

# Tainui Home Trust Board - Tainui Resthome

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Tainui Home Trust Board
<b>Premises audited:</b>	Tainui Resthome
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 8 October 2025 End date: 8 October 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	58

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Tainui Rest home provides rest home and hospital level of care for up to 60 residents in the Taranaki region. The facility is operated by Tainui Home Trust Board Limited, which also owns nearby retirement villages. There have been no significant changes to the building or services since the previous (certification) audit. On the day of audit, 58 beds were occupied.

This surveillance audit process included a review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, a member of the governance group, managers, staff, and a nurse practitioner.

There were no corrective actions arising from the previous (certification) audit. As a result of this audit, improvements were identified to embed completion of neurological observations following unwitnessed falls into practice.

Residents and whānau were complimentary about the care being provided.

## 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.
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Tainui Rest home provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, people from Pacific communities, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There were processes in place to ensure Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori in the service confirmed culturally appropriate care was taking place. There were processes in place to ensure Pacific peoples could be provided with services that recognise their worldviews in a culturally and spiritually safe manner.

Residents of Tainui Rest home, and their whānau, were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. Tainui Rest home provided services and support to people in a way that was inclusive and respected their identity, choices, and experiences. There was evidence that residents and their whānau were kept well informed.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There were processes in place to ensure that the complaints process works equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required. An historic complaint received in 2023 via the Office of the Health and Disability Commissioner remains open.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</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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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori, Pacific peoples, and tāngata whaikaha.

Planning ensured the purpose, values, direction, scope and goals for the organisation were defined. Performance was monitored and reviewed at planned intervals.

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

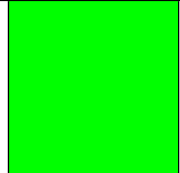
The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. An integrated approach included collection and analysis of quality improvement data, identifying trends leading to improvement. Actual and potential risks were identified and mitigated.

Adverse events were documented in line with the National Adverse Events Policy. The service complied with statutory and regulatory reporting obligations.

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When residents were admitted to Tainui Rest home, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.


The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and was evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who had been assessed as competent to do so.

The food service was safely managed and met the nutritional needs of the residents, with special cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility met the needs of residents and was clean and maintained. There was a current building warrant of fitness, and this was displayed. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities. There have been no changes to the building or services since the previous (certification) audit.

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

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

Subsections applicable to this service fully attained.

The governing body, clinical nurse manager/infection control coordinator ensured the safety of residents, visitors and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service.

The experienced and trained infection control coordinator/clinical nurse manager led the programme and was engaged in procurement processes. The programme was adequately resourced.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required. Results from surveillance activities were monitored and shared with the organisation's governance, management and staff. Action plans were implemented as and when required.

## **Here taratahi | Restraint and seclusion**

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents observed to be using a restraint at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, was in place should restraint use be required in the future. A suitably qualified restraint coordinator, who is the clinical nurse manager, managed the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques, alternative interventions to restraint, and requirements related to restraint monitoring.

## 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	17	0	0	1	0	0
Criteria	0	48	0	0	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Tainui Rest home (Tainui) has policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan with an appropriate model of care had been developed with input from cultural advisors. This was in use for residents who identify as Māori.</p> <p>There were residents who identified as Māori in the service during the audit. They, and their whānau, confirmed that they were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), reporting they felt culturally safe.</p> <p>There were staff who whakapapa to Māori communities employed by the service, they bring their own skills and expertise and would provide advice and support if required. Partnerships have also been established with local iwi, local maraes, kaumātua, and community people and organisations to support service integration, planning, equity approaches, and support for Māori.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	Tainui worked to ensure Pacific peoples' worldviews, cultural, and spiritual beliefs were embraced. The service identified and worked in partnership

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. The Pacific health plan in place utilises appropriate Pacific models of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services. The plan had been developed with input from cultural advisers.</p> <p>There were no residents from Pacific communities in the facility during the audit; however, the Pacific model of care was available to guide staff to deliver culturally safe services to Pacific peoples should they be admitted. There were staff who identify as from a Pacific community and bring their own skills and expertise and would provide advice and support if required. Additional support and advice would be accessed through community services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Staff training on the Code was provided in 2025.</p> <p>When interviewed, residents and their whānau reported being made aware of the Code and the free Nationwide Health and Disability Advocacy Service (advocacy service) and were provided with opportunities to discuss and clarify their rights. Posters on the Code and the advocacy service were on display around the facility and brochures were available at the reception area.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Tainui included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p>

		<p>Nine residents and six whānau interviewed expressed satisfaction with the services provided by Tainui. One of the six whānau members made mention that a recently purchased hearing aid had been misplaced and not found. This information was passed on to the clinical nurse manager (CNM), who was unaware of the loss.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at Tainui and/or their whānau/legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making and were complimentary of the support provided by staff and management. The nursing and care staff interviewed understood the principles and practice of informed consent, including cultural considerations for Māori in the service.</p> <p>Advance care planning, establishing and documenting of enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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>A fair, transparent and equitable system was in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Staff reported they knew what to do should they receive a complaint.</p> <p>A review of the complaints register showed that actions taken, through to an agreed resolution, were documented and completed within the required timeframes. Complainants had been informed of findings following investigation. The CNM and Operations Manager (OM) were responsible for complaints management. There had been four complaints received by the service since the last (certification) audit.</p> <p>There have been no complaints received from Māori residents or their whānau; however, processes were in place to ensure that any complaint</p>

		<p>from a Māori resident or whānau member would be managed in a culturally safe and appropriate way, including the use of hui, culturally appropriate support people, whānau involvement, interpreter services (if required), and respect for tikanga Māori.</p> <p>One complaint received via the Office of the Health and Disability Commissioner (HDC) in 2023 remains open; the service has responded to the complaint within the timeframes set by the HDC. No other complaints have been received from external sources.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Tainui is a charitable trust, underpinned by the Christian faith serving the community of Taranaki. The board of trustees is the governing body and assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>The leadership structure, including for clinical governance, was appropriate to the size and complexity of the organisation. There was an experienced and suitably qualified chief executive officer (CEO) in place who has worked in the aged-care sector since 2021; the CEO is a chartered accountant with experience in offshore and local businesses. Support is provided by the CNM, who has been in the role for two years. They are a registered nurse with experience in public hospital and primary health care settings.</p> <p>The purpose, values, direction, scope and goals were defined, and monitoring and reviewing of performance occurred through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans, monitoring documentation reviewed, and through staff meetings and governance board reports. A commitment to the quality and risk management system was evident. A member of the governing body interviewed felt well informed on progress and risks. This was confirmed in a sighted sample of reports to the board of trustees.</p> <p>Tainui holds contracts with Health New Zealand – Te Whatu Ora (Te Whatu Ora) for age-related residential care services (ARRC) at rest home and hospital level, long-term support – chronic health conditions (LTS-CHC),</p>

		<p>and respite (short-term care). Four beds are contracted for enhanced intermediate care assessment treatment (EICAT). The service also has a contract to deliver services under Accident Compensation Corporation (ACC) contracts.</p> <p>Tainui has capacity for 60 residents in 59 rooms. One room is a double room; however, it is currently singly occupied. Fifty-three beds are certified as dual-purpose beds for rest home- or hospital-level care. During the audit, 58 residents were receiving services. Thirty-six (36) residents were receiving rest home-level care, 18 hospital-level care (including one on respite under an ACC contract). Four residents were receiving EICAT care. No residents were receiving services under the LTS-CHC contract.</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>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management policies and procedures, audit activities, complaints, and monitoring of outcomes from clinical incidents such as adverse events and infections. Staff reported at interview that they knew to report risks, and this was evidenced by documentation sighted.</p> <p>Policies reviewed were current and aligned with all legislative and contractual requirements. Documentation is the responsibility of an external provider experienced in quality systems for the aged-care sector. Critical analysis of organisational practices to improve health equity was occurring across the service, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The CNM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Where mitigation strategies were identified, there were processes in place to ensure these were corrected. Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. Adverse events notifications in the service's resident management system showed that notifications were fully completed, whānau (as applicable) were advised of the event, actions required to minimise these events were recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plans of care. The exception to this was in the completion of</p>

		<p>neurological observations post-unwitnessed falls (refer criterion 2.2.5).</p> <p>The CEO and CNM understood and have complied with statutory and regulatory notification requirements. In the last 12 months, there have been two Section 31 notifications made to HealthCert at the Ministry of Health (Manatū Hauora) related to infection outbreaks. Three notifications have needed to be made to the Health Safety &amp; Quality Commission (HSQC) related to pressure injury (one) and fracture following falls (two). There were no reported police investigations or coronial inquests at the time of audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A safe rostering tool was in use. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met; the facility adjusts staffing levels to meet the changing needs of residents. A review of four weekly rosters confirmed adequate staff cover had been provided, with staff replaced in any unplanned absence. The physical environment had been considered. Residents, whānau and staff interviewed confirmed there were sufficient staff available to meet their needs. At least one staff member on duty has a current first aid certificate and there was 24/7 RN coverage in the facility on the rosters sighted. Staff reported there were adequate staff to complete the work allocated to them; residents and whānau interviewed reported that staff were responsive to meeting their needs.</p> <p>The OM described the recruitment policy and process, which includes police vetting, and validation of qualifications and practicing certificates (APCs), where required. Position descriptions were in place defining the skills, qualifications and attributes for each role, ensuring services were delivered to meet the needs of residents. Practising certifications had been checked annually for any health professionals utilised by the service.</p> <p>Continuing education had been planned on an annual basis and included mandatory training requirements. Records sighted showed that the programme had been delivered. Related competencies had been assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt</p>

		<p>well supported with development opportunities.</p> <p>Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora; staff were encouraged to undertake the qualification.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes were based on good employment practice and relevant legislation. A sample of nine staff records reviewed confirmed the organisation's policies were being consistently implemented, including evidence of qualifications and professional registration (where applicable). Position descriptions were documented and were sighted in the files reviewed.</p> <p>Staff orientation included all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New staff interviewed described their orientation and 'buddy' arrangements with an experienced staff member until the employee was confident. Orientation had been completed in the files sighted. Staff interviewed confirmed that the orientation process takes place and described it as valuable in preparing them for their roles and responsibilities.</p> <p>Opportunities to discuss and review performance occur annually, as confirmed in records reviewed. Staff reported that appraisals were beneficial, providing opportunities to set personal career and education goals aligned with service needs.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></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>	FA	<p>The multidisciplinary team at Tainui worked in partnership with the residents and their whānau to support the residents' wellbeing. Seven residents' files were reviewed: three hospital files and four rest home files. The files encompassed residents presenting with pressure injuries, those who had experienced recent falls, individuals identifying as Māori, residents exhibiting challenging behaviours, recipients of respite care, persons with impaired mobility, and those with multiple co-morbidities.</p> <p>The review of the files confirmed that a RN created a care plan after completing a thorough assessment. This assessment considered each person's lived experience, cultural needs, values, beliefs, and, when</p>

		<p>necessary, broader service integration.</p> <p>Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) or nurse practitioner (NP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements.</p> <p>A resident with a facility-acquired pressure injury had the required notifications on file, including a notification to the HQSC. Wound assessment and the wound management plan, which included photographs, evidenced the wound had nearly healed. Ongoing strategies to reduce the pressure injury risk were being addressed. A resident with a recent unwitnessed fall had an RN assessment post-fall and ongoing neurological assessment for the required timeframes (refer criterion 2.2.5); whānau had been notified. Residents with diabetes had the required nursing interventions to monitor these, and this was documented. Residents who identified as Māori had their cultural needs documented and addressed. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and their whānau confirmed active involvement in the process.</p> <p>Interviews with four whānau of residents expressed a high degree of satisfaction with the care provided at Tainui. As previously noted, one whānau expressed concerns regarding a lost hearing aid. The residents and their whānau were actively involved in planning the resident's care and in any ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness of staff to residents' needs.</p> <p>An interview with the NP expressed satisfaction with the care being provided by Tainui.</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 policy at Tainui was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines had been assessed as competent to perform the function they managed. There was a process in place to identify, record, and document residents' medication allergies and sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP/NP review was recorded on the medicine chart. Standing orders were not used at Tainui.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</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>The food service provided at Tainui was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 4 June 2025. Recommendations made at that time had been implemented.</p> <p>The food service at Tainui operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 3 June 2025. One area requiring a corrective action was identified, and this had been addressed. The plan was verified for 18 months and is due for re-audit on 19 December 2026.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, cultural preferences and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice, and the</p>

		<p>kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meal provided on the day.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>If a resident required transfer or discharge from Tainui, a plan was implemented to manage the process safely and in a timely manner, to mitigate any risk to the resident. The plan was developed with coordination between services and in collaboration with the resident and 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>	FA	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose and maintained. All residents have their own rooms, which were personalised.</p> <p>The building had a building warrant of fitness with an expiry date of 28 February 2026. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests were completed for resident areas; all were within the required temperature range.</p> <p>There have been no changes to the building or services since the previous (certification) audit. Residents and whānau interviewed reported that they were happy with the environment, including security, heating and</p>

		ventilation, natural light, privacy, and maintenance.
<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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes at Tainui were appropriate to the size and complexity of the service. They had been approved by the governing body, linked to the quality improvement system, and were reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education; they were observed to be following these correctly. Residents received education daily, at residents' meetings and by notices on the residents notice board.</p> <p>The infection control coordinator had recently received training in infection control from an external advisor.</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>	FA	<p>Tainui undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Tainui used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data, which includes ethnicity data, was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management and the governing body and shared with staff.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p>	FA	<p>Tainui is committed to providing a restraint-free environment and the facility has remained restraint-free since the previous (certification) audit. At the time of audit, there were no residents observed to be using restraint. A restraint coordinator, who is the CNM, has oversight of the restraint</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>process; their position description was sighted, and they had completed education relevant to the role.</p> <p>There were strategies in place to support the elimination of restraint, including an investment in time and equipment to support the removal of restraint (e.g., use of 'intentional rounding' (scheduled resident checks), use of high/low beds, and sensor equipment). Documentation and interview with a member of the board confirmed that restraint elimination was part of the governance strategy and that restraint was reported to the board at its meetings.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques, as part of the 2025 education programme. Restraint protocols were covered in the orientation programme of the facility.</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 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	<p>PA</p> <p>Moderate</p>	<p>Tainui policy and best practice protocols require neurological observations to be undertaken for 24 hours following a fall if the fall resulted in a knock to the head or it was unwitnessed. A detailed review of five out of 12 records relating to unwitnessed falls was conducted. In all reviewed cases, the incidents were documented, and where appropriate, whānau were notified. Of the five records reviewed, one demonstrated full compliance with the neurological observation protocol, while the others did not have neurological observations completed for the full 24-hour period.</p>	<p>Neurological observations are not always being completed as per the facility’s policy and best practice protocols post-unwitnessed falls.</p>	<p>Provide evidence that neurological observations are being fully completed as per the documented policy protocol post-unwitnessed falls.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display
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End of the report.