

# Kauri Lodge Rest Home 2008 Limited - Kauri Lodge

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Kauri Lodge Rest Home 2008 Limited
<b>Premises audited:</b>	Kauri Lodge
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 25 September 2025    End date: 26 September 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>	59

# 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

Kauri Lodge is located in Christchurch. Kauri Lodge is certified to provide rest home level of care for up to 70 residents. There were 59 residents on the days of audit.

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

The day-to-day clinical operations of Kauri Lodge is overseen by an experienced clinical manager, who are supported by a facility manager, facility coordinator and area manager/quality coordinator and experienced healthcare assistants. Residents and family/whānau interviewed responded positively about the care and support.

This audit identified that the service meets the requirements of the Ngā Paerewa Standard.

## 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.

Kauri Lodge provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. The service has connections with a local marae through their Māori liaison officer and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. Policies are in place around the elimination of discrimination, harassment and bullying. The informed consent process is well understood and implemented by staff. Complaint processes are equitable with complaints promptly resolved in collaboration with family/whānau.

## 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.

There is a documented 2025-2026 business operation plan that includes a mission statement, philosophy and objectives of the service. There is an implemented quality and risk management system, with internal audits and meetings occurring as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet

residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Kauri Lodge has an admission information available prior to, or on entry to the service. The registered nurse efficiently manages the entry process to the service. The registered nurse assesses, plans and reviews residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. The registered nurse and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

## 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.



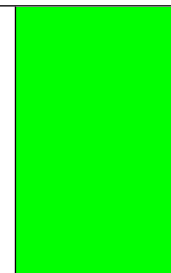
Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Rooms are spacious to meet the needs of the residents. Rooms have ensuite facilities. Rooms are personalised with appropriate heating and ventilation.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. All staff members have current first aid certificates.

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

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

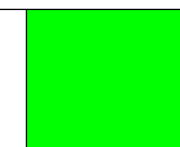


Subsections applicable to this service fully attained.

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the area manager, and integrated into the quality improvement system. There is a documented pandemic and outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained.

The registered nurse oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

## 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.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the registered nurse, who is the clinical manager. There are currently no restraints in use. Use of restraints would only be considered as a last resort, only after all other options are explored. Education is provided to staff around restraint minimisation, de-escalation, and challenging behaviour. A restraint register is available.

## 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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Kauri Lodge has established connections with a local marae through their Māori liaison officer. The area manager reported during interview that they can also access cultural support and guidance through Purapura Whetu Trust (community based kaupapa Māori health and social services).</p> <p>The business operations plan reviewed evidenced leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policy includes provision of an equitable recruitment process. The area manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. At the time of the audit there were no residents who identified as Māori. Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori.</p> <p>There were current staff members who identified as Māori at Kauri Lodge. Self-determination, cultural values and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations within the</p>

		<p>facility. Interviews with seven staff including four healthcare assistants (HCA), one diversional therapist, one chef and one cleaner confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is facilitated by Pacific staff members. Ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented on admission to the service. At the time of the audit there were no residents who identified as Pasifika.</p> <p>There were current staff members who identified as Pasifika at Kauri Lodge. Interviews with the area manager, facility manager, facility coordinator, clinical manager and staff confirmed that they understood the equity issues faced by Pacific peoples. The service partners with Etu Pasifika (Health, Wellbeing &amp; Whānau Ora Services) to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. There are equitable recruitment and education processes to recruit and upskill Pacific staff.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with six residents and three family/whānau confirmed that staff are respectful and considerate of residents' rights in line with the Code. The area manager confirmed the involvement of independent advocacy when required.</p> <p>The service actively supports and encourages family/whānau engagement and welcome visits. Residents and family/whānau interviewed reported being made aware of the Code and the</p>

		<p>Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights. The area manager and clinical manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake which was confirmed by staff interviewed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Resident file reviews and interviews with staff, residents and family/whānau confirmed that Kauri Lodge is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. In s, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work.</p> <p>Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language and mana motuhake. Māori cultural days are celebrated and include Matariki and Māori language week. The service continues to incorporate training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p> <p>A sexuality and intimacy policy is in place with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified, church services are held, and spiritual support is available. The clinical manager and HCAs interviewed explained how the service meets the residents cultural and spiritual needs. Te reo Māori signage was visible throughout the facility and staff have access to the Māori health plan, which they reference and implement regularly</p>

		in their daily activities.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff demonstrated a clear understanding of the service’s policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident and family/whānau interviews or in the reviewed documentation. Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. The service follows a process of managing residents’ finances through invoicing. Internal audits of the code of rights and cultural values were conducted to ensure compliance.</p> <p>The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented ensuring wellbeing outcomes for Māori is achieved when in.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information related to the service and what to expect when entering the service is provided to residents and family/whānau on admission. Residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective. A review of adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the enduring power of attorney (EPOA) are kept current, with a secondary contact noted when the EPOA was unavailable.</p>

		<p>A general practitioner (GP) interviewed confirmed timely communication and appropriate follow ups. The clinical manager described an implemented process around providing family/whānau with time for discussion around care, time to consider decisions and opportunity for further discussion, if required. The delivery of care includes a multidisciplinary team and family/whānau are communicated to with regard to services involved. At the time of the audit there were no residents who could not speak and understand English. Kauri Lodge has access to interpreter services when/if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. Specific consent has been signed by the resident or their enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on file.</p> <p>An advance directive policy is in place and is implemented. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner has made a medically indicated resuscitation decision. There is documented evidence of discussion with the</p>

		<p>EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the HCAs and clinical manager confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, including informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The clinical manager has a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been no complaints made since the previous audit in November 2023. A complaint made through the HDC in May 2023, which was reviewed at the previous surveillance audit remains open. The service is still waiting for a response from HDC. There were no issues identified in respect of this complaint. Staff are informed of any complaints (and any subsequent corrective actions) in staff meeting minutes sighted.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Service feedback forms are easily accessible at the entrance to the facility. The area manager described their understanding that Māori prefer to have in person communications. There is a complaints/concerns form available for residents and family/whānau to make a complaint and express a concern. Residents are updated at the four monthly resident meeting. Residents confirmed this when interviewed, meeting minutes reflected discussions with residents around what is</p>

		going well and what could be improved. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose
<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>	FA	<p>Kauri Lodge is located in Christchurch and is certified to provide rest home level care for up to 70 residents. On the day of the audit there were 59 residents with two residents on respite care, one resident on a younger person with a disability (YPD) contract and one on a long-term support - chronic health conditions (LTS-CHC) contract. There are 11 rooms that can be shared, at the time of the audit there was one married couple sharing a room. All other rooms were single occupancy.</p> <p>Kauri Lodge has a 2025-2026 business operation plan that includes a mission statement, philosophy and objectives of the service. The business operation plan is regularly reviewed against set goals as part of the quality meeting. Kauri Lodge is one of three aged care facilities owned by the facility manager. The facility manager has owned and operated aged care facilities for more than 12 years. The facility manager is responsible for the day-to-day operations of the facility and is supported by a facility coordinator (non-clinical) who has been at Kauri Lodge for 18 years and a clinical manager who has been at Kauri Lodge for two years and one year in the clinical manager role. The management team are also supported by an area manager (registered nurse).</p> <p>The facility manager is knowledgeable around contractual and legislative requirements and has completed cultural training. The facility coordinator and clinical manager both report to the facility manager. There are regular meetings with the manager related to day-to-day operational activities and reporting on the quality and risk management programme, including meetings; training; health and safety; infection prevention and control; staffing; internal audits; complaints (if any); cultural safety; and survey results. Auditors observed the facility coordinator and clinical manager actively interacting with residents and family/whānau, demonstrating their understanding of the daily operations of the service. The quality meetings are held monthly and are attended by the area manager</p>

		<p>(who oversees the quality system), facility manager, facility coordinator, clinical manager, RNs and representatives from the HCAs.</p> <p>The facility manager and management team at Kauri Lodge have an understanding in Te Tiriti o Waitangi and health equity and supports meaningful inclusion of Māori and ensures the organisation's values and goals reflect the needs of Māori. Interviews with the area manager, clinical manager and facility coordinator confirmed the management team analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers to provide equitable service delivery. Māori consultation ensures policies and procedure represents Te Tiriti partnership. A Māori liaison officer assists the owner and facility to offer expert support in te reo and tikanga Māori. Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys and quarterly resident meetings.</p> <p>The facility manager, facility coordinator and clinical manager undertake professional development activities related to managing an aged care facility. The clinical manager meets regularly with the area manager for peer support and discussions related to the clinical oversight at Kauri Lodge. Clinical governance is managed and overseen by an area manager.</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</p>	FA	<p>Kauri Lodge has implemented a quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. A meeting schedule is implemented and evidence staff participation in the quality programme. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Internal audits schedule includes clinical audits which include monitoring against policy and contractual requirements. Resolved issues are signed off and discussed at the monthly combined quality (quality/health &amp; safety/infection control/management) meeting. There is a three-monthly full staff meetings. Quality data on infections, restraint use (or lack of it),</p>

<p>and support workers.</p>		<p>incidents, and wounds is collected, analysed and reviewed at the monthly quality meetings. Data is compared to previous months and plans are developed to respond to any areas of concern. Progress with the quality programme/goals has been monitored and reviewed through the combined quality meetings.</p> <p>Family/whānau satisfaction surveys are conducted annually with the July 2025 results indicating high levels of satisfaction with the service. A corrective action was implemented and completed relating to the building environment, activities programme and food service. Policies and procedures are current and reflect good practice; being embedded throughout service delivery and maintained in electronic format, and staff have confirmed they can access these documents as needed. Cultural safety is reflected within the quality programme with collation of ethnicity data related to adverse events and infections. The process provides for critical analysis of organisational practices to improve health equity. Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori.</p> <p>Each incident/accident is documented in the resident management system. Adverse event forms reviewed indicated the forms are completed in full and signed off by a registered nurse (RN) or clinical manager. Incident and accident data is collated monthly and reported in the monthly quality meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a RN. Opportunities to minimise future risks are identified by the clinical manager and RNs. Health and safety meetings occur monthly as part of the quality meetings as well as reported and discussed at the staff meetings. There are health and safety representatives that monitor hazards and risks. Hazards are documented and addressed. There was a current hazard and risk register in place. Staff received education related to hazard management and health and safety at orientation and annually. The quality meetings minutes evidence leadership commitment to health and safety and staff wellbeing.</p>
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		<p>Discussions with the area manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There were four events that required a section 31 notification. There has been one severity assessment code (SAC) report required to the Health Quality and Safety Commission relating to an unstageable pressure injury. There have been three outbreaks reported since the last audit what were notified appropriately.</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 are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The clinical manager and facility coordinator are on-site fulltime from Monday to Friday. When the clinical manager is not on-site, staff have access to an on-call RN contact number. Clinical managers and RNs including those from the two other facilities, take turns according to the on-call roster to provide support and guidance to the staff. The facility manager is available for non-clinical issues after hours with support from the facility coordinator.</p> <p>During the absence of the facility manager, the clinical manager is in charge of the facility with support from the facility coordinator and area manager. A sufficient number of HCAs are allocated to ensure residents needs are met. Interviews with staff identified that staffing is adequate to meet the needs of residents. Staff and family/whānau are informed when there are changes to staffing levels, as evidenced in staff, resident and family/whānau interviews. Residents and family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs. The diversional therapist provides activities from Monday to Friday.</p> <p>There is an annual education and training schedule in place, this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff reported they are provided with training on an online platform (Bridge), formal face to face in-service training. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 14 HCAs employed in total</p>

		<p>with 11 HCAs have achieved level 4 qualification. All staff are required to complete competency assessments as part of their orientation and include hand hygiene, correct use of personal protective equipment (PPE) and manual handling and transfer.</p> <p>Staff who administer medication complete annual medicine competency and a record of completion is maintained. Staff training records showed that they completed training related to Māori health outcomes and disparities and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing. There are two RNs employed (including the clinical manager), and both are interRAI trained. Staff reported a positive work environment, and an employee assistance programme is available to them, when required.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Six staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>Competencies are completed at orientation and then as part of the ongoing education plan. Kauri Lodge demonstrated that the orientation programme supports the RN and HCAs to provide a culturally safe environment to Māori. Staff performance appraisals are scheduled and completed as they become due, as sighted in the staff files. All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. Staff stated communication and teamwork are positive and the area manager reported that debrief and discussion occur following any incidents.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident records are electronic, and staff files are paper based. The medication management is electronic. The medication management system is secure and require user identification and passwords to access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents and staff archived files are securely stored in a locked room and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and oversee all requests related to health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information pamphlets are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>Eight admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pamphlet and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The facility coordinator and the clinical manager/registered nurse are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available. Potential residents are</p>

		<p>provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Kauri Lodge has meaningful relationship with a Māori liaison officer, Māori support groups and Māori organisations, and they support Māori residents to have positive wellbeing outcomes when admitted to the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight files were reviewed for this audit, including residents funded under a LTS-CHC, YPD and a respite care contract. The clinical manager and part time RN is responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process, as evidenced in the files reviewed.</p> <p>There is a cultural awareness policy in place to ensure the service supports Māori and family/whānau to identify and minimise barriers and identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (except the YPD and resident on respite care) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Short-term care plans for infections, weight loss, behaviour that challenges and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>The resident on the YPD contract had a suite of assessments</p>

	<p>completed on admission including a social and cultural assessment. Assessments identified specific needs including (but not limited to) pressure injury prevention, mobility, and nutrition. The resident on respite care had a comprehensive initial care plan completed that identified risks and early warning signs to manage needs effectively.</p> <p>A contracted general practitioner (GP) ensure residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. The GP provides on-call service for after-hours. The clinical manager/registered nurse is available 24/7 for clinical advice and decision making as required. The GP was interviewed confirmed they are available after hours. They expressed satisfaction with the standard of care and the RN competence at Kauri Lodge. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A physiotherapist and dietitian are contacted as required. A podiatrist visits six to eight-weekly and a continence advisor, and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and the clinical manager interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by the RNs and/or HCAs. The RN further adds to the progress notes, if there are any incidents, GP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN, who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were residents with wounds on the day of the audit. Wounds included chronic ulcers and an unstageable pressure injury (sac report sighted). All wounds had comprehensive wound assessments, wound management plans and documented evaluations, including photographs (if required) to show</p>
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		<p>healing progression. The HCAs and clinical manager/RN interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The HCAs and the registered nurse complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; and blood glucose levels. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A diversional therapist (DT) oversees the activities programme. The DT is responsible for the assessments and the planning for special days. The programme is supported by the HCAs, especially at weekends.</p> <p>The programme is planned monthly and weekly. The weekly calendar is placed in large print on all the noticeboards. The activities coordinator facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, and participation in Waitangi weekend, Māori language week and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits for a chat and to see if there is anything they need.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes;</p>

		<p>entertainers; board gaming; hand pampering; bingo; happy hour; and long or short walks. There are monthly van outings. The facility is very close to a shopping centre, and independent residents walk there for coffees and shopping. There is a weekly church service and Roman Catholic communion. Pet therapy dogs visit.</p> <p>There are regular resident meetings. Residents and family/whānau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The clinical manager/registered nurse and HCAs interviewed could describe their role regarding medication administration. The facility uses blister packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in two locked trolleys in the nurses' station. The medication trolleys are always locked when not in use. The medication fridge and medication room (nurses' station) temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the GP and charted on the electronic medication chart.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There was one respite resident self-administering medication on the days of audit. The policies and</p>

		<p>procedures related to the competency assessment and storage of medication is implemented. The initial care plan reflects the fact that the residents is administering their inhaler.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent HCAs or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The clinical manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. There is a full-time chef and a relieving chef. All kitchen staff have safe food handling certificates. The food control plan is current.</p> <p>The four weekly seasonal menus have been reviewed by a dietitian in December 2024. There is a food services manual available in the kitchen. The cook receives resident dietary information from the registered nurse and is notified of any changes to dietary requirements (diabetic pureed foods) or residents with weight loss. The chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Māori or Pacific menu options are available upon request, and family/whānau can bring special meals for their relatives. On the day of audit, meals were observed to be well presented.</p> <p>The chef completes a daily diary, which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the cooking process. Meals are served directly</p>

		<p>from a bain-marie in the kitchen to the dining room. Residents were observed enjoying their meals. There was a pleasant ambience in the dining room. Staff were observed assisting residents with meals if required. Lipped plates are available.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback directly to the chef, at the resident meetings and through resident surveys.</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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The registered nurse explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The physical environment is safe and well maintained. The building holds a current warrant of fitness and a certificate of public use (CPU) in place for the newly installed lift and relocation of the stairs to the upstairs bedrooms. The facility manager oversees maintenance, and a part time maintenance person ensures the implementing of the day to day maintenance requests.</p> <p>There is an annual preventative maintenance plan that includes electrical testing and tagging. Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range, a plumber is notified. Calibration of medical equipment was completed within the last 12 months.</p> <p>The facility is carpeted, with vinyl surfaces in bathrooms/toilets and</p>

		<p>kitchen areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility, and can personalise their room. There are 59 rooms in the facility. Forty-four rooms are suitable to be shared; however, the facility will only ever have up to 11 rooms shared at any time.</p> <p>All other rooms are single occupancy. All rooms have ensuites, including the 13 rooms upstairs, the area is accessible by two lifts and a stairwell. The stairwell is wide enough with handrails for safe use. The lifts can accommodate an ambulance chair. There is flowing soap at handbasins, ensuites and communal toilets. There are communal toilets with disability access located near the communal areas. Residents were observed moving freely around the areas with mobility aids where required. The HCAs interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and private and communal toilets. The hallways are wide. There is a large lounge which is used for activities. There is a smaller lounge where residents can have quiet time or entertain visitors. There is a large well-appointed dining room.</p> <p>There are outdoor areas with under cover seating. There are sufficient communal toilets situated near the communal and outside areas. There is safe access to the outdoors, pathways and landscaped areas.</p> <p>The building is appropriately heated and ventilated. There are heat pumps in resident's rooms. There is ample natural light in the rooms.</p> <p>The facility manager/owner and area manager/quality coordinator stated the Māori liaison officer and Māori support group assisted to ensure the design and environments reflect the aspirations and identity of Māori in the renovation of the building.</p>
Subsection 4.2: Security of people and workforce	FA	Emergency/disaster management policies outline the specific

<p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand in January 2007. Fire evacuation drills are held six-monthly. Civil defence supplies are stored in identified areas and are checked six-monthly. The facility has access to a generator in the event of a power outage. There are gas barbeques to cook on including a gas stove in the kitchen. There is an adequate food supply available for each resident for minimum of three days. Emergency water supplies provide three litres per person per day, for three days.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. All staff are trained in first aid. There are call bells in the residents' rooms and communal toilets close to lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night. There is security lighting and CCTV at the front entrance. Staff wear badges and are identifiable. Visitors sign in at the entry to the service.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, is approved by the facility manager and area manager (quality coordinator) in conjunction with the external consultant. The infection control programme and AMS programme links to the quality improvement plan and business plan. The infection control programme and AMS programme is developed by an external consultant that provides support to the area manager and clinical manager.</p> <p>The facility manager receives information via the combined meeting that they attend, and any significant events are reported through this meeting. This was confirmed in an interview with the area manager.</p>

		<p>Furthermore, infection rates are presented and discussed at the combined meeting and full staff meetings. Documented evidence showed infections were reviewed with the GP and appropriately managed.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality improvement system and reported on annually. The clinical manager the infection prevention and control coordinator and oversees the infection control and prevention programme. There are clearly documented roles and responsibilities related to the infection control coordinator role.</p> <p>The infection prevention and control coordinator has completed external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. The infection prevention and control policies have been developed by an external expert. The procedures and policies reflect the requirements of the Standard and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that may impact on HAI risk.</p> <p>Staff became thoroughly familiar with policies through comprehensive training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly residents who independently undertake community visits.</p> <p>Single use medical devices are not reused and were seen to be safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and this is audited to ensure its safe working state and regular decontamination.</p> <p>The pandemic plan includes the management of unwell residents,</p>

		<p>management of staff and visitors, food, and laundry services. There is a framework for communicating significant events through monthly combined meeting. An outbreak response is documented, and the pandemic plan has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p> <p>The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control.</p> <p>The clinical manager/registered nurse understands the process of involvement, should there be plans for development and ongoing refurbishments of the building. The infection prevention and control coordinator procures all equipment and consumables with support from the area manager.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The antimicrobial stewardship (AMS) programme had been approved by the area manager and facility manager.</p> <p>The clinical manager and general practitioner monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. Action plans are developed when necessary to improve AMS activities.</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</p>	FA	<p>Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections</p>

<p>surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>(including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at meetings.</p> <p>The clinical manager oversees the infection surveillance programme. Infection prevention and control data, along with any relevant issues, and progression of infections are communicated to residents and family/whānau as needed. Interview with the infection prevention and control coordinator evidence communication processes are culturally safe.</p> <p>Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed.</p> <p>There have been three outbreaks since the previous audit. Kauri Lodge staff adhered to its outbreak management plan and processes to notify appropriately. There is sufficient PPE stored, and training sessions include outbreak management.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.  Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.  As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management. Healthcare assistants are involved in laundry and cleaning services and have completed relevant training. Chemicals were stored securely, and a closed chemical dispensing system is used. Material safety and data sheets are available. All relevant staff have completed chemical training. Cleaners are allocated to the roster seven days week (HCA). The cleaners trolley is stored securely when not in use.</p> <p>All linen, personals and kitchen items are laundered on site. Linen cupboards had enough linen and towels. The laundry has a dirty to clean flow and folding occurs in the separately. There is sluicing facility with appropriate PPE available and separate hand washing</p>

		<p>facilities.</p> <p>Healthcare assistants stated that they received training on operating the washing machines, as they are responsible for the laundry processes. Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility is consistently very clean. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint minimisation and safe practice policy is in accordance with this standard and specifies the facility managers committed to a restraint-free environment. At the time of the audit there were no residents using any restraints. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing. The clinical manager is the restraint coordinator has documented roles and responsibilities that relates to the role. A job description which defines the responsibilities of the role is in place.</p> <p>Despite the facility being restraint free the restraint meetings occur six monthly. The restraint coordinator ensures the care plans explore all alternatives, including strategies to avoid the use of restraint. This includes identifying cultural needs and beliefs, falls prevention strategies and strategies for managing challenging behaviour. Staff meetings are held three-monthly, and any use of restraint would be discussed there. Staff have ongoing training relating to maintaining a restraint-free environment and safe practice, and current annual competencies were sighted.</p>

## Specific results for criterion where corrective actions are required

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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
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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.

No data to display
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End of the report.