

Whangaroa Health Services Trust - Whangaroa Health Services

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: Whangaroa Health Services Trust

Premises audited: Whangaroa Health Services

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 9 October 2025 End date: 10 October 2025

Proposed changes to current services (if any): The service has applied for an additional two dual purpose beds to be added to their certificate as per the application dated 4 July 2025.

This audit verified these two rooms as suitable to provide both rest home and hospital level of care. This changes the bed numbers to seven dual purpose, 10 dedicated rest home beds and 10 hospital beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 25

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

Whangaroa Health Services Trust (WHST) is a long-standing provider of community and Māori health in Northland, including the operation of a Care Home (Kauri Lodge) and a community centre. Kauri Lodge provides rest home and hospital (geriatric and medical) levels of care for up to 25 residents. On the day of the audit there were 23 residents. The chief executive officer (CEO) oversees operations of this health service supported by the aged care facility leader.

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, management, and a nurse practitioner.

The service continues with environmental upgrades and room refurbishments since the last audit.

This surveillance audit identified continuing areas for improvement regarding registered nurse staffing and interRAI assessment timeframes. No new areas for improvement were identified.

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.



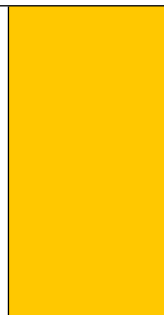
Subsections applicable to this service fully attained.

WHST 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. WHST provides services and support to people in a way that is inclusive and respects their identity and their experiences. 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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

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

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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. Registered nurses 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 a general practitioner or 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.
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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.
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The infection prevention and control programme has been reviewed by the Trust Board and is reviewed annually. Staff have attended infection control training.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. Outbreak response plans are in place, and the service has access to personal protective equipment supplies. There have been no outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were 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	2	0	0
Criteria	0	49	0	0	2	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 residents who identify as Māori. The service is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau, and evidence is documented in the resident care plan and evidenced in practice. Whangaroa Health Services Trust (WHST) has a relationship with the local marae and links are established with the other kaumātua via WHST Māori staff, and residents for activities such as blessing of the rooms. Comprehensive cultural assessments are completed for residents who identify as Māori.</p> <p>Interviews with nine staff (three healthcare assistants (HCAs), two registered nurse (RN), one cleaner, one kitchen team lead, one physiotherapist, the support services team leader) and management (chief executive officer (CEO), aged care facility leader) 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</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the WHST Pacific health plan. The aim is to uphold the principles of Pacific</p>

<p>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. 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>people by acknowledging respectful relationships, valuing families, and 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 all residents' 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>WHST partners with Pacific 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 The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code of Rights are included in the information that is provided to new residents and their family/whānau. The CEO, aged care facility leader, or registered nurses discuss 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>Four residents (three rest home, one hospital), and two family/whānau (hospital level), 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 The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>WHST policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. WHST holds cultural days to celebrate diversity. 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. 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</p>

		<p>service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Interviews with two family/whānau confirmed that communication is good and they are informed of changes in health status. Ten accident/incident forms reviewed identified family/whānau or next of kin are kept informed, and this was confirmed through the interviews with family/whānau</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Five resident files reviewed included signed general informed consent forms. 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. EPOA activation letters were on file where appropriate.</p>
<p>Subsection 1.8: I have the right to complain</p>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The CEO maintains a record of all</p>

<p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>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. There have been no complaints since the previous audit in March 2024. The CEO was able to evidence the process for complaint management, including follow-up letters and resolution, demonstrating that complaints are able to be managed in accordance with guidelines set by the HDC. There have been no external complaints received; however, a previous HDC complaint (2021) has been closed and referred to the Ministry of Health. The Ministry has requested follow up of aspects of a previous complaint in relation to communication, information technology, care planning, and evaluations. There were no issues identified in this audit in respect of this complaint.</p> <p>The complaints procedure is provided to residents and family/ whānau 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. Discussions with residents and family/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 CEO is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process. The CEO acknowledged the understanding that for Māori, there is a preference for face-to-face communication, and confirmed that this would be encouraged for any complainant, but particularly for Māori.</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>Whangaroa Health Services Trust is governed by a Trust Board which is comprised of seven representatives from the local community. The CEO oversees the Whangaroa Trust operations; Whangaroa Health Services (Kauri Lodge), the aged care facility; and a community health programme.</p> <p>Whangaroa Health Services provides care for up to 25 residents at rest home and hospital (medical and geriatric) levels of care. On the day of the audit there were 25 residents, including 13 rest home (including one funded by ACC, and one respite), and 12 hospital residents (including two</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>residents on a younger person with a disability [YPD] contract). All residents (except the ACC, respite, and YPD) were under the aged related residential care (ARRC) agreement.</p> <p>The service currently has five beds that are certified for dual purpose use, 10 dedicated hospital level beds, and ten rest home level beds. The service has applied for an additional two dual purpose beds to be added to their certificate as per the application dated 4 July 2025. HealthCERT has determined this to be low risk, and this audit confirms the addition of two dual purpose beds (Tui wing rooms 8 and 6). This takes the shared room total to four double rooms, and one shared 4-bed room. There are now seven dual-purpose rooms, ten dedicated rest home beds and 10 dedicated hospital beds.</p> <p>WHST overall vision and values is documented in the business plan Te Rautaki o Whangaroa Hauora 2024-2029, along with the mission statement and goals, which are reviewed quarterly. All staff are made aware of the vision and values during their induction to the service. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. 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 and shared with the trustees via the monthly CEO report.</p> <p>Clinical governance is overseen by the CEO (senior registered nurse), and an external contractor experienced in the aged care industry. The CEO has extensive experience in health service management and aged care. The CEO is supported by the aged care facility leader, registered nurses, and an experienced care team.</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</p>	<p>FA</p>	<p>WHST has 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. Policies are regularly reviewed and meet the 2021 Standard. New policies or changes to policy are communicated and</p>

<p>focus on achieving Māori health equity. 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>discussed with staff.</p> <p>WHST is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings include clinical, and staff hui, which incorporate health and safety, and infection control. These 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. Monthly clinical meetings and staff hui 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 quality noticeboard, accessible to all staff members.</p> <p>The service completes resident and family/whānau satisfaction, and food satisfaction surveys annually. The survey completed in August 2025 reflects overall satisfaction of the service. These are analysed internally to identify areas for improvement, with no corrective actions arising from this survey.</p> <p>A risk management plan is in place. Health and safety is a standing agenda item in the monthly management meetings and staff hui. 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 CEO monthly and reported to the trustees. 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 incident forms are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms.</p> <p>Discussions with the CEO evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including Severity Assessment Code (SAC) reporting procedures. There have been Section 31 notifications submitted for changes in management, and</p>
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		registered nurse shortages. There have been no SAC notifications and no outbreaks since the previous audit.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site 24/7 and this is evidenced in the backlog of interRAI assessments (link 3.2.1). This is a continuation of the partial attainment identified at the previous audit. The service has current registered nurse vacancies and is actively recruiting.</p> <p>The registered nurses and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The CEO and aged care facility leader are available Monday to Friday to provide clinical support. The aged care facility leader and the registered nurses share an on-call roster.</p> <p>Interviews with HCAs and two RNs confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff/quality meeting minutes and resident meeting minutes.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of PPE, cultural safety, and moving and handling. A record of completion is maintained. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification.</p> <p>The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Two of four RNs are interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge,</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. There are job</p>

<p>skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. 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>descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Six staff files reviewed included a signed employment contract, job description, police check, induction 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.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also 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 role-specific orientation programme includes buddying when first employed. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. HCAs 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>Information held about staff is kept secure, and confidential in a locked office and cabinet.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. Resident records are integrated.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	PA	<p>Five files were reviewed for this audit: three hospital residents (including</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>Moderate</p>	<p>one ACC) and two rest home residents (including one respite, and one YPD). The aged care facility leader and the RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting, where the long-term care plans are reviewed. This is documented in the progress notes and resident records. The service utilises a person-centred model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (except the residents on ACC, respite care, and YPD) had an initial interRAI assessment completed in a timely manner to reflect the resident's needs; however, interRAI reassessments had not always occurred six-monthly as planned. A review of the interRAI system showed there were six interRAI assessments that were overdue for review and reassessment.</p> <p>The ACC and YPD residents had initial assessments and care plan, appropriate risk assessments and a long-term care plan documented. The respite resident has an initial assessment and an initial care plan in place.</p> <p>The long-term care plan includes interventions to guide holistic care delivery. The care plan aligns with the service's model of person-centred care. Care plan evaluations were completed as needs changed. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs.</p> <p>The service contracts a nurse practitioner (NP) who assesses residents within five working days of admission. The NP reviews each resident at least three-monthly and is involved in the six-monthly resident reviews. After-hours support is available from the Bay of Islands Hospital and the Emergency Consult service. The CEO and aged care facility leader are available Monday to Friday to provide clinical support. When interviewed, the NP expressed satisfaction with the standard of care at Whangaroa Health Services. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. There is an employed physiotherapist available Monday to Friday. A podiatrist visits every six weeks, and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists, and wound care</p>
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		<p>specialist nurse are available as required.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by HCAs and RNs. The RN further adds to the progress notes if there are any incidents, NP input or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, a RN initiates a review with the NP or locum GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, NP or GP input, medication changes, and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. An electronic wound register is maintained. There were five residents with minor wounds currently being treated, and three stage I pressure injuries.</p> <p>Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; restraint and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries according to the policy.</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</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 RN on delivery to the facility. All medications sighted were within current use by dates, and eyedrops had been dated upon opening. A</p>

<p>practice guidelines.</p>		<p>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 RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>There were no residents self-administering medication on the day of the audit; however, policy and procedures including assessment, review, and the provision of safe storage were in place for when 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>	<p>FA</p>	<p>A nutritional assessment is undertaken by the RN 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. Residents and families/whānau interviewed stated that they were satisfied with the meals provided.</p> <p>The food control plan is current and expires 5 February 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</p>	<p>FA</p>	<p>There is a documented policy that relates to resident transfer and discharge. Transition, discharge or transfer is managed, 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>transition, transfer, and discharge. 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>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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a building warrant of fitness certificate that expires on 21 May 2026. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, 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. HCAs interviewed stated they have adequate equipment to safely deliver care for residents.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<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 owners. 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</p>

		residents about remaining in their room if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention 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 online infection control manual (incorporated in the electronic resident management system) is used as reference for best practice around infection control. Advice around infection control matters is also sought from the local infection control specialist in 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 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. Infection control data captures information on ethnicity.</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 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 no outbreaks since the previous audit.</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>	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>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>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 CEO includes restraint data that is gathered and analysed monthly.</p> <p>On the day of the audit there were two residents utilising physical restraints (one bed rail, one lap belt). The use of restraint is reported monthly at the facility staff, registered nurse meetings, and to the trustees via the CEO.</p> <p>Training for all staff occurs at orientation and annually. This includes a competency assessment.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a significant shortage of registered nurses (RNs) in the service, and this is evidenced in the backlog of interRAI reassessments.</p> <p>As per the ARRC contract with Health New Zealand, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times; however, Whangaroa Heath Services has been unable to provide a registered nurse on site for a number of shifts in April and September of this year. Section 31 notifications have been made.</p> <p>It was noted that the service has attempted to mitigate the risk of this situation by utilising internationally qualified nurses, acting as night shift duty lead on site and having comprehensive on-call cover. This is a continuation of the partial attainment identified at the previous audit, and therefore the risk level has been increased from</p>	<p>The service does not have sufficient numbers of registered nurses available to provide for a RN on duty at all times as per the ARC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>60 days</p>

		low to moderate.		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Registered nurses are responsible for completing the interRAI assessments. There are two RNs that are interRAI trained. Initial care plans and long-term care plans were developed within the required timeframes and are reviewed and evaluated six-monthly. Progression towards goals is documented. Care plans were updated when the needs of the residents changed. A review of the interRAI system was completed. Six residents requiring interRAI reassessments were not completed on time. The initial interRAI assessments were all completed within the required timeframe. This is a continuation of the partial attainment identified at the previous audit.</p>	<p>InterRAI reassessments for six residents were not completed within the six-month timeframe.</p>	<p>Ensure interRAI assessments are reassessed at least six-monthly.</p> <p>60 days</p>

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.