Wyndham and Districts Community Rest Home Incorporated - Wyndham and District Community Rest Home

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Wyndham and Districts Community Rest Home Incorporated
Premises audited:	Wyndham and District Community Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 October 2025 End date: 31 October 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 17

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 haumaru | 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

Wyndham Districts Community Rest Home Incorporated (Wyndham Rest Home) is located in Wyndham, Southland and is certified to provide rest home level of care for up to 23 residents. Wyndham Rest Home is community owned and governed by a Board of Trustees. There were 17 residents at the time of the audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand. The audit process included a review of organisational and quality documentation; resident and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

There has been a change in management since the last audit. The operations manager is non-clinical and is supported by clinical lead/ registered nurse and a team of experienced caregivers. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided.

The shortfalls identified at the previous certification audit related to family/whānau notification; staff competencies; job descriptions; care timeframes; care planning; monitoring of neurological observations; medication checks; and infection surveillance have been addressed.

Further improvements are required around the full implementation of the quality programme, the hazard register, staff training, and annual review of the infection control programme.

This surveillance audit has identified a shortfall related to staff appraisals and the implementation of the maintenance programme.

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.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Wyndham Rest Home demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse and staff are aware of professional boundaries. There are established systems to facilitate informed consent and to protect resident's property and finances. The complaints process is responsive, fair and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Wyndham Rest Home has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. There is a process for following the National Adverse Event Reporting policy, and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. There is a staffing and rostering policy. Staff receive orientation to their role. Competencies are completed as required.

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.

The registered nurse assesses, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Interventions are documented in detail to address medical, physical, social and cultural needs. Resident files included medical notes by the contracted nurse practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education. The electronic medicine charts reviewed were reviewed at least three-monthly by the nurse practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents’ transfers and referrals occur in a coordinated manner.

Te aro ki te tangata me te taiao haumaru | Person-centred and safe environment

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

The building holds a current building warrant of fitness. Clinical equipment has been tested as compliant.

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

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved by management. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are documented, collected and analysed for trends, and the information used to identify opportunities for improvements. There had been two outbreaks documented since the last audit.

Here taratahi | Restraint and seclusion

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

The restraint coordinator is the clinical lead/ registered nurse. The facility had one resident using restraint. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	14	0	2	3	0	0
Criteria	0	45	0	2	4	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is documented for the service, which Wyndham and Districts Community Rest Home (hereafter Wyndham Rest Home) utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit, the service had no residents and staff who identified as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and in the care plan.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	The Pacific Health Plan is documented and reflect Fonofale model of care. At the time of the audit there were residents who identified as Pasifika. There were Pacific staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Wyndham Rest Home.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The clinical lead/registered nurse [RN] interviewed, demonstrated how it is also provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with two family/whānau and three residents confirmed they are informed of their rights and their choices are respected.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Wyndham Rest Home organisational policies provide guidelines to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Wyndham Rest Home are trained in and aware of professional boundaries, as evidenced in the signed house rules orientation documents. Four staff were interviewed (two caregivers, one administrator and one chef) and the clinical lead/RN demonstrated an understanding of professional boundaries when interviewed.
Subsection 1.6: Effective communication occurs 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.	FA	Family/whānau interviewed reported they felt they were updated promptly by the clinical lead/RN when there were changes in resident condition or following incidents/ accidents. Communication notes were documented in ten adverse event forms reviewed and progress notes. A resident file internal audit completed within the last 12 months evidence compliance. The previous audit finding (criteria # 1.6.3) related to family/whānau communication has been addressed.

Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	There are policies around informed consent that meet the requirements of the Code. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) or welfare guardians. All documentation regarding EPOA, and activation is on file.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. 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.	FA	The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained, which includes all complaints, dates and actions taken. There have been four complaints documented since the last audit related to food. All complaints were resolved to the satisfaction of the complainants. A corrective action plan related to food has been implemented. There were no complaints received from external agencies. Complaints documentation reviewed, including follow up and outcome letters, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The clinical lead/RN is responsible for the management of complaints. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had,

		were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical lead/RN acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Wyndham Rest Home is governed by the Wyndham and Districts Community Rest Home Incorporated Trust. The service provides rest home level care for up to 23 residents. On the day of the audit, there were 17 residents, including two residents funded by ACC, and one on a long-term support- chronic health care (LTS-CHC) contract. There is a Board of seven trustees from a wide range of experience and backgrounds. Board members are readily accessible to the operations manager and visit the facility on a regular basis. An annual business plan is documented and reviewed annually. A mission, philosophy and objectives are documented for the service. The monthly Board meeting provides an opportunity to review the day-to-day operations, and to review progress towards meeting the business objectives. The chairperson of the Board was interviewed and confirmed a comprehensive managers report is provided to the Board, covering aspects of the service. This includes a clinical report provided by the clinical lead/RN; however, the clinical report reviewed which was provided to the Board does not include restraint (link 2.2.2). The operations manager and the Board analyses internal processes, business planning and service development to improve outcomes for residents and has processes in place to achieve equity for Māori; and to identify and address barriers for equitable service delivery. The Board members, facility manager and staff demonstrated expertise in Te Tiriti, and health equity. All have completed training, with further training planned for Board members. A Board member is a registered nurse, who provides support to clinical governance and can access advice from the nurse practitioner if required. There have been no significant changes made to the environment. There has been a change in management since the last audit. The operations

		manager is non clinical and has a background in quality improvement management in non-aged care industries. The operations manager has been in the role since June 2025 and is supported by an experienced aged care clinical lead/RN, who commenced employment with the service in March 2025. The operations manager facilitates regular meetings between management and governance. The operations manager and clinical lead/RN reported a comprehensive orientation provided to them. The operations manager and clinical lead/RN reported to have a structured plan in place for professional development activities related to managing an aged care facility.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	PA Moderate	The service is in the process of embedding the electronic resident managements system, with the associated policies adopted since August 2024. The quality and risk management programme is documented, but not yet fully implemented as required, related to reviewing of quality goals for 2024 and 2025, completion of internal audits, documenting /discussions of corrective actions, and restraint. The following meetings occurred regularly as planned, with general staff meetings and clinical/quality review meetings providing an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; staffing; and education. The clinical review meeting minutes include the same information that is provided to the Board. The clinical lead/RN compiled a quarterly comparison of data. Documentation of meeting minutes have improved and include discussions related to quality data. Further improvements are required related to discussions related to restraint, corrective actions/and/or improvements made. The previous finding related to criteria # 2.2.2 remains open. Resident and family/whānau satisfaction surveys were completed in January 2025 and July 2025. The survey includes all aspects of service delivery and high satisfaction rates were documented for all areas. As a result of individual comments, corrective actions were implemented as part of the individual`s nutritional profiles/ care plan. The previous finding

		related to the survey (criteria# 2.2.2) has been addressed. A health and safety system is in place. Hazard identification forms are completed; the hazard and risk register was last reviewed in July 2024. The previous audit finding (criteria # 2.2.4) related to the hazard register remains. Staff are kept informed on health and safety issues in handovers and meetings. Electronic entries are completed for each incident/accident, and immediate action is documented with any RN follow-up action(s) required, evidenced in a sample of twelve accident/incident records reviewed. Incident and accident data is collated monthly and analysed. Results are discussed in the clinical review and general staff meetings. Each event involving a resident reflected a clinical assessment and a timely follow up by an RN. Discussions with the clinical lead/RN evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were Section 31 notifications completed related to behaviours of concern and a power outage. There were no Severity Assessment Code (SAC) reports required to be completed or notified to the Health Quality and Safety Commission. There have been two reported outbreaks in 2025. The appropriate Public Health notifications were made, and advice was sought.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	PA Moderate	The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The clinical lead/RN is available full time from Monday to Friday and also provides after-hours on-call cover. There is a casual RN that covers weekends when required. The operations manager works full time. There is a first aider on each shift and there is a medication competent caregiver on each shift. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The roster reviewed evidenced that short notice absences are covered by casual staff. There are separate kitchen staff and a gardener. Laundry duties are completed by caregivers. Caregivers interviewed stated the workload is manageable. There is no structured annual education and training schedule in place, or evidence that all mandatory topics have been provided. The previous

		finding related to education (criteria # 2.3.4) remains ongoing. There is a competency schedule in place. Caregivers completed the following competencies: fluid assistance; moving and handling; medication; insulin administration; wound care; laundry competency; and hand hygiene. The previous finding (criteria # 2.3.3) related to the completion of competencies has been addressed. Caregivers are encouraged to attain Careerforce New Zealand Qualifications Authority training (NZQA) levels in Health and Wellbeing; five of ten caregivers have attained a level 3 NZQA qualification or higher. Support is provided to caregivers to move through qualification levels. The chairperson stated that the clinical lead/RN is encouraged to attend any external training sessions on offer. The clinical lead/RN has a current interRAI competency, syringe driver competency and other mandatory competencies on file.
Subsection 2.4: Health care and support workers 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. 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. 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.	PA Low	Five staff files (one clinical/lead RN, one chef and three caregivers) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. There are signed job description on file for the roles of restraint and infection control coordinator. The previous audit finding (criteria # 2.4.2) related to job descriptions has been addressed. A register of practising certificates is maintained for the RNs, podiatrist and NP. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed. The service demonstrates that the orientation programme supports the RN and caregivers to provide a culturally safe environment for Māori. Three staff who have been employed for a year or more, did not have a current performance appraisal on file.

Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Five resident files were reviewed: including one resident funded under a long-term support- chronic health care (LTS-CHC) contract and one resident funded by Accident Compensation Corporation (ACC). The clinical lead (RN) is responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. Initial care plans are completed within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments (including LTS-CHC) sampled had been completed within three weeks of the residents' admission to the facility. The previous finding related to care timeframes (criteria # 3.2.1) have been addressed. Documented interventions and early warning signs meet all of the residents' assessed physical, medical, social, cultural needs, and all associated risks. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. The previous findings related to care planning (criteria # 3.2.3) have been addressed. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments, and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs, and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The

		service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services. The initial medical assessment is undertaken by the nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the NP within required timeframes, and when their health status changes. The NP visits twice a month and as required. Medical documentation and records reviewed were current. The NP interviewed stated that there was good communication with the service and also complimentary of the clinical oversight. The contracted NP is also available after hours for the facility. A physiotherapist visits the facility once a week for ACC residents. Other residents will be referred when required. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice and medical specialists are available as required through Health New Zealand. An adequate supply of wound care products were available at the facility. A review of a sample of historic wound care plans reviewed evidenced that wounds were assessed in a timely manner, and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were no active wounds being treated. The progress notes are recorded and maintained in the integrated records. Monthly observations, such as weight and blood pressure, were completed and are up to date. Neurological observations are recorded following un-witnessed falls. The previous shortfall relating to neurological observations (criteria# 3.2.4) has been addressed. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; restraint; blood glucose levels; intentional rounding; food intake charts; fluid balance monitoring; and stress and distress monitoring. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.

Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications on the days of the audit have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Staff were observed to be safely administering medications. The registered nurse and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular medication, blister packs for controlled drugs, short course, and for pro re nata (PRN) medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the medication room. The medication fridge and medication room temperatures are monitored daily, and all were within accepted ranges. All stored medications are checked weekly. Eyedrops have been dated on opening and all within the expiry date. Regular physical checks and reconciliation of controlled drugs have been completed. The previous audit finding related to criteria # 3.4.1 has been addressed. Ten electronic medication charts were reviewed. The medication charts reviewed identified that the NP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, and effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There was a resident self-administering medication; there are policies and procedures to guide self-administration. There is a competency review completed three-monthly, safe secure storage is provided and the care plan evidence interventions for safe self-administration of medications. No standing orders are used.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and	FA	Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any

consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.		dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The chef reported they accommodate residents' requests. There is a verified food control plan which had expired March 2026. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	PA Low	The environment is inclusive of people's cultures and supports cultural practices. There are contracted trades people that provide services to the facility, to ensure it maintains the current building warrant of fitness. The fire equipment is maintained, and stationary diesel tank is compliant. Maintenance issues are recorded in a book at reception and evidence timely repairs or follow up. Clinical equipment has been tested for performance in October 2025; however, there are several electrical equipment (including washing machines) and cords that either have no tags of compliance, or have not been tested in more than two years. The two vehicles have a current warrant of fitness. There is a documented maintenance programme available. There is no evidence of who is responsible to oversee the maintenance programme and complete the checklists. There was no evidence that hot water

		temperatures have been documented since the last audit. There were no environmental audits completed (link 2.2.2). A building Warrant of Fitness expires 26 July 2026.
Subsection 5.2: The infection prevention programme and implementation 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.	PA Moderate	There is an infection, prevention and antimicrobial programme and procedure that has been developed by an external aged care consultant and their infection control specialists, including the pandemic plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. The infection control programme links to the overarching quality programme. There was no evidence that the infection control programme has been reviewed for 2024. The previous audit finding (criteria# 5.2.2) related to the review of the infection control programme remains ongoing. The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand hygiene competencies; and donning and doffing personal protective equipment (PPE).
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and quarterly. The previous audit finding (criteria # 5.4.3) related to the analysis and documentation of infections has been addressed. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at clinical review and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern; however, internal infection control audits have not been

		completed in the last 12 months (link 2.2.2). The service receives regular notifications and alerts from Health New Zealand. Infections, including outbreaks, are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There have been two outbreaks documented since the last audit (one Covid-19 outbreak in March 2025 and a respiratory outbreak in July 2025). Outbreak logs were completed and debrief meetings documented. The staff interviewed stated they were well prepared and equipped to implement the pandemic/outbreak plan.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The chairperson interviewed stated the governance body is commitment to eliminate restraint use. The facility maintains a focus on ensuring care is provided in the least restrictive way possible. There was one resident using a bedrail. The clinical lead/ registered nurse undertakes the restraint portfolio and drives the ongoing philosophy of eliminating restraint. However, restraint is not evidenced as being discussed at the clinical review meetings or reported to the Board (link 2.2.2). The restraint policy confirms that restraint consideration and application must be made in partnership with family/whānau, and the choice of the device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana-enhancing. Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed.

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)
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Moderate	The service has adopted the associated policies of the electronic management system, including the quality and risk management plan. The policy clearly states the requirements of performance monitoring. Clinical review meetings evidence quality goals are documented but not reviewed. Quality data is discussed; however, no restraint data or discussions are documented. The clinical review meeting information is used to provide information to the Board; therefore, no information is provided to the Board related to restraint. The internal audit schedule has been documented but not fully implemented. Audits completed since August 2024 include restricted practices/restraint; resident file; activities programme;	(i). Quality goals are documented but not reviewed quarterly as per the documented quality improvement plan. (ii). The internal audit schedule was not evidenced to be fully implemented as required since August 2024. (iii). Staff meetings and clinical review meetings are not reflective of restraint discussions and any corrective actions resulting from internal audits/ previous meeting minutes being shared with staff. (iv). Restraint	(i)-(iii). Ensure key elements of the quality and risk management programme is documented as required related to reviewing of quality goals, completion of internal audits, documenting /discussions of corrective actions, and inclusion of restraint discussions. (iv). Ensure the Board report includes restraint discussions/data. 60 days

		privacy and confidentiality; cultural; informed consent; wound; and medication. Audits related to the environment, food services, cleaning, complaints, laundry, infection control, residents care, environmental safety have not been completed as scheduled. Where corrective actions were identified, it was not always signed off as completed and discussed with staff.	discussions/data is not documented as reported to the Board.	
Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.	PA Moderate	There is a health and safety programme documented and reviewed in May 2025 with health and safety goals set. The staff confirmed that hazard are identified as part of the implementation of the health and safety system. General staff meetings reviewed evidence discussion related to hazards identified and responded to in a timely manner; however, the hazard register has not been evidenced to be reviewed annually.	The service has not yet updated, reviewed and signed the hazard register (last signed in July 2024).	Ensure the hazard and risk register is reviewed at least annually. 90 days
Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.	PA Moderate	There is no evidence of a structured annual education plan in place to ensure mandatory training is scheduled to occur. Training topics completed include restrictive practice/restraint; diabetes care; falls prevention; infection control/hand hygiene; medication management; moving and handling; and using the stop/watch tool. There was no evidence of all mandatory education sessions being held in the last two years.	(i). There is no structured education plan in place. (ii). There was no evidence of all required education sessions, including abuse and neglect; aging process; sexuality; privacy and dignity; complaints; oral hygiene; and continence, held in the last two years.	(i). Ensure an education plan is documented. (ii). Ensure all compulsory education sessions are held. 60 days

Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	Five staff files have been reviewed. There were no performance appraisals on file for two caregivers and one chef who had been employed for more than one year.	Three staff files reviewed who have been employed for a year or more, did not have a current performance appraisal on file.	Ensure staff who have been employed for more than one year has a staff performance appraisal on file. 90 days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	There is a documented maintenance programme available; there is no evidence of who is responsible to oversee the maintenance programme and complete the checklists. Not all electrical equipment had evidence of electrical compliance, and there was no evidence that hot water temperatures have been documented since the last audit.	(i). There was no evidence of who is responsible to oversee the maintenance programme and complete the checklists. (ii). Not all electrical equipment has been tested and tagged as electrically compliant. (iii). Hot water temperatures throughout the facility were not documented as being checked.	(i). Ensure a responsible person is allocated to oversee the implementation of the maintenance programme. (ii). Ensure electrical equipment is tested as electrically compliant. (iii). Ensure hot water temperatures throughout the facility is documented and maintained below 45 degrees. 90 days
Criterion 5.2.2 Service providers shall have a clearly defined and documented IP programme that shall be: (a) Developed by those with IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme;	PA Moderate	There is an infection, prevention, and antimicrobial programme and procedure that has been developed by an external aged care consultant and their infection control specialists, including the pandemic plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. The infection control programme links to the	The infection control programme has not been reviewed for 2024.	Ensure the infection programme is reviewed annually. 60 days

and (d) Reviewed and reported on annually.		overarching quality programme; there were no evidence that the infection control programme has been reviewed for 2024.		

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, these 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.