

Lara Lodge 2017 Limited - Lara Lodge

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 HealthShare Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity: Lara Lodge 2017 Limited

Premises audited: Lara Lodge

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 4 November 2025 End date: 4 November 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: 22

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Lara Lodge 2017 Limited (hereafter referred to as Lara Lodge) provides rest home level of care for up to 27 residents. On the day of the audit there were 22 residents.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the contracts 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 facility is privately owned and one of the owners is the manager. They are supported by a very experienced enrolled nurse and clinical nurse leader.

There are quality systems and processes implemented. Feedback from residents and family/whānau was positive about the care and services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

All corrective actions from the last audit relating to staff appraisals and ethnicity data for infection surveillance have been completed. This audit identified two shortfalls relating to testing and tagging of electrical appliances and servicing and calibration of clinical equipment and education on infection prevention.

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.

A Māori health plan is implemented. The service is Māori centred and embeds the principles of Te Tiriti o Waitangi and tikanga. A Pacific health plan is in place.

Residents and family/whānau are provided care in accordance with the Code of Health and Disability Services Consumers' Rights (the Code). The service is free of abuse and discrimination. Residents and family/whānau are included in making decisions about their care and treatment.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. The complaints process is in accordance with the Code.

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 owner/manager supported by the enrolled nurse (wellness lead) and clinical nurse leader ensure performance meets the required standards and legislative requirements. 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. Quality data around incidents, infections, wounds and medication errors is collated monthly and

communicated to staff. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy documented. A role specific orientation programme and regular staff education and training are in place.

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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Residents care plans are implemented with input from the resident and family/whānau. These consider the physical, social, cultural and spiritual components of the resident's well-being. The medicine management system is appropriate for the service. Staff who administer medication are competent to do so. The discharge and/or transfer of residents is safely managed. The general practitioner confirmed care is safe and meets the resident's needs. The kitchen has a current food control plan, and meals are well presented and varied. Residents with specific dietary requirements have these met.

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.		Some subsections applicable to this service partially attained and of low risk.
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There is a current building warrant of fitness. The physical environment supports the independence of residents and promotes safe mobility with the use of mobility aids. Residents are encouraged to personalise their rooms.

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The infection prevention programme is appropriate for the size, complexity, and type of service. The manager and wellness lead implement and monitor the programme. A monthly surveillance report is analysed and presented at staff meetings.

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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There is a policy and procedures for restraint minimisation and safe practice. The facility has been restraint-free for many years. Staff are trained in the least restrictive practice.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	2	0	0	0
Criteria	0	47	0	2	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 – Hauora Māori plan is implemented. This document acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and supports mana motuhake for Māori. Te reo Māori is embedded into all policies and there is signage in te reo Māori throughout the facility. Staff receive ongoing training in Te Tiriti o Waitangi, cultural awareness, tikanga and culturally safe practice as part of the annual in-service education programme. During the audit there were residents who identified as Māori. There are staff members who identify as Māori including the manager/owner. Interviews with the manager, registered nurse, two healthcare assistants, an enrolled nurse wellness lead and chef included examples of providing culturally safe services in relation to their roles.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>A Pacific Peoples' health – Te Hauora o Te Iwi Moananui-a-Kiwa health plan is in place that aligns with the Ministry of Health Pacific Plan. During the audit there were no residents who identified as Pacific people. There were staff who identified as Pacific people. Staff receive ongoing training in cultural safety and awareness as part of the in-service education schedule that includes recognising the world view, cultural and spiritual beliefs of</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>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>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff advised they are aware of the Code and discussed their responsibilities regarding providing care in compliance with the Code. Observation during the audit confirmed care is provided according to the Code. Information about the Code is given to residents and family/whānau on admission to the service and this was confirmed by residents and family/whānau.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There was no evidence of abuse, neglect or exploitation during the audit. Staff discussed signs of abuse and neglect, including the actions they would take should they recognise these. They also discussed professional boundaries and demonstrated knowledge of these and gave examples of behaviours/actions that were inappropriate.</p> <p>Residents and family/whānau advised that they had not witnessed abuse or neglect and confirmed professional boundaries are maintained. Residents and family/whānau reported personal belongings are treated with respect.</p> <p>Residents comfort funds are managed by the manager and/or wellness lead. A bank account transaction sighted during the audit reflected entries in the resident's comfort fund records. Residents and family/whānau confirmed they are satisfied the comfort fund is managed appropriately and securely.</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.</p>	<p>FA</p>	<p>Staff stated they obtain verbal consent from residents prior to completing routine tasks such as supporting them with toileting and showering, administering medication, and evidence of this was seen during the audit.</p>

<p>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>Clinical records sampled held signed consent documents, these included for example the administration of vaccines, taking of photos, the provision of medical care, participation in outings and the collection and storage of health information. Residents and family/whānau confirmed they were provided with information to inform their decision making.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a policy and procedures for complaints that is communicated to residents and family/whānau. Resident meeting minutes show residents are reminded at regular intervals on how to make a complaint. The manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The manager maintains a complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Since the last audit there have been no complaints. There have been no external complaints received since the last audit.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>FA</p>	<p>Lara Lodge is certified to provide rest home level of care for up to 27 residents. On the day of the audit there were 22 residents: one is at hospital level of care and a letter from Health New Zealand dated 10 June 2025 specified Health New Zealand is satisfied the care needs for this specific resident are met and Lara Lodge is approved to continue to care for this resident; and 21 rest home level residents including one on Accident Compensation Corporation (ACC) funding and two residents on Young Disabled Person (YPD) funding. Aside from the residents on ACC</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>and YPD funding all others were under the age-related residential care contract (ARRC). There are four rooms suitable for shared accommodation for couples but they were singly occupied on the day of the audit.</p> <p>The facility is privately owned and one of the owners is the manager. There is no other governance body. One of the owners identifies as Māori and has close connections with a local iwi. The owners ensure compliance with legislative, contractual and regulatory requirements by having regular meetings with their funders and other aged care facility owners and managers. Both owners are onsite daily and the owner/manager has formal meetings with the clinical nurse lead and wellness lead fortnightly (minutes were sighted) and ongoing communication on a daily basis.</p> <p>The manager, clinical nurse lead and wellness lead assume accountability for delivering a high-quality service with the support of staff. Services are provided in ways that honour Te Tiriti o Waitangi, reduce barriers to equitable service delivery and improve outcomes for Māori and people with disabilities.</p> <p>The purpose, values, direction, scope and goals for the organisation are defined. Organisational performance is monitored and reviewed at planned intervals. The quality and risk management system is focussed on improving service delivery and care. Goals include: ensuring residents are supported to maintain functional abilities, social connections and to meet their goals; improved health for residents; health equity for residents and potential residents; improved information technology; clinical and equipment purchases; maintenance of the building and grounds; staff training and team building; and maintaining contracts with their funders.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, family/whānau and staff input through feedback and meetings. All of this is discussed and reviewed at clinical and staff meetings, including corrective actions required.</p> <p>The clinical nurse lead and wellness lead have overall clinical responsibility. They lead the team of healthcare assistants and registered nurses to ensure the provision of safe and appropriate clinical practice, care and services meets the needs of residents and aligns with accepted good practice. The clinical nurse lead can access professional support and advice through Health New Zealand, a local pharmacy and general</p>
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		<p>practitioners.</p> <p>The owners and all staff have ongoing training in Te Tiriti o Waitangi and cultural safety and the owners have completed Ngā Paerewa training. Tikanga is embedded into practice with opening and closing karakia at all meetings and regular waiata.</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>A quality and risk management programme is in place that allows Lara Lodge to track their progress against their quality goals as outlined in the business plan. Quality goals are documented and progress towards quality goals is reviewed regularly at staff meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors and staff injuries. The service actively looks for opportunities to improve through analysis of clinical indicator data.</p> <p>Meetings are held monthly for all staff and these include health safety and quality (including infection control). There are three-monthly resident and family/whānau meeting and residents interviewed stated they could approach management at any time to raise concerns. Staff meetings include (but are not limited to): opening prayer, tabling the previous minutes, matters outstanding, incidents and accidents, clinical indicators as above, internal audit reports, human resources, education, compliments and complaints, policy updates, general business, actions going forward and a closing prayer.</p> <p>Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are communicated to staff in the meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are</p>

		<p>communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The manager maintains oversight of the health and safety system and contractor management on site. The manager receives advice on health and safety matters from an external consultant. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are reported, collated and categorised. Twelve incident forms were reviewed and these evidenced immediate action taken and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. The adverse event reporting policy is in accordance with the National adverse event reporting policy.</p> <p>Discussion with the manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications to HealthCERT and no notifications to the Health Quality and Safety Commission. There have been no outbreaks of infection requiring reporting to Public Health since the last 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>	FA	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The manager and wellness lead work Monday to Friday. There is a registered nurse on from 10am to 6.30 pm Monday and Tuesday and from 3pm to 10pm Friday, Saturday and Sunday. The clinical nurse lead and wellness lead are on-call 24 hours per day and seven days per week. The facility can also call St John Ambulance for a paramedic to undertake</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>wellness checks after hours. There are two healthcare assistants on the morning and afternoon shifts with additional healthcare assistants rostered on for shorter hours as support. There is one healthcare assistant on duty overnight and another senior healthcare assistant living onsite who can be called in to assist if needed. The manager is on call at all times and the other owner is available for maintenance and property related calls.</p> <p>Staff on the floor on the day of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the management team provide good support.</p> <p>Review of the rosters showed any gaps in staffing due to absences were covered by casual and regular staff picking up extra shifts. Residents and family/whānau interviewed reported there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and is aligned with Ngā Paerewa. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. Improvement is required in training relating to infection prevention, link criterion 5.2.6. Senior healthcare assistants and registered nurses have current medication competencies. Registered nurses, senior healthcare assistants and activities staff have a current first aid certificate.</p> <p>Healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. There are 14 healthcare assistants in total and nine have achieved NZQA level three or above.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, monitoring blood glucose levels and insulin competencies. At the time of the audit there were three registered nurses. One registered nurse and the wellness lead have completed interRAI training. Staff have completed training that covers general care of the older person, Te Tiriti o Waitangi, cultural safety and awareness, Pacific peoples' health and world view and a broad range of other subjects relevant to aged care nursing.</p>
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<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>A register of current annual practicing certificates was sighted and included all registered nurses, enrolled nurse, pharmacists and general practitioners. Qualifications are validated prior to employment and the scope of practice for health professionals and healthcare assistants is identified to ensure they match the requirements of residents.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and new staff are buddied with experienced staff until they are confident and competent in their role.</p> <p>Five staff files were reviewed including a registered nurse, diversional therapist, two healthcare assistants and a cook. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. Criterion 2.4.5 is now fully attained.</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>Residents have individualised support provided that meets their physical, cultural, spiritual, and social dimensions of their wellbeing. Records sampled verified interRAI assessments, initial care-plans, long-term care-plans and general practitioner (GP) admission assessments have been completed within the required timeframes.</p> <p>Assessments include, for example, pressure area risk, pain, falls risk and a fragility and vulnerability assessment. Healthcare assistants and the wellness lead discussed individual residents' life experiences and aspirations and provided examples of how they incorporated this knowledge into the day-to-day care provided to the residents. A registered nurse provides oversight and direction to staff as required to ensure the assessments and care-plans are appropriate to meet the needs of each resident.</p> <p>All interRAI assessments were current in the records sampled during the audit. The care plans documented interventions that reflect the interRAI identified opportunities to optimise the resident's well-being. Progress notes, observations during the audit and interview with the resident's and</p>

	<p>their family/whānau, confirmed assessments and care plans were developed in collaboration with the resident and family/whānau.</p> <p>Short term care plans are developed for acute conditions and/or any change in the resident's wellbeing, for example an infection or impaired skin integrity. These are updated as appropriate and signed off when the condition had resolved or transferred into the long-term care plan if appropriate. Residents monthly vital signs and weights are documented.</p> <p>Resident records include for example interRAI reports, consent forms, advance care plans, laboratory reports, GP reviews and previous provider correspondence.</p> <p>Progress notes document the resident's daily activities and any observed changes in health status or behaviour. If an acute change in the resident's health status or behaviour/s is observed, the registered nurse (RN) on call is notified. Ongoing care is provided as per the directions of the RN. If required, an ambulance is requested to transport the resident to the public hospital. When non acute changes are observed further assessments are performed as appropriate. The wellness lead or registered nurse notifies the GP in a timely manner as required, this was verified by the GP and confirmed in clinical records. Healthcare assistants discussed the triggers that required escalation to the on-call nurse.</p> <p>Resident files sampled confirmed the GP reviews residents three monthly, or more often if required. Residents have medical oversight carried out by a GP of the resident's choice. The wellness lead maintains a planning record to ensure all residents are reviewed by their GP at least three monthly. Clinical records, resident, family/whānau and the GP interviewed confirmed the system is effective. There was evidence to confirm residents are seen more frequently by their GP if required. Records sampled contained emails to the GP with information about the resident's health status, to seek advice and guidance regarding ongoing management. Examples sighted included recurring constipation and wound management.</p> <p>Residents and family/whānau stated they are happy with the care provided, they feel included in care planning, and were given sufficient information to make choices in their care options.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management system is appropriate to the size and scope of the service and reflects current recommended best practice. An electronic system is used for the prescribing and recording of administration of medication. A pre-packaged system is used by the pharmacy to dispense medications. The pharmacy delivers medications and collects medications that are no longer required. The RN checks the medications prior to placing them in the medication trolley. The medication charts include allergies and sensitivities. Records sampled had been reviewed by the GP within the previous three months.</p> <p>Staff who administer medication discussed the medication competency programme and confirmed they completed it annually.</p> <p>Medications were seen to be kept in a locked medication trolley stored in the locked staff room. There were no controlled medications on site on the day of the audit. There is an appropriate location and safe to store controlled medications if ever required. The office is temperature monitored. Improvement is required relating to the storage of refrigerated medications. All medications were labelled as per requirements. There were no stock medications on site.</p> <p>The medication policy documented the self-administration of medication process, and this was discussed in detail by staff. There were two resident's self-administering medication at the time of the audit. Both described the process they used to self-administer in a manner that reflects the policy. The GP expressed satisfaction with medication management, including oversight of residents who self-administer their medications.</p> <p>Standing orders are not used in this service.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and</p>	<p>FA</p>	<p>All food is prepared on site. The menu is varied and reflects the nutritional needs of the older person. The chef described food choices available to ensure residents with specific dietary needs have these met. A white board in the kitchen held information relating to the specific dietary requirements of residents. Appropriate and inappropriate foods were listed on the white board. All residents have a nutritional assessment completed on entry, including likes, dislikes, allergies, intolerances, and cultural preferences. A</p>

<p>hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>copy of this was in the kitchen and is updated following any changes. There is a current food control plan, with an expiry date of 15 August 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>	<p>FA</p>	<p>Staff advised they contact the on-call RN and/or the ambulance service in the event of a resident acutely deteriorating or sustaining an injury they were unable to manage. This was confirmed in incident forms, clinical records and the GP.</p> <p>Residents who require acute care are transferred to the public hospital by the ambulance service. The national yellow envelope system is used, which includes all required documents to maintain continuity of care. A verbal handover of care is provided to ambulance staff by the senior staff member on duty. Clinical records confirmed family/whānau are consulted regarding the resident's situation.</p> <p>Planned discharges are co-ordinated in collaboration with the wellness lead, registered nurse and manager. The resident and family/whānau are included in discussions about the process, and this was confirmed by residents and family/whānau.</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>PA Low</p>	<p>The building has a current warrant of fitness that expires on 13 July 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and on the extensive deck area. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings as viewed on the day of audit.</p> <p>Improvement is required in ensuring the safety of electrical appliances and accuracy of clinical equipment. Hot water temperatures have been tested and recorded monthly in resident rooms, laundry, and kitchen. Hot water temperatures in residents' rooms are maintained below 45 degrees Celsius.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>The infection prevention (IP) programme has been developed by the manager in collaboration with a person/s with infection prevention expertise. The manager and wellness lead review and report on the programme annually. Although staff were observed to practice the principles of infection prevention an improvement is required relating to the provision of IP training to staff.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections is appropriate to the size and type of service. The surveillance programme is documented, and standard definitions are used relating to the type of infection acquired.</p> <p>Monthly surveillance data is collected by the wellness lead, this is analysed and reported to the manager. It is also reported to staff at staff meetings. The data includes ethnicity data. Criterion 5.4.3 is now fully attained. Trends and opportunities to improve arising from the data are considered by the manager and the wellness lead and implemented as required. There were no trends identified in the surveillance reports sampled.</p> <p>There was an outbreak of Covid-19 in 2024, this affected only a few residents and was of short duration. The GP stated the outbreak was well managed.</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</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to maintaining a restraint-free environment. This is supported by management and staff. The organisation has been restraint-free for many years.</p> <p>Restraint related training which includes policies and procedures related to</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint, cultural training and de-escalation strategies is completed as part of the in-service education programme and orientation.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>There is a planned maintenance schedule in place that covers building compliance, maintenance of equipment, mobility aids and maintenance of the building and grounds. Staff can log requests for repairs and maintenance and these are signed off by one of the owners who is in charge of maintenance. There are separate lounge areas where residents can undertake cultural and spiritual activities. The service supports residents to bring and display items of significance in their rooms.</p>	<p>Testing and tagging of electrical appliances and servicing and calibration of clinical equipment was overdue.</p>	<p>Ensure electrical appliances and clinical equipment are checked for safety and accuracy as per the maintenance schedule.</p> <p>180 days</p>
<p>Criterion 5.2.6</p> <p>Infection prevention education shall be provided to health care and support workers and people receiving services by a person with</p>	PA Low	<p>Staff discussed the principles of infection prevention with the residents including hand hygiene and cough and sneeze etiquette. Residents with a cold were encouraged to stay in their room or in areas of the facility where there</p>	<p>Infection prevention education has not been provided at defined intervals by a person with infection</p>	<p>Ensure infection prevention education is provided at defined intervals by a person with infection prevention</p>

<p>expertise in IP. The education shall be:</p> <p>(a) Included in health care and support worker orientation, with updates at defined intervals;</p> <p>(b) Relevant to the service being provided.</p>		<p>was limited contact with other residents. This was confirmed by residents, family whānau and the GP. Although the orientation and education programme lists infection prevention as a component of the programmes there was no evidence to verify that infection prevention education had been completed within the past five years.</p>	<p>prevention expertise.</p>	<p>education.</p> <p>90 days</p>
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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.