2024. When menu changes are required, these are documented. The form sighted showed that two meals had been changed in the past four weeks due to the availability of ingredients at the time. Review of the clinical manager’s report for August showed that no residents had recorded weight loss, except for one resident whose</p>

		<p>weight loss was attributed to a medical reason. The facility appointed two new chefs in September 2025. The council completed the required kitchen and food control plan audit in June 2025, with no corrective actions identified. A resident food satisfaction survey identified no concerns regarding the food. Interviews with residents and whānau on the day of the audit also identified no concerns. The auditors on site tasted the lunch meal and found the food to be well presented and the meat tender.</p> <p>Te Whatu Ora had also received general complaints about a strong smell of urine within the facility and, at the time of the audit, requested a review and assessment of the facility's cleanliness. On entering the facility and throughout the day, no smell of urine was noted, and the facility was observed to be clean and well maintained. The facility has implemented new cleaning products, and staff attended associated training in November 2024. Interviews with staff confirmed that they are provided with appropriate cleaning products and sufficient time to complete their tasks. Interviews with residents and whānau identified no concerns.</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>The governing body of Hummingbird Hospital is composed of a single director. The director also holds the responsibility of Facility Manager. The director periodically reports to the controlling shareholder, providing updates on the facility's status and operations. However, the shareholder does not participate in the day-to-day management of the facility. All routine operational decisions and management tasks remain under the direct supervision of the director and assumes accountability for delivering a high-quality service to residents and their whanau. Examples provided confirmed that external advice is sought as required.</p> <p>Hummingbird Hospital's leadership structure, including clinical governance and oversight, is appropriate to the size and complexity of the organisation. There is an experienced and suitably qualified person managing the facility as the facility manager. Similarly, the clinical manager is suitably qualified and experienced for their role. The clinical and facility managers are on site for four hours each day Monday to Friday and on call after hours, as they also provide support to their sister facility, Hummingbird House.</p>

		<p>The purpose, values, direction, scope and goals are defined, 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 was evident in plans and monitoring documentation reviewed. A commitment to the quality and risk management system was evident, with the facility manager/director and clinical manager attending all staff meetings. The facility manager/director interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the facility manager/director and owner/director.</p> <p>Hummingbird Hospital is certified to provide rest home and hospital level of care under the Age-Related Residential Care Services Agreement (ARRC). At the time of audit, 33 of the 35 beds were occupied by residents assessed as requiring hospital level of care and two residents were admitted under rest home level of care. Of these 33 residents, requiring hospital level of care four were on contracts as young people with a disability via Disability Support Services.</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>The facility has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes, for example, management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections.</p> <p>A recent staff satisfaction survey conducted in September 2025 received 14 of 28 possible responses, which identified that staff were overall happy. A resident satisfaction survey is due in October 2025.</p> <p>The previous audit identified an area for improvement to ensure that internal and external risks are regularly reviewed, that the risks identified remain applicable, that risk ratings are appropriate, and that risk management strategies in place are mitigating those risks. This corrective action has now been addressed. Records sighted demonstrated that the risk management schedule is reviewed regularly and that risk ratings are checked to ensure they reflect the current needs of Hummingbird Hospital. Review of the effectiveness of the implemented risk management strategies is occurring.</p> <p>Relevant corrective actions are developed and implemented to address</p>

		<p>any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The facility manager/director described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The facility manager/director and clinical manager understood and have complied with essential notification reporting requirements. Essential reporting included an event where police were called due to behaviour of concern from a resident, and a second incident where a resident wandered off site. There were also three notifications where the clinical manager covered a rostered shift due to staff shortages at the time, and one notification where a resident again wandered off site.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Residents and whānau interviewed supported this. All staff members on duty (except new staff members) have a current first aid certificate, and there is 24/7 registered nurse (RN) coverage in the hospital.</p> <p>The previous audit identified an area for improvement to ensure that staffing levels on the night shift are reviewed to maintain adequate and clinically safe care for residents. This corrective action has now been addressed. Records were available to demonstrate that staffing levels on the night shift are adequate to provide clinically safe care. Staff interviewed confirmed that there were adequate staff to complete the work allocated to them. The clinical manager is on call after hours and</p>

		<p>responds as required. The facility manager/director confirmed that if residents' acuity changes, the roster is adjusted accordingly to meet residents' needs and support staff.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Health equity training has been provided to staff. Staff interviewed felt well supported with development opportunities.</p> <p>Six care staff have obtained a Level 4 New Zealand Qualifications Authority (NZQA) qualification, five staff have obtained Level 3, two staff have obtained Level 2, and two recently appointed staff have commenced their training, to meet the requirements of the provider's agreement with Te Whatu Ora.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable).</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	FA	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably</p>

<p>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>qualified staff following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan, and review timeframes meet contractual and policy requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents’ records, and from interviews of clinical staff, residents, and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Specialist support is accessed when required. Residents, including young people with disabilities, and whānau confirmed active involvement in the process. The general practitioner (GP) expressed satisfaction with the standard of care provided and confirmed that medical instructions were consistently followed.</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 was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the</p>

		<p>medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely when approved. There are policies and procedures to guide staff practice. At the time of the audit, there were no residents self-administering medication.</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>	FA	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys, and resident meeting minutes.</p> <p>The service operates under a local council-approved food safety plan and registration, which is valid until 30 June 2026.</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>A documented transfer and discharge policy in place guides staff practice. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and</p>	FA	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This includes a current building warrant of fitness, which expires on 1 December 2025, and</p>

<p>move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>electrical and biomedical testing, which was last completed in August 2025.</p> <p>The previous audit identified an area for improvement to ensure that wooden floors that have deteriorated/rotted are replaced where necessary and the temporary planking removed. Records of hot water temperature checks are maintained, as are records of any actions taken when requirements are not met. The corrective action is now addressed, and records were available to demonstrate that the bedroom main corridor and the kitchen floor were observed to have been renovated to meet required standards and the rotten boards have been replaced. The water temperature records were being recorded, including where corrective actions were applicable.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The previous audit identified an area for improvement to ensure that there are sufficient health care and support workers who are able to provide a level of first aid and emergency treatment appropriate to the degree of risk at any particular time, including when offsite supporting residents. The corrective action is now addressed, and records were available to demonstrate that all registered nurses and health care assistants have an up to date first aid certificate, with newly appointed staff booked in to complete theirs.</p> <p>There have been no changes to the building/s since the previous audit.</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>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the facility manager/director. The programme is linked to the quality improvement programme and is reviewed and reported on annually. It was reviewed on 27 June 2025. This was confirmed by the IPCC and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and</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>ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p> <p>The previous audit identified an area for improvement to ensure that the infection control coordinator (IPC) completed infection prevention control and antimicrobial stewardship education. The corrective action is now addressed, and records were available to demonstrate that the IPCC attended infection control training in March and May of 2025.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. The previous area requiring improvement in relation to ethnicity data in surveillance has been addressed. There had been no infection outbreaks reported since the previous audit. Results of the surveillance programme are shared with staff and reported to the facility manager/director.</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 facility manager/director demonstrated commitment to this through documented policy and regular reporting requirements. The clinical team monitors the use of restraint within the facility, and this is overseen by the clinical manager, who has responsibility for ensuring that restraint minimisation is achieved. A family representative with lived experience also attends the facility three-monthly restraint meetings.</p> <p>At the time of audit, there was one resident using restraint. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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.