

Seniorcare Geraldine Incorporated - Waihi Lodge Care Centre

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

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

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

The specifics of this audit included:

Legal entity: Seniorcare Geraldine Incorporated

Premises audited: Waihi Lodge Care Centre

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 13 October 2025 End date: 14 October 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: 19

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

Waihi Lodge Care Centre is located in Geraldine and is certified to provide rest home level of care for up to 21 residents. Waihi Lodge Care Centre is community owned (Senior Care Geraldine) and governed by a Board of Trustees. There was 19 residents at the time of the audit.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Health New Zealand Te Whatu Ora. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, the nurse practitioner, management and a board member.

The service is managed by an experienced facility manager who is supported by registered nurses and wider team. Residents and family/whānau interviewed spoke positively about the service provided.

The service has addressed the shortfall identified at the previous audit related to implementation of the quality programme.

This surveillance audit identified no shortfalls.

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.



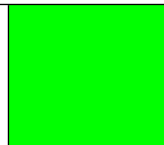
Subsections applicable to this service fully attained.

Waihi Lodge provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Care plans accommodate the choices of residents and/or their family/whānau. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of data were documented as taking place as scheduled, with a robust corrective action process implemented. Quality and risk performance is reported in management and staff meetings. The service complies with statutory and regulatory reporting obligations.

Health and safety processes are implemented with this itemised as a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

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.
---	--	--

All residents had interRAI assessments and long term care plans completed within timeframes. Care plan interventions were reflective of residents needs, and monitoring charts were completed. Care plan evaluations were completed at least six monthly following interRAI reassessments and were reflective of residents progression towards meeting goals.

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.

Medication policies reflect legislative requirements and guidelines. The facility manager 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 nurse practitioner.

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.

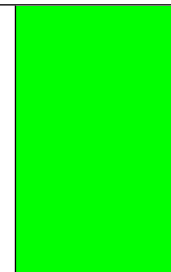


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. A maintenance plan is adhered to, and all equipment is tagged, tested, and calibrated as scheduled. Bedrooms are personalised.

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 programme is implemented and has been approved by the board.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Staff are informed about infection control practices through meetings, and education sessions. There have been two outbreaks since the previous audit which were managed well.

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by a registered nurse. At the time of the audit there were no residents using physical restraints. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	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. 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>A Māori health plan is in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori; however, policy documentation and interviews with the facility manager and registered nurses confirmed the service is committed to respecting the self-determination, cultural values, and beliefs of future Māori residents and whānau and ensuring this is reflected in individual care plans.</p> <p>Waihi Lodge has a relationship with the iwi liaison officer at local marae and the and links are established with other kaumatua through Waihi Lodge staff, visitors and volunteers.</p> <p>Interviews with six staff (three healthcare assistants (HCAs), two registered nurses (RNs) and one kitchen manager) and the facility manager demonstrated a knowledge of implementing the principles of Te Tiriti O Waitangi to all aspects of the service.</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>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Waihi Lodge Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and</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>		<p>providing high quality healthcare.</p> <p>There were no residents identifying as Pasifika at the time of the audit. Interviews with the facility and staff members confirmed that family/whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions. They cited satisfaction with the service and recognition of cultural needs.</p> <p>Waihi Lodge partners with Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</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>Details relating to the Health and Disability Commissioner Code of Rights are included in the information that is provided to new residents and their family/whānau. The facility manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Three residents, and two family/whānau confirmed that individual choices, independence and cultural beliefs are respected. Interactions observed between staff and residents during the audit were respectful.</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>	FA	<p>An abuse and neglect policy is being implemented. Waihi Lodge policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment and bullying and staff sign to confirm understanding. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents of all ages, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with</p>

		management and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Informed consent processes are discussed with residents and families/whānau on admission. Five resident files sampled included written consents signed by the resident. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints management 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 demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>A complaints register is being maintained. One complaint was received in 2025 year to date since the previous audit in April 2024. The complaint reviewed had been resolved and closed off. Documentation includes follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>The complaints procedure is provided to residents and families during the resident's entry to the service. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p>

		<p>Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The facility manager is responsible for the management of complaints and on interview acknowledged an understanding that for Māori, there is a preference for face-to-face communication. The complaints process links to advocacy services.</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>Waihi Lodge is the trading name of Senior Care Geraldine incorporated - Waihi Lodge located in Geraldine is a community owned, not for profit company with seven board members. Waihi Lodge is certified to provide rest home level of care for up to 21 residents. On the day of the audit, there were 19 residents, including one resident on a mental health contract. The remaining residents are on an age-related residential care (ARRC) contract.</p> <p>Waihi Lodge overall purpose, vision and values is documented in the business plan along with the mission statement and annual and 90-day goals, which are reviewed at monthly board meetings. All staff are made aware of the mission statement, vision and values during their induction to the service. The documented Māori Health Plan reflects a leadership commitment to collaborate with Māori and aligns with Health New Zealand strategies. The board member (interviewed) advised that they have met with a kaumātua from the Arowhenua Marae to provide support and expertise to the board to improve outcomes and achieve equity for future Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha. All members of the board have completed Te Tiriti eLearning modules and cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The board member and facility manager interviewed are experienced in the age care sector and were knowledgeable of legislative and contractual requirements.</p> <p>The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed in the range of meetings that take place across the service with minutes of the meetings</p>

		<p>provided to the board.</p> <p>There is a documented clinical governance policy. The registered nurses with input from the nurse practitioner and wider multidisciplinary team provide clinical oversight and provide a clinical report as part of the facility manager's report to the board. Board members include a health professional experienced in aged care.</p> <p>The facility manager has extensive experience in management and has been managing Waihi Lodge for four years. The facility manager is supported by the board, registered nurses and an experienced care team. The facility manager has maintained at least eight hours of professional development activities related to managing an aged care facility and other training.</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 quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly combined quality and full staff meetings incorporate health and safety, and infection control. Meeting minutes document the comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Weekly staff and board email updates ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and closure when achieved. Quality data and trends in data are posted on a noticeboard in the nurses station and are accessible to all staff members. The finding at the previous audit related to criterion # 2.2.2 has been addressed.</p> <p>The service completes employee, resident and family/whanau satisfaction surveys annually. The 2025 resident satisfaction and resident family surveys indicate that residents and family/whānau have high levels of satisfaction with the services being provided. Results have been communicated to residents, staff and family/whānau through emails and meetings. The overall results of the survey were very positive. The surveys and comments are analysed internally to identify areas for improvement.</p>

		<p>Health and safety is a standing agenda item in the monthly combined quality and staff meetings. Daily meeting occur between the facility manager, administrator and the registered nurse. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated and analysis undertaken by the facility manager monthly and reported to the board in the monthly managers' report. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms. Discussions with the registered nurses and facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including new severity assessment code (SAC) reporting procedures. There have been no occasions requiring Section 31 or SAC notifications since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements, and the service provides adequate registered nurse cover for rest home level care residents. The facility manager, registered nurses (RN's) and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The registered nurses share the on call clinical responsibilities. The facility manager is available seven days a week Monday to Friday to provide cover for rosters and the environment.</p> <p>Interviews with HCAs, and the facility manager confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule; 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. External training opportunities for care staff include training through Health New Zealand, New Zealand Aged Care Association and hospice. The service supports</p>

		<p>and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Sixteen staff have achieved level 3 or higher NZQA qualifications.</p> <p>The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The registered nurses have a syringe driver and interRAI assessment competency.</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>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. Five staff files reviewed included a signed employment contract, job description, police check, orientation documentation relevant to the role the staff member is in, application form and reference checks. All staff who have been employed for over one year have an annual appraisal completed. The practising certificates for the registered nurses, and contracted health practitioners are retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</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</p>	FA	<p>The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five electronic resident files reviewed evidenced initial care plans are developed in partnership with the residents/EPOA within the required timeframe. There is documented evidence of resident, EPOA or family/whānau involvement in care-</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>planning. Care plans are based on data collected during the initial nursing assessments.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment (completed for all residents). The long-term care plans and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. Short term care plans are developed for short term needs such as infections, wounds, bruises and have been evaluated and signed off once completed or transferred to the long-term care plan. All care plans reviewed had been regularly reviewed to ensure that needs and risks are an ongoing process, and that any changes were documented in the care plan.</p> <p>The initial medical assessment is undertaken by the nurse practitioner (NP) within the required timeframe following admission. Residents have reviews by the NP within required timeframes and when their health status changes. The NP visits weekly and as required four days a week and is available for phone consultations after hours. St Johns ambulance and Timaru Hospital provide additional support when required. Documentation and records reviewed were current. The NP was interviewed and expressed satisfaction with all aspects of care and stated the communication from the registered nurses was excellent. A physiotherapist is available as required.</p> <p>Contact details for family are recorded in the clinical file. Resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Current wounds included chronic skin lesions. Registered nurses advised that if wounds required additional specialist input, this was initiated and a wound nurse specialist consulted.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by HCAs and weekly by the</p>
---	---

		<p>registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurses initiates a review with the NP. There was evidence the registered nurse had added to the progress notes when there was an incident and or change in health status.</p> <p>A range of paper based, and electronic monitoring charts are available for staff to utilise. Monitoring charts reviewed were all completed as required. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations include the degree of achievement towards meeting desired goals and outcomes, are documented by the registered nurses.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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 safe electronic medication management system was observed on the day of audit, and ten medication records were reviewed. The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. Prescribing practices are in line with legislation, protocols and guidelines. Three-monthly reviews by the NP and allergies were recorded in all medication charts sampled.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the registered nurse on delivery to the facility. All medications sighted were within current use by dates, and eyedrops had been dated upon opening. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily. Medications are stored securely in accordance with requirements.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. All staff who administer medications have current competencies in place. The registered nurses oversees the use of all pro re nata (PRN) medicines and</p>

		<p>documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>There were two residents self-administering medication on the day of the audit; policy and procedures including assessment, review and the provision of safe storage were in place where required. Standing orders are not used, and vaccines are not kept on site.</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>A nutritional assessment is undertaken by the facility manager for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.</p> <p>The food control plan is current and expires 1 March 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>There is a documented policy that relates to resident transfer and discharge. Transition, discharge, or transfer is managed in a planned and coordinated in a timely and safe manner. Interview with staff confirmed residents and their family/whānau were involved for all discharges to and from the service. Discharge notes are kept on file and discharge instructions are incorporated into the care plan.</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>	<p>FA</p>	<p>There is a building warrant of fitness certificate that expires on 1 July 2026. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment, hoists and scales was completed annually. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas.</p> <p>Residents are encouraged to personalise their bedrooms, including those with cultural or spiritual significance as viewed on the days of 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> <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>FA</p>	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme, reviewed annually, and approved by the board. The infection control policies were developed with input from infection control specialists and these comply with relevant legislation and accepted best practice. A registered nurse is the infection control coordinator. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date with a high number of staff attending. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of infectious outbreaks is ongoing. This includes reminders about handwashing and advice to residents about remaining in their room if they are unwell. Staff interviewed demonstrated a good understanding of infection control and prevention</p>

		measures.
<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>	FA	<p>The infection surveillance program is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. An infection control manual is used as reference for best practice around infection control. Advice around infection control matters is also sought from the local infection control specialist at Health NZ and Regional Public Health and by liaising with the NP.</p> <p>Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system and wounds is collected, based on signs, symptoms and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and implemented, which is also analysed monthly and annually for trend identification. The electronic system infection control data captures ethnicity information.</p> <p>To support infection prevention, audits are regularly conducted, covering areas such as cleaning, laundry, use of personal protective equipment (PPE), and the procedures for donning and doffing personal protective equipment (PPE), as well as hand hygiene practices. Where necessary, corrective measures are taken. Staff are kept up to date on infection rates and outcomes of regular audits during staff meetings, with evidence documented in the minutes of these meetings.</p> <p>There have been two covid 19 outbreaks (June 2024 and June 2025) since the previous audit. These were well documented, managed and reported where appropriate. Meeting minutes reflect debrief meetings occurred. Residents receive antivirals and minutes of meetings reflect robust processes were implemented to contain the spread.</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>	FA	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. A registered nurse is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator</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>is conversant with restraint policies and procedures.</p> <p>Interview with the restraint coordinator described the organisation's commitment to restraint elimination and implementation across the organisation. The reporting process to the board includes restraint data that is gathered and analysed monthly. On the day of the audit there were no residents utilising restraints. Interviews with staff confirmed who are actively involved in the ongoing process of restraint elimination. Training for all staff occurs at orientation and annually. This includes a competency assessment.</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.