

# Kapsan Enterprises Limited - Chadderton Rest Home

---

## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Kapsan Enterprises Limited

**Premises audited:** Chadderton Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 6 November 2025      End date: 7 November 2025

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 18

# 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

Kapsan Enterprises Limited, trading as Chadderton Rest Home, provides rest home level care for up to 23 residents. There were 18 residents at the time of the audit. The owners/directors have been operating the rest home since 2004. There have been no significant changes to the service since the last audit. No areas of non-conformance were identified during this audit.

This certification audit was conducted against the Ngā paerewa Health and disability services standard NZS 8134:2021 and the service's agreement with Health New Zealand – Te Whatu Ora. The audit process included a review of policies and procedures, samples of residents' and staff files, observations, and interviews with residents, family/whānau, management, staff, and the general practitioner (GP). The GP and residents spoke positively about the care 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.
---	--	--


Cultural and spiritual needs are identified and considered. The Māori Health Plan guides staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs based on the principles of Te Tiriti o Waitangi. Principles of mana motuhake practice was evident. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). All staff receive in-service education on Te Tiriti o Waitangi, equity and the Code.

The organisation maintains a socially inclusive and person-centred service. The residents confirmed they are treated with dignity and respect. Consent is obtained where and when required. Residents are safe from abuse, neglect or discrimination. Residents and family/whānau receive information in an easy-to-understand format, felt listened to and were included in making decisions. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making. Advance directives are followed wherever possible.

The complaints process aligns with consumer rights legislation. Regular resident meetings ensure day to day concerns are voiced and responded to.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
---	---	--

Day to day operations and governance is provided by the managing director and clinical nurse manager. Both managers demonstrate a commitment to Te Tiriti o Waitangi and the provision of equitable services. Organisation performance is monitored. There is a documented and implemented quality and risk management system. The required policies and procedures are accessible and reflect best practice, legislation, standards and guidelines. Quality activities are implemented. Quality data is

collated and analysed. Improvements are made where required. Risks are identified and monitored. Adverse events are reported, documented, investigated and followed up. Resident satisfaction surveys confirmed satisfaction with the services provided.

Human resource processes are fully implemented in line with employment legislation. On-going education is provided. There is a sufficient number of staff on duty at all times. Staff performance is monitored. Staff reported that they are well supported by management.

Resident records are held securely and are well maintained with current and accurate data.

## 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.
---	--	--

Residents are assessed before entry to the service to confirm their level of care. The clinical nurse manager is responsible for assessing, developing, and evaluating support plans. Support plans were individualised and based on the residents' assessed needs, with appropriate interventions in place.

Activities are planned to address the residents' needs and interests, both individually and in group settings. Activity plans are planned in collaboration with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the existing activities programme.

The organisation has a paper-based medication management system for prescribing and medication administration. The general practitioner is responsible for all medication prescriptions and evaluations. Staff engaged in medication administration are assessed for competency.

The food service is designed to accommodate individualised dietary preferences of the residents. The nutritional requirements of residents are met. Residents are offered extra nutritional refreshments as required. There was a current food control plan.

Referrals to other agencies are completed in a safe and timely manner. Discharge plans are documented.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
---	--	--

The facility is safe and fit for purpose. Buildings, plant and equipment comply with legislative requirements. The facility provides sufficient space for personal rooms and communal areas. Maintenance requirements are followed up in timely manner. Hazards are identified and minimised. There are sufficient numbers of toilets and showers which are conveniently located. External areas are safe and well maintained.

Emergency procedures are documented and easily accessible. There is an approved emergency evacuation plan and sufficient amounts of emergency equipment. Alternative essential energy and utility services are available. First aid and civil defence supplies are located throughout the building. All staff and residents receive education regarding emergency procedures. Evacuation drills are routinely conducted as required.

The facility is secure. Entry is via a secure gate which still allows for residents to come and go as they please. There are security cameras on the outside and inside communal areas. Staff ensure the security of the facility each evening.

## 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 ensures the safety of residents and staff by implementing a planned infection prevention and antimicrobial stewardship programme. The programme is suitable to the size and scope of the service. The programme is overseen by the clinical nurse manager and is evaluated annually.

Adequate infection prevention resources, including personal protective equipment, are readily available and easily accessible to facilitate implementation of the outbreak management plan.

Surveillance of health-care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were no infection outbreaks reported since the last audit.

The environment supports the prevention and transmission of infections. The environment, and facility were clean, warm, and welcoming. Waste and hazardous substances are well managed. Appropriate cleaning and laundry processes are implemented, monitored and align with infection prevention policies and guidelines.

## 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 has a no restraint philosophy which is reflected in policies and included in staff education. Staff receive training regarding the management of challenging behaviours and de-escalation techniques. Behaviour management plans are documented and reviewed.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	169	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

---

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori Health Plan 2025 includes management’s commitment to the principles of Te Tiriti o Waitangi, workforce development regarding cultural competencies and development of the health equity team. The cultural safety policy includes references to Te Tiriti o Waitangi and Pae Ora -Healthy Futures. Management responsibilities are defined including supporting staff to learn te reo Māori. The cultural safety policy statement is displayed throughout the organisation and is discussed during routine staff training. The most recent training on the principles of Te Tiriti o Waitangi was conducted in September 2025, and Māori health equity training was conducted in October 2025.</p> <p>Management representatives demonstrated a commitment to embedding the principles of Te Tiriti o Waitangi into strategic planning and everyday practice. Mana motuhake is recognised and respected. Māori residents welcomed the auditors in te reo Māori whilst being supported by management. Staff were observed using te reo Māori during the audit and all signage is displayed in English and te reo Māori.</p> <p>There are Māori residents and staff. Māori residents confirmed they are supported and encouraged to maintain their cultural values,</p>

		<p>needs and whānau contacts. These are specifically addressed in their support plans. Staff sit with residents to complete satisfaction surveys to ensure the residents' voice was heard. Resident surveys addressed tikanga and cultural needs with good results.</p> <p>The organisation maintains links with a local marae which Māori residents access, one of whom is tāngata whaikaha. Representatives from the marae visit the rest home. Management continues to strengthen these links through ongoing contact and support.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Respect for Pacific people's views was observed during the audit. There were Pacific residents and staff. A number of Pacific nations were represented amongst staff and management. National Pacific strategy documents and flow-charts were displayed throughout the facility. Policies and procedures reference the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020. Individual support plans include specifics regarding cultural needs. Pacific staff were able to provide examples of how they provided culturally safe support to residents, including language and food choices.</p> <p>Both directors identify as Pacific and were able to provide multiple examples of how they ensure Pacific peoples equity needs are addressed. The managing director provides Pacific cultural training for staff. The most recent training (September 2025) included the content and implementation of Ola Manuia. Links with the Pacific community are maintained.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed throughout the facility in English and te reo Māori. Details relating to the Code are included in the information provided to new residents and their family/whānau. Residents and family/whānau reported the service is upholding and respecting their rights. Interactions observed between staff and residents/whānau were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry</p>

		<p>information pack. Staff receive education in relation to the Code at orientation and ongoing in-service training. Ongoing training includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake, independence, sovereignty and authority (refer subsection 2.1). This was evident in Māori health plans and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Health care assistants described how they support residents to choose what they want to do. Residents are supported in making decisions about whether they would like family/whānau members to be involved in their care. This was also confirmed with residents and family/whānau. A sexuality and intimacy policy is in place. Staff stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents were positive about the service, as their personal choices, values, and beliefs were considered and met. Tāngata whaiora have input into their own routine, and their identity, gender, and sexuality were respected. These were documented in the residents' support plans. Family/whānau and residents, including tāngata whaiora, confirmed being consulted.</p> <p>Privacy is ensured, and independence is encouraged. Resident files identified the residents' preferred names were considered. Information on values and beliefs is gathered on admission with family/whānau involvement and integrated into the residents' support plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage was evident in various locations. Te Tiriti o Waitangi and tikanga training was provided. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Resources referencing Te Tiriti o Waitangi are available for residents and staff.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The staff code of conduct is discussed during induction with evidence of staff signing the policy. The code of conduct policy addresses the elimination of discrimination, harassment and bullying. All staff are responsible for creating a positive, inclusive and safe working environment. Staff were encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents are prioritised. Resident care plans identified goals of care, including interventions to promote positive outcomes, and staff confirmed their understanding of holistic care.</p> <p>Staff complete education during orientation and annually, as per the training plan, on how to identify abuse and neglect. Staff were educated on how to value the older person, showing them respect and dignity. Residents and family/whānau confirmed staff were very caring, supportive, and respectful. Police checks were completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries were defined in position descriptions and covered during the orientation process. Staff members confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. There had been no reported events of actual or suspected abuse/neglect since the previous audit.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about the Code and complaints management is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow-up. Policies and procedures relating to adverse events, complaints, and open disclosure alert staff to their responsibility to notify whānau/next of kin of any event that occurs. Accident/incident forms include a section to indicate whether the next of kin has been informed. This is also documented in the progress notes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services were used where indicated. At the time of the</p>

		<p>audit, all residents were able to speak and understand English. Residents, including tāngata whaiora, reported they were provided with access to use the facility's main phone to communicate with their whānau, Wi-Fi access for electronic devices such as I-pads, and mobile phones is provided.</p> <p>Healthcare assistants described how they would assist any resident who did not speak English by providing interpreters or resources to facilitate communication as needed. Non-subsidised residents are advised in writing of their eligibility, and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The delivery of care includes a multidisciplinary team. The managing director and clinical nurse manager (CNM) described an implemented process for providing residents with time for discussion about care, time to consider decisions, and opportunities for further discussion.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Written general consents for outings, photographs, the release of health information, medication management, and medical cares were included and signed as part of the admission process. Residents had signed specific consent for procedures such as vaccines. Staff members confirmed they were familiar with the requirements for obtaining consent for entering rooms and providing personal care.</p> <p>The resident or the enduring power of attorney (EPOA) signs the admission agreement. The service welcomes the involvement of family/whānau in decision-making where the resident consents for them to be involved. Enduring power of attorney documentation is filed in the residents' clinical file and activated as applicable for residents assessed as incompetent. Training related to the Code, informed consent, and EPOAs is part of the mandatory education programme.</p> <p>An advance directive policy is in place. Advance directives for</p>

		<p>healthcare, including resuscitation status, had been completed. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Family/whānau members identified the service actively involves them in decisions which affect their relative's lives.</p> <p>The service follows relevant best practice tikanga guidelines. Staff and documentation evidenced staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision-making processes and planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure was accessible, equitable and met consumer rights legislation. Information regarding the complaints process was provided to residents and families/whānau in the admission booklet. Complaint/concern forms were displayed at the entrance to the facility. Residents confirmed staff and management were approachable and that they would not hesitate to make a complaint or voice a concern. There was evidenced in staff meeting minutes and management that staff were encouraged to support residents to voice any concerns. This was confirmed during staff interviews.</p> <p>Verbal concerns were raised in resident meetings, with actions documented. A complaints/concerns register had been maintained. This included a running record of all concerns voiced by residents, the date, person responsible for follow up, corrective action and close out date. There were no documented formal complaints on the register and there had been no formal complaints received since the last audit. The managing director reported that there had been no complaints to external agencies.</p>
Subsection 2.1: Governance	FA	The organisation is owned/governed by the managing director and the clinical nurse manager (CNM). The organisational chart confirms

<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>reporting lines throughout the organisation. The directors have owned and managed the rest home since 2004. Policies and procedures define governance and management responsibilities including maintaining compliance with legislation, guidelines, contractual requirements and conventions. The organisation is a current member of the New Zealand Aged Care Association and has contact with Health New Zealand -Te Whatu Ora programme manager. Both directors are on site five days per week and available on weekends if needed. Both are on call 24 hours a day, seven days per week.</p> <p>The managing director had a background in facility maintenance and compliance, health and safety and quality management. The managing director maintains self-directed learning through a range of national educational resources which were current and based on Pae Ora Health Futures and Te Tiriti o Waitangi. Clinical governance is the responsibility of the clinical nurse manager who is a current registered nurse, maintains a nursing portfolio and attends regular, relevant education. Clinical governance responsibilities include clinical oversight, the completion of interRAI assessments, support plan development and reviews, mentoring and supporting staff, monitoring competencies, leading the infection prevention programme and ensuring clinical policies and procedures align with best practice.</p> <p>The managing director maintains and monitors the business plan. The plan defines the strategic direction, identifies the required resources and informs the quality/risk plan. The purpose, scope and values are documented including the provision of equitable services, a commitment to Te Tiriti o Waitangi and meeting the needs of tāngata whaiora.</p> <p>The business plan and quality/risk plan are reviewed annually, including the review of organisational goals. Directors/management monthly meeting minutes confirmed regular discussions and actions to monitor organisational performance including corrective actions. For example, occupancy, human resources, service performance, adverse events, infection prevention, clinical outcomes, complaints, health and safety, customer focus and any emerging risks and issues. Organisational resources and activities ensure equitable</p>
--	--	---

		<p>services are provided in a culturally safe manner</p> <p>The organisation is funded by Health New Zealand -Te Whatu Ora for rest home level care. On the days of audit, 18 of the maximum 23 beds were occupied. There was one resident under 65 years of aged who is funded by the accident compensation corporation. There was also one resident who had been assessed as requiring hospital level care. This was approved by the Ministry of Health, with reporting timeframes changed to six monthly in March 2024, as evidenced in email correspondence. There were two private paying residents, with one receiving respite care. There was also one resident funded through a mental health contract with disability support services.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>There was a documented quality and risk management system which guides systems and practice. The system was purchased and developed by an external consultant. Procedures cover all necessary aspects of the service and legal, contractual requirements. The document control system ensured a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. All policies and procedures were accessible to staff, with clinically related procedures stored at the nursing station.</p> <p>The quality plan included defined goals (refer 2.1 regarding the quality plan). Service delivery and organisational performance was monitored by internal audits and resident and family/whānau/staff feedback. An internal audit schedule is developed annually, with flexibility to make changes in the schedule based on risk. Internal audits sampled confirmed corrective actions and closure when the improvement had been made. There was a separate folder for documenting corrective actions. This was used to monitor progress and closure following complaints, meetings, audits and adverse events. Results of audits and monthly analysis of complaints, adverse events and infections were collated, with comparisons made, and discussed at staff meetings, with the last meeting conducted in September 2025. Meeting minutes confirmed ongoing review and analysis of all quality/clinical related data. For example, health and safety, policy updates and reminders, adverse events,</p>

	<p>equipment updates, clinical outcomes, building improvements and reminders regarding cleaning/laundry schedules.</p> <p>Resident meetings occurred every two months with family/whānau invited to attend. The last meeting was in October 2025 and attended by 13 residents. Minutes of meetings confirmed ongoing consultation and inclusion with residents in decision making. Satisfaction surveys indicated residents were satisfied with the services provided, with this being confirmed in interviews.</p> <p>There was a risk management programme. The managing director stated the biggest risk is currently maintaining occupancy levels and experienced staff. There was a financial management system with accounts audited by a chartered accountant annually. The required insurances were in place including liability, buildings, plant and equipment. Risk management also includes the health and safety programme. Health and safety audits occurred regularly, and a hazard register was maintained. The required quarterly performance monitoring reports were forwarded to the Health New Zealand -Te Whatu Ora programme manager.</p> <p>High quality health care for Māori is provided. Management and staff demonstrated their understanding regarding the provision of health care for Māori including respecting mana motuhake, the identification of Māori values and beliefs, respect for tikanga, promotion of traditional healing practices and health equity.</p> <p>The adverse event reporting system aligns with the National Adverse Event Reporting Policy. Severity assessment codes are defined. Adverse events are documents on individual forms. Forms sampled were consistent in clearly describing and detailing the event and recording who had been notified. The managing director and clinical nurse manager reviewed all adverse events and conducted the required investigation. Each incident form included a management comment or preventative action for closure or follow-up, with a learning and healing from harm approach. All events were categorised and collated, with comparisons made from the previous month and year. Adverse events were discussed at staff meetings. The most common event was falls, with evidence the required observations and notifications were made. The managing director was aware of essential notification requirements, with no events</p>
--	--

		requiring notification to external authorities since the last 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>	FA	<p>There were 10 employees. This included health care assistants, the activities coordinator, kitchen and domestic staff. Staffing reflected diverse ethnicities including Māori, Pacific people, Indian and Filipino. The organisation had a full quota of staff at the time of the audit.</p> <p>The managing director and clinical nurse manager prepared and approved the roster. There was a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, 7 days a week. The roster confirmed sufficient staff cover, with staff replaced in any unplanned absence. There were two health care assistants on every morning shift and one during the night. Day shifts also included the cook, cleaner, management representatives and the activities person. The activities person has additional leadership responsibilities and is second in charge to the managing director.</p> <p>The managing director stated it was preferable that health care assistants had a qualification in health and wellbeing, but this was not mandatory. At the time of the audit, there were two staff who had completed the New Zealand Qualifications Authority health and wellbeing qualification level four. The remaining staff are either working towards or currently had level three. The activities person had a diversional therapist qualification with additional qualifications in leadership. One health care assistant is a student nurse. All healthcare assistants had a current first aid certificate and a medication administration competency.</p> <p>Continuing education was planned on an annual basis and occurred each month. There was an annual training plan which included the requirements of the funder and additional specialist topics including Te Tiriti o Waitangi, personal care, consumer rights, quality and risk, health and safety, emergency management, challenging behaviour, manual handling, mental health and addictions and infection prevention. There was a system for identifying and monitoring who had attended the required training and who was yet to complete it.</p>

		<p>There was evidence that additional one-off training was being provided where a gap in knowledge had been identified. The clinical nurse manager was trained to complete interRAI assessments and maintains competency. Training records confirmed good staff attendance at training. There were a number of educational resources displayed throughout the facility for families/whānau and visitors.</p> <p>The environment was culturally diverse and whānau friendly. Staff had a good understanding of equity and were able to provide examples of day-to-day activities they undertook to ensure the diverse cultural and disability needs of the residents were met. Staff confirmed management were supportive.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource policies and processes were based on good employment practice and relevant legislation. The recruitment process included the required checks, vetting and validation of qualifications and practising certificates where required. Staff records confirmed the organisation's policies were being consistently implemented with current and accurate records maintained. The managing director routinely reviewed personnel records to ensure compliance with policy and employment legislation. All staff records included an employment agreement and position description which outlined roles, responsibilities and reporting lines.</p> <p>Staff orientation included the essential components of service delivery. Records sampled included evidence of completed orientation. All new staff are given a welcome handbook and supported by a more senior staff member (buddy) for the first three days. Staff performance is monitored in an ongoing manner, with a formal performance appraisal completed annually. Staff confirmed their involvement in the performance review process and stated they were included in any debrief and corrective action following adverse events.</p> <p>Staff files are maintained securely in the managing director's office. Staff records were accurate, current and well maintained. Electronic versions are backed up in the cloud. Staff ethnicity is recorded with</p>

		ethnicity reports discussed at management meetings in accordance with Health Information Standards Organisation (HISO) requirements.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All residents had an individual file. Files were stored securely at the nursing station in a locked cabinet. Accurate data was collected with files being well organised. Daily records were maintained with the clinical nurse manager reviewing all records on a weekly basis. Files included sections for assessment data, support plans, monitoring charts, allied health information, general practitioner notes, consents, residential agreements, referral information and needs assessments. All entries were legible, dated and identifiable. Archived records were securely stored in the basement which included a sprinkler system. The organisation is not responsible for national index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents are assessed by the Needs Assessment Service Coordination (NASC) service to determine the required level of care. The CNM screens prospective residents prior to admission. In cases where entry is declined, a liaison is established between the CNM and the referral team. The prospective resident would be referred back to the referrer. The CNM stated reasons for declining entry would only occur if there were no beds available or the rest home is unable to provide the service the prospective resident requires, after considering staffing and resident needs.</p> <p>The admission and enquiry policy and procedure guides staff through the admission and declining processes, including required documentation. The CNM keeps records of the number of prospective residents and their family/whānau who have viewed the facility, as well as admissions and declined referrals. The CNM reported the facility captures ethnicity data and routinely analyses this in relation to admissions and declines. This was confirmed in management meeting records.</p> <p>The information pack is available for family/whānau prior to admission or upon entry. The pack details the services provided.</p>

		<p>Admission agreements were signed and included services not offered by the service.</p> <p>Supports to benefit Māori and whānau are identified and implemented. There is information available in English and te reo Māori. The service currently engages with local marae to benefit Māori residents and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Resident records were sampled. The CNM is responsible for conducting all assessments and formulating support plans. Resident records indicated the participation of residents and their family/whānau in the evaluated interRAI assessments and long-term support plans. The rest home offers equitable opportunities for all residents and assists Māori and whānau in defining their own pae ora outcomes. Cultural assessments included pae ora outcomes and were conducted with values, beliefs, and spiritual needs recorded in support plans.</p> <p>A range of risk assessments in conjunction with the interRAI and support planning process are utilised. Risk assessments conducted on admission include those relating to falls, pressure injury, behaviour, continence, nutrition, skin, and pain. Initial support plans were completed within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of assessments form the basis of the long-term support plan.</p> <p>Long-term plans had been completed within 21 days. Support plan interventions were holistic and resident-centred, providing guidance to staff on all medical and non-medical requirements. There are policies and procedures for short-term care plans, which were utilised for issues such as infections, weight loss, and wounds. Short-term care plans were signed off when resolved or transitioned to long-term plans. Evaluations documented the progression towards goals. Written evaluations were reviewed to identify if the residents' goals had been met or not.</p> <p>The GP provides medical services, including after-hours on-call support. Residents are reviewed by a visit to the GP, at the general</p>

	<p>practice on admission, or acutely, or for monthly or three-monthly reviews. Regular GP reviews occurred as per required time frames. More frequent medical reviews were documented for residents with more complex conditions or acute changes in their health status. The GP expressed satisfaction with the competence of the CNM, the health care assistants, the quality of care delivered, and the prompt communication regarding any issues.</p> <p>Specialist services were initiated as needed. Allied health interventions were documented and integrated into support plans. Barriers which may prevent tāngata whaikaha and whānau from independently accessing information were identified, and strategies to manage these were documented. A physiotherapist is available as required. The podiatrist visits every six weeks. Specialist services (for example mental health, dietitian, speech-language therapist, wound care, and continence specialist nurse) are available as needed through local Health New Zealand-Te Whatu Ora.</p> <p>Health care assistants and the CNM reported verbal and written handovers were conducted at the commencement of each shift, ensuring continuity of service delivery. The handover observed during the audit was deemed thorough in nature. Progress notes were written on every shift by the health care assistants and at least weekly by the CNM, or more frequently when there was a significant change in condition.</p> <p>Residents reported their needs and expectations were being met, and family/whānau members confirmed the same. When a resident's condition changes, staff alert the CNM, who then assesses the resident, and initiates review with the GP. Family/whānau stated they were notified of all changes to the residents' health, including infections, accidents/incidents, GP visits, medication changes, and any changes to health status. Changes were consistently documented in the residents' files.</p> <p>Support plans reflected the required health monitoring interventions for individual residents. Health care assistants complete monitoring charts which include observations, behaviour charts, bowel charts, blood pressure, weight, food and fluid intake, blood glucose levels, and toileting regimes. Early warning signs and risks were documented. Challenging behaviour plans and behaviour monitoring</p>
--	--

		<p>forms were completed where applicable. Neurological observations were routinely completed when required. Incidents sampled indicated these were completed in line with policy and procedure.</p> <p>The resident under the aged of 65 years had their unique needs identified and managed appropriately.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are conducted by the registered diversional therapist (DT) from Monday to Friday, with weekends reserved for family/whānau visits or outings. Activities were based on assessments and reflected the residents' social, cultural, spiritual, physical, cognitive needs and abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission. Each resident had a support plan developed which detailed their past and present activities. A weekly planner is developed, and each resident is given a copy. Daily activities were displayed on notice boards to remind residents and staff.</p> <p>The activity programme is formulated by the DT in consultation with the management team, EPOAs, residents, family/whānau and the health care assistants. Activities were varied and tailored to the assessed needs of residents, including tāngata whaiora. The residents funded by disability services was involved in activities of their choice and reported they have access to the Wi-Fi, which enabled them to use their electronic gadgets, and participate in a range of education, recreation, leisure, cultural, and community events consistent with their interests and preferences. Residents who do not participate regularly in group activities are provided with individual activities.</p> <p>Activity progress notes and an activity participation register were completed daily. Activities observed during the audit days were appropriate to the resident group. Planned activities and community connections were suitable. Activities on the planner included quizzes, bingo, bowls, birthday celebrations, outings, happy hour, church services, housie and exercises. The service promotes access to EPOA and family/whānau and friends. There were regular outings in the community (as appropriate), with residents being able to come and go. Monthly resident meetings provide a forum for residents to offer feedback on activities. The EPOA, family/whānau, and residents</p>

		<p>expressed general satisfaction with the quality and diversity of activities offered.</p> <p>Opportunities for Māori and their whānau to engage in te ao Māori are promoted through community involvement, support from a local marae and by commemorating national cultural celebrations, including Te Wiki o te Reo Māori, Waitangi Day and Matariki.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures regarding safe medicine management met legislative requirements, standards and guidelines. The CNM and the health care assistants involved in medication administration are assessed annually for competency. Education regarding safe medication administration is provided.</p> <p>Medication charts and signing sheets are paper based. A health care assistant was observed administering medications safely. The CNM and healthcare assistants could describe their roles in relation to medication management. The service utilises blister packs for all regular, short-course medications and “as required” (PRN) medications. The effectiveness of PRN medications was consistently documented in progress notes. All medications, once delivered to the facility, are checked by the CNM against the medication chart. Any discrepancies are fed back to the supplying pharmacy.</p> <p>Controlled drugs were stored securely. The controlled drug register provided evidence of weekly and six-monthly stock checks. Medications were appropriately stored in the medication trolley and the medication room. The medication fridge and medication cupboards temperatures are monitored daily, with the temperatures within acceptable ranges. All eyedrops had been dated on opening.</p> <p>Medication administration charts were sampled. There is a three-monthly review by the GP of all residents’ medication charts, and each medication chart included photo identification and allergy status. There were no residents self-administering medications at the time of the audit. The service has a self-administration of medication policy in place to guide practice. Over the counter (OTC) medications</p>

		<p>are considered during the prescribing process, and these, along with nutritional supplements, are documented on the medication chart. Standing orders are in place and have been reviewed and authorised by the GP in accordance with the service's medication management policy. Health care assistants stated they would contact the CNM prior to the administration of any PRN medications.</p> <p>There was evidence in clinical files to confirm residents and family/whānau are updated about changes in health status. Residents and their family/whānau are supported to understand their medications. The GP stated that when requested by Māori, appropriate support, and advice for treatment is provided</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>Meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well-equipped and the current approved food control plan expires in March 2026. Serving temperatures were taken on each meal. Chiller and freezer temperatures were taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Kitchen staff were trained in safe food handling.</p> <p>A dietitian reviewed the four weekly seasonal menu in September 2025. The kitchen is managed by two cooks, one works weekdays, and the other covers the weekends. A resident's dietary profile is developed upon admission and is provided to the cooks. The kitchen caters to the dietary needs of residents who require special diets. The cooks work closely with the CNM on residents' dietary profiles and any allergies. Residents who require supplements for identified weight loss are supplied with them.</p> <p>Meals are plated and served from the kitchen to the dining room. Staff were observed wearing the correct personal protective clothing in the kitchen and while serving meals. Staff assisted residents with meals in the dining room, and modified utensils, such as lip plates, were available to help residents maintain their independence. Residents were able to eat their meals in an unhurried manner. Staff were knowledgeable about a resident's portion size, fluid intake and</p>

		<p>confirmed they report any changes in eating habits to the CNM and recorded this in progress notes.</p> <p>Family/whānau meetings and one-to-one interactions between residents and staff (including cooks) provide an opportunity for feedback on meals and food services. The cook and healthcare assistants demonstrated an understanding of basic Māori practices, including tapu and noa. The cook advised they provide food for the cultural-themed days do their best to accommodate any requests. Residents and family/whānau members indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity. There were documented policies and procedures to ensure the exit, discharge, or transfer of residents was undertaken in a timely and safe manner. Transfer documents included a transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and last GP review records. Residents and their families/whānau are involved in all exits or discharges to and from the service, including being given options to access other health and disability services, social support, or kaupapa Māori agencies. Discharge notes are kept in residents' files, and any instructions are integrated into the support plan. The CNM advised a comprehensive handover occurs between services.</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</p>	FA	<p>The facility is an older villa, home like and fit for purpose. Grounds are safe and well maintained. There was a current building warrant of fitness, expiring June 2026. All equipment was maintained, with medical equipment calibrated in August 2025. Annual electrical testing and tagging was completed in October 2025, with an inventory maintained. Environmental audits were routinely conducted ensuring the facility remains safe and fit for purpose. Hot water temperatures were monitored. Corridors were wide enough to accommodate any mobility aids. The majority of bedrooms were single occupancy, with three rooms which can be shared. At the time</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>of the audit there were two shared rooms in use. These were occupied by residents of the same gender and provided sufficient space and privacy curtains. All bedrooms had an external window. Some rooms that have a handbasin. The resident who had been assessed as requiring hospital level care was situated next to the nursing station. There were handrails throughout the facility. There were three shared bathrooms which were identifiable and conveniently located. There was a separate toilet for visitors and staff. Wet areas meet infection prevention requirements. Resident bedrooms were decorated with the residents' personal items. Residents confirmed satisfaction with the environment.</p> <p>The building is leased, and the landlord is responsible for any major maintenance improvements. Day to day maintenance was identified and followed up by the managing director. A list of external preferred providers for electrical/building, maintenance work is maintained. Maintenance requests were recorded with evidence of completion. There were no future plans for new buildings or any major renovations.</p> <p>Hazards were identified and there was a current hazard register. The register included hazards related to personal safety/behaviours, scalds/burns/hot water, wet/slippery floors, waste, manual handling, vehicles, loading and unloading, clutter, chemicals, emergency management, electrical appliances, kitchen. Control measures are documented. Health and safety in discussed in management and staff meetings.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The approved fire evacuation plan was sighted, dated 1993. There had been no changes to the building since then. The annual building warrant of fitness included routine inspections of fire safety requirements. The facility had three smoke stop doors, sprinklers and eight fire extinguishers (all current). There was a fire location board at the entrance to the facility. Evacuation plans were displayed. Emergency exits were identified. Emergency evacuation drills were conducted every six months, and sometimes more frequently if there were new staff or residents. The last drill was October 2025. Records of evacuations were maintained and provided to the fire department.</p>

		<p>All emergency procedures were included in staff orientation and new resident admissions. Training in emergency procedures were repeated annually in staff training.</p> <p>First aid kits were placed throughout the facility and were easily accessible. All health care assistants, the CNM and the diversional therapist had a current first aid certificate. There were two civil defence kits purchased in backpacks for easy access in a hurry. There was a supply of torches with long life batteries. The managing director had a generator on site in the event the mains supply of power is interrupted. There was a sufficient supply of stored water on site, which met local civil defence guidelines. There was a sufficient supply of food items stored in the pantry in the event the supply chain was interrupted for up to three days. All bedrooms and bathrooms had a call bell. The location of the call was displayed on a board in the nursing station. Call bells were routinely checked during environmental audits.</p> <p>There were CCTV cameras located outside the building and in communal areas inside. Signage alerts residents, visitors of the cameras. The facility is on a busy road and access was through a secure gate for security reasons. Secure access did not restrict the residents' ability to come and go as they pleased. Staff routinely checked the security of the facility each evening by checking that all doors and windows were locked. All staff wear a uniform and name badge.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is linked to the quality risk management system and the strategic plan. The IP and AMS programmes are designed to improve the quality of services and ensure the safety of residents and staff. Expertise and advice on infection prevention is sought following a defined process, which includes seeking advice on significant infection events from Health New Zealand-Te Whatu Ora and the GP. The CNM is the infection prevention coordinator (IPC) and has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p>

		<p>An emergency pandemic plan has been documented and reviewed. There are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family/whānau have received training and updates on the prevention of infections. Training records were maintained</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The IPC oversees and coordinates the implementation of the infection prevention programme. The IPC role, responsibilities and reporting requirements are defined. The IPC has completed external education on infection prevention and has access to shared clinical records and residents' diagnostic results.</p> <p>The infection prevention programme was developed with input from external infection prevention services. The programme was approved by management and is linked to the quality improvement programme. The programme undergoes an annual assessment and is up to date. Infection prevention policies reflect the requirements of this standard and include best practice references.</p> <p>Infection prevention audits (including hand washing) were being conducted six-monthly. Relevant corrective actions were implemented where required. Staff reported they are informed of infections and audit outcomes in staff meetings. Any new infections were discussed at shift handovers to facilitate early interventions.</p> <p>The pandemic and outbreak management plans are periodically reviewed. An adequate inventory of stock of infection prevention resources, including personal protective equipment (PPE), was observed. Resources were easily available to facilitate the pandemic response plan.</p> <p>The IPC has input into other related clinical policies which may impact the health care-associated infection (HAI) risk. Staff had received education in infection prevention at orientation and through ongoing annual education sessions. Education with residents was on an individual basis. This included reminders about hand washing and advice on remaining in their room if they were unwell. This was corroborated through interviews with residents.</p>

		<p>The IPC is responsible for procuring the required equipment, devices, and consumables through Health New Zealand - Te Whatu Ora and (as the director) would be involved in the consultation process for any proposed changes to the existing facility. At the time of the audit, there were no plans for new buildings or significant changes.</p> <p>Reusable medical devices and shared equipment are properly decontaminated or disinfected according to recommendations from the manufacturer and best practice guidelines. Single-use items are not reused. The decontamination and disinfection policy guides staff in their practices.</p> <p>Health care assistants were observed following appropriate infection prevention practices, such as the use of hand sanitisers, effective hand-washing techniques, and the use of disposable aprons and gloves. Hand sanitiser dispensers were readily available around the facility.</p> <p>The Māori Health plan guides staff on tikanga to promote culturally safe practice in infection prevention. Staff were aware of culturally safe practice to meet individual needs. Infection prevention educational material in te reo Māori was displayed around the facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. The programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by management. The AMS policy aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. Annual review of the infection prevention programme includes infection prevention audits including antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Surveillance of healthcare-associated infections includes ethnicity data and is reported to staff, and management, respectively.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Staff reported they are informed of infection rates and regular audit outcomes at staff meetings. Monthly data records indicate a negligible number of infections, along with a comparative analysis of the preceding month, which provides insight into the rationale behind increases, decreases, and recommended actions. New infections are discussed during shift handovers to facilitate prompt interventions.</p> <p>Residents and their whānau were advised of any identified infections in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews. There were no infection outbreaks since the previous audit. The CNM reported that infection outbreaks are managed in accordance with the pandemic plan, with appropriate notifications completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic</p>	<p>FA</p>	<p>Waste is removed by an external contractor as per council requirements. Waste bins are removed once per week. There are sufficient procedures and work instructions regarding the management of waste and hazardous substances. Contingence products are double bagged. There are a number of sharps containers that are safely stored. There are bulk supplies of personal protective equipment on-site. Chemicals are supplied by an external organisation and are securely stored in the laundry or cleaners' cupboard. Bulk supplies are decanted into labelled bottles for the</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>cleaners' trolley. Material data safety sheets are displayed.</p> <p>The cleaning trolley is stored in the secure cupboard when not in use. The effectiveness of cleaning and laundry processes is monitored using internal audits, surveys and resident meetings. The last cleaning audit was completed in September 2025, and the last laundry audit was in February 2025.</p> <p>The laundry is well serviced with large industrial washing machine and dryer. Clean and dirty areas are identified. Clean washing is placed into individual named baskets and returned to the resident. Residents/whānau expressed satisfaction with cleaning and laundry services. The IPC has oversight of cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The CMN and managing director lead the restraint minimisation programme. The rest home has a no restraint philosophy. There had been no episodes of restraint for many years. Residents were able to come and go as they pleased and were not restricted by the secure gate entry. There were policies and procedures regarding restraint minimisation including the management and reporting in the event of an emergency restraint. Policies also provide details regarding the management of challenging behaviours, which were documented as an adverse event and reported to management.</p> <p>Staff were observed managing challenging behaviours through effective calming and de-escalation techniques. Triggers were documented in support plans, which included early warning signs and techniques to avoid the behaviour escalating. The management of challenging behaviour was included in staff education and last provided in October 2025. Training also included the philosophy and rational for a no restraint environment. It was reported that in the unlikely event a behaviour escalates and became unmanageable, emergency services would be called, and the other residents moved to safety.</p>



## Specific results for criterion where corrective actions are required

---

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

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

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

No data to display
--------------------

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

---

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

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

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

No data to display
--------------------

End of the report.