

# Gwynn Holdings Limited - Rata Park Care Home

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## Introduction

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

The audit has been conducted by 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:** Gwynn Holdings Limited

**Premises audited:** Rata Park Care Home

**Services audited:** Rest home care (excluding dementia care); Residential disability services - Physical

**Dates of audit:** Start date: 29 October 2025      End date: 29 October 2025

**Proposed changes to current services (if any):** The one self-contained unit was decommissioned and removed off site. The previous staff room has been converted into a bedroom for the numbers to remain at 25. The room was verified at this audit as suitable for rest home level care or disability services.

**Total beds occupied across all premises included in the audit on the first day of the audit: 24**



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Rata Park Care Home is certified to provide rest home level care and residential disability services (physical) for up to 25 residents. On the day of the audit there were 24 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora and Ministry of Social Development. 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.

The facility manager/owner is an experienced owner operator, and also a registered nurse and oversees the day-to-day operations of the facility. The facility manager/owner has an experienced team of healthcare assistants and support staff, including two motivational therapists. Feedback from residents and family/whānau was positive about the care and the services provided. An orientation and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

Refurbishments that were identified as ongoing at the previous audit have been completed. The previous self-contained unit verified at the previous audit has been decommissioned and removed off site. The bed has been replaced by converting the previous staff room into a bedroom. The room was verified as suitable for purpose. The overall bed numbers remain 25.

Two of the four corrective actions required related to the refurbishment had been addressed; further improvements are required related to the building warrant of fitness and the approved fire evacuation scheme.

Two of the three improvements identified at the previous certification audit in relation to admission agreements and frequency of RN documentation had been addressed. Care plan interventions require further improvements.

The surveillance audit identified improvements required related to meeting minutes and medication management.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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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. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Rata Park Care 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

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Rata Park Care 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. The service has quality and risk management systems in place that take a risk-based approach. 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. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Admission agreements are in place for residents. 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. Resident files included medical notes by the contracted general 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 general 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 haumaruru | Person-centred and safe environment**

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The building holds a current building warrant of fitness and declaration. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. The physical layout of the environment is suitable for purpose.

## 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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed by an external consultant 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 collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been no outbreaks 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.

Restraint has been eliminated since the last audit. 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. The facility owner/manager (RN) is the restraint coordinator and is committed to providing care without the use of restraint.

On the day of the audit there was one resident using a wheelchair harness and lap harness for safety, to enable transportation in the wheelchair and maintain activities of daily living.

## 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	15	0	2	3	0	0
Criteria	0	48	0	2	3	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Rata Park Care Home utilises 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 residents who identified as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan, and in the care plan of a resident who identified as Māori. There were no staff identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>The Ola Manuia Pacific Health and Action Plan and Te Mana Ola are the chosen models for the Pacific health plan and Pacific Peoples Culture and General Ethnicity Awareness Policy. At the time of the audit there were no residents who identified as Pasifika. There were no Pacific staff; however, the seven staff (two motivational therapists, four healthcare assistants [HCAs] and one chef) who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Rata Park Care Home.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager/owner interviewed, demonstrated how the Code 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 one family/whānau (younger person with disability [YPD] contract), one YPD resident and four rest home residents confirmed they are informed of their rights and their choices are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Rata Park Care 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 Rata Park Care Home are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. The staff interviewed demonstrated an understanding of professional boundaries.</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</p>	<p>FA</p>	<p>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 residents, activated enduring power of attorney (EPOA) or welfare guardians. All documentation regarding EPOA, and activation is on file where required. There are five shared rooms; residents sharing rooms have signed consent forms in place.</p>

<p>their ability to exercise independence, choice, and control.</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. 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.</p>	<p>FA</p>	<p>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. An electronic complaints register is available which includes complaint theme, dates and actions taken. There has been one complaint received in July 2024 that has been escalated to the Health and Disability Commissioner (HDC). The services own internal investigation was completed, and identified the complaint could not be substantiated, and no corrective actions were required. The service responded within the required timeframes providing the documentation for further investigation. No complaints were received in 2025 year to date.</p> <p>Complaint documentation reviewed included follow up and outcome letters demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The facility manager/owner 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 facility manager/owner acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities</p>	<p>FA</p>	<p>Rata Park Care Home provides rest home care and residential disability services (physical) for up to 25 residents. On the day of audit there were 24 residents, including two residents on a younger persons with a disability contracts-physical (YPD) funded through Ministry of Social</p>

<p>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>Development, four residents on a close to age and need contract, one resident funded by Accident Compensation Corporation (ACC), and one resident on respite. One hospital level resident (under complex discharge funding) was admitted with a notification for one hospital-level resident in a rest home service area (NOHRRA), that expires in February 2026. All other residents are on the age-related residential contract (ARRC). There are five shared rooms; all had double occupancy at the time of the audit.</p> <p>Refurbishments that were reported as ongoing at the previous audit has now been completed; however, the one bed self-contained unit was decommissioned and removed off site. The previous staff room has been converted into a bedroom for the numbers to remain at 25. The room was verified at this audit as suitable for providing rest home level care or disability services.</p> <p>The service is set in a rural setting and has “country living, family values” as their philosophy. The service tailors the care to suit residents’ individual needs and ability, identifying and reducing any barriers to care, or information to provide equitable services for all residents, as evidenced through policy and interview with one of the owners.</p> <p>The owners (spouses) are both registered nurses (RN) and have owned the facility for 15 years. The husband (facility manager) has oversight of the day to day running of the facility and implementation of the quality programme, and provide clinical governance that is appropriate for the size and complexity of the services. The facility manager/owner confirmed their knowledge of the sector, regulatory, Health New Zealand and other mandatory reporting body requirements. The facility manager/owner is supported by the other owner/registered nurse when necessary, and she provides clinical support, review of clinical risk, and out of hours on call. In the absence of the facility manager/owner, a unit manager (senior HCA) provides support.</p> <p>The owners are supported by a team of experienced long standing healthcare assistants. The management team have maintained at least eight hours of professional development in relation to management of a rest home, including infection prevention control and cultural training.</p> <p>The mission, philosophy, values, and goals are identified in the quality and risk management plan. The 2023 – 2025 business plan describes</p>
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		<p>the purpose, values, scope, direction, and goals. Organisational performance is regularly monitored against the direction and goals. The business plan documents key objectives/strategies that support outcomes to achieve equity, addressing barriers for Māori. Cultural safety is embedded within the documented quality programme and staff training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Rata Park Care Home is implementing a quality and risk management programme developed by an external contractor. The quality system includes performance monitoring, internal audits, resident satisfaction, staff retention and the collection, collation and benchmarking of clinical indicator data. The analysis of data indicates a health equity approach to care of the residents. The internal audit schedule and meetings occurred as planned.</p> <p>Results from internal audits, clinical indicator data, surveys and corrective actions identified and implemented are not consistently shared in the bimonthly combined general staff /quality improvement meetings. Quality data, trends and benchmarking are available/accessible to all staff electronically; however, there was no evidence that discussions are consistently taking place. Quality outcomes/improvements are documented as part of the documented quality and risk management programme and reviewed annually.</p> <p>Resident and family/whānau surveys have been completed in May 2025. Overall, the satisfaction was of a positive level. There were no corrective actions required from the surveys.</p> <p>A health and safety system is being implemented. The facility manager/owner has attended health and safety training. There are regular manual handling training sessions for staff. Hazard identification forms and an up-to-date hazard register are in place, last reviewed in October 2024. Hazards are classified by their risk and priority. Staff and external contractors are orientated to the health and safety programme. Health and safety is an agenda item at the combined staff/ quality meetings; however, was not always evidenced as discussed during meetings. In the event of a staff accident or incident, a debrief process is implemented and actioned. Accident/incident reports are completed for</p>

		<p>adverse events, as evidenced in the accident /incident forms reviewed. Incident and accident data is collated monthly and analysed. The service identifies risks and opportunities, including potential inequities, and develops strategies and plans to respond to them.</p> <p>Discussions with the facility manager/owner evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT since March 2024, including for behaviours and a recent power failure to adverse weather conditions. There have been no notifications required to be made to the Health Quality and Safety Commission. There have been no outbreaks since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing rationale policy that includes staff skill mix, staffing levels, and includes a procedure for replacing and increasing staff on short notice (eg, when a resident's acuity changes). The roster provides sufficient and appropriate cover for the effective delivery of care and support. The facility manager/owner communicates any changes to staffing levels/changes to residents formally through regular resident and family/whānau meetings, and informally through daily activities.</p> <p>The facility manager/owner works full time and divides their time Monday to Sunday. He also provides on call for any clinical support required. When the facility manager/owner is off site for any period of time, one of the senior healthcare assistants (unit manager) provides the leadership role. Staffing is flexible to meet the acuity and needs of the residents; this was confirmed during interviews with the facility manager/owner and staff. Staff turnover is reported to be low. A first aid trained staff member is rostered on each shift over 24 hours per day. There is always a medication competent healthcare assistant on duty.</p> <p>Interviews with residents and family/whānau confirmed staffing overall was satisfactory.</p> <p>There is an annual education and training schedule being implemented, with all mandatory training completed including cultural safety. Training topics include health conditions related to their residents and promoting independence for younger residents that is reflective of Enabling Good Lives principles. The service provides face to face training at the</p>

		<p>monthly general staff/quality meeting. A competency programme is in place. Core competencies have been completed (medication, restraint, infection control and manual handling), and a record of completion is maintained.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are fourteen healthcare assistants in total; all but two healthcare assistants have achieved level three and higher. One motivational therapist is supported to complete a diversional therapist qualification. There are seven overseas registered nurses working in the facility.</p> <p>The facility manager/owner has completed interRAI training. The facility manager/owner has training opportunities provided through Health New Zealand.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files (one facility manager/owner [RN], one chef and three healthcare assistants) 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. A register of practising certificates is maintained for health professionals regularly involved in the service.</p> <p>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 at orientation and annually. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. All staff who have been employed for a year or more, have a current performance appraisal on file.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information is provided for family/whānau and residents prior to admission, or on entry to the service. The admission agreement aligns with all contractual</p>

<p>choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>		<p>requirements. Exclusions from the service are included in the admission agreement and in the information pack; admission agreements are on file. The previous audit finding (criteria # 3.1.1) related to admission agreements has been addressed.</p> <p>The residents and family/whānau interviewed confirmed they received information prior to, and on entry to the service.</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. 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.</p>	<p>PA Moderate</p>	<p>Six resident files were reviewed: including one YPD (physical disabilities), four rest home residents (including one on respite care, one on an ACC, one on a close and need contract), and one hospital resident (NOHRRRA). Note the sample was extended to include an ARRC rest home resident.</p> <p>The registered nurse (RN) is responsible for all residents' assessments, care planning and evaluation of care. Initial assessments and long-term care plans were completed for all 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 (NOHRRRA and ARRC). InterRAI assessments are not required to be completed for non-ARRC contracts.</p> <p>All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs addressed most of the residents assessed physical, medical, social, cultural needs and all associated risks. However, interventions related to the management of diabetes and pain needs improvement. The previous audit finding related to care plan interventions (criteria # 3.2.3) remains ongoing.</p> <p>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. Maintaining community links, family relationships, and</p>

	<p>activities to promote independence is documented in the YPD files reviewed.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. 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. The RN documented follow up and at least weekly overview in the progress notes. Previous finding (criteria # 3.2.5) related to RN entries in progress notes has been addressed.</p> <p>Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments (where required), 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/aspirations and outcomes. The previous finding related to care plan evaluations (criteria # 3.2.5) has been addressed. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>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.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits on schedule to complete three-monthly reviews and as required. Medical documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and also complimentary of the clinical oversight. The contracted GP is not available after hours for the facility; and emergencies are escalated to the facility manager/owner and Kew Hospital. A physiotherapist is available on referral. There is an overseas qualified physiotherapist on staff that assist residents with mobility exercises. There is access to a continence specialist as required. A podiatrist, a dietitian, speech language therapist, hospice and medical</p>
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		<p>specialists are available as required through Health New Zealand.</p> <p>A wound register is in place. There were no residents with wounds on the day of the audit. Access to the wound specialist nurses from Health New Zealand is available on request. Visual checks confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>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. 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; 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.</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>PA Moderate</p>	<p>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. The registered nurse has completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The medication competent healthcare assistants interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication cupboard in the nurses' station. 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</p>

		<p>on opening and all within the expiry date. Regular physical checks and reconciliation of controlled drugs has been completed.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP 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; however, the effectiveness of PRN medications was not always documented in the electronic medication management system or progress notes. Pain assessments completed did not always reflect the severity of the pain when PRN opioids were considered. The blood sugar level results documented were not reflective of the time when it was taken (before or after meals). There were no residents self-administering medications; however, there are policies and procedures to guide self-administration, should a resident request and wishes to do so. No standing orders are used.</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>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The chef reported they accommodate residents’ requests.</p> <p>There is a verified food control plan, which expires February 2026. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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</p>	FA	<p>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.</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>A current building warrant of fitness report and declaration is displayed. Testing and tagging of electrical equipment has been completed as scheduled. Medical equipment have all been checked and calibrated by an external provider. Interviews with healthcare assistants confirmed there is adequate equipment to carry out the cares according to the resident needs, as identified in care plans. Hot water temperature checks are recorded and are within expected ranges. The manager completes all reactive and preventative maintenance. Any breakages are written on the whiteboard and attended to promptly. External contractors are accessible 24 hours a day. Staff interviewed confirmed they know the processes they should follow if any repairs/maintenance is required, and that requests are appropriately actioned by the manager or external contractors.</p> <p>The refurbishments that were reported at the previous audit as ongoing have been completed. The previous staff room has been converted into a bedroom since the self-contained unit was decommissioned and removed from site. The room was verified as suitable for rest home or residential disability (physical) services.</p> <p>The previous findings (criteria # 4.1.1) in relation to the refurbishments in relation to the fixtures, fittings, heating, and the kitchen in the self-contained unit (now decommissioned and removed off site); bathroom refurbishments in the YPD wing and code of compliance (COC) had been addressed; however, there is no building warrant of fitness in place. The service has a B-RaD certificate in place.</p> <p>The decking, landscaping/paths and ramps provide for safe mobility and safe access. The previous finding (criteria # 4.1.2) related to providing for the safe environment has been addressed.</p>
<p>Subsection 4.2: Security of people and workforce</p>	<p>PA</p>	<p>The self-contained unit has been decommissioned and removed off site. Refurbishments and the sprinkler system in the YPD wing is functional</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>	Moderate	<p>with the appropriate compliance certificates issued. The fire evacuation plan has been updated, logged for review but not yet signed off as approved. A conversation with the contractor confirmed the process is near completion. A fire drill has been completed. The previous finding (criteria # 4.2.1) has been partially addressed; however, will remain due to the delay in issuing the approved fire evacuation scheme letter.</p> <p>The call bells throughout the facility are functional; staff wear pagers. Call bells are audible throughout the facility. Call bells are tested as functional as part of the internal audit system. Residents can opt to have wrist pendants. The previous finding (criteria # 4.2.5) related to functionality of the call bells in the YPD wing has been addressed.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>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. Policies and procedures are reviewed annually by the consultant. The infection control programme links to the overarching quality programme, and the infection control programme is reviewed, evaluated, and reported on annually.</p> <p>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 washing competencies; and donning and doffing personal protective equipment (PPE).</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>	FA	<p>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</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>data is monitored and analysed for trends, monthly and annually. Benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is not evidenced as being consistently discussed at staff /quality meetings (link 2.2.2). Graphs are accessible to staff on the electronic system. The policy states action plans are required for any infection rates of concern; however, none were required due to low infection rates. Internal infection control audits are completed, with corrective actions identified for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks, are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, infection control and cultural safety aseptic technique, and transmission-based precautions. There have been no outbreaks since the last audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to 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 facility owner/manager (RN) is the restraint coordinator and is committed to providing care without the use of restraint. Rata Park Care Home has been restraint free for many years. On the day of the audit there was one younger resident using a wheelchair harness and lap harness for safety, to enable transportation in the wheelchair and maintain activities of daily living. The harness is required by the resident for safety and to prevent further damage to their spine or cause injury. The resident is able to request its removal and release the buckle if necessary. Restraint is planned; however, not consistently reported in the facility meetings (link 2.2.2).</p> <p>The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the manager described ways of working in partnership with Māori, and include any resident and family/whānau to promote and ensure services are mana enhancing. Restraint minimisation is included as part of the training plan and orientation programme.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>The quality system includes performance monitoring, internal audits, resident satisfaction, staff retention and the collection, collation, and benchmarking of clinical indicator data. The analysis of data indicates a health equity approach to care of the residents. Quality data, trends and benchmarking are available/accessible to all staff electronically.</p> <p>The facility manager/owner chairs the combined general staff/quality improvement meeting. Meeting minutes are neatly handwritten, and meetings occurred as scheduled. However, the meeting minutes reviewed evidence the approved meeting agenda is not consistently used; therefore, results from internal audits, clinical indicator data [trends and benchmarking], corrective</p>	<p>The general staff meeting is the forum for quality improvements; however, not all aspects of the quality system (infections, adverse events, care related issues, restraint, corrective actions, trends, health and safety etc.) are consistently evidenced as being shared with staff.</p>	<p>Ensure all aspects of the quality system is evidenced as being shared and discussed with staff.</p> <p>90 days</p>

		actions identified and implemented are not consistently shared in the bimonthly combined general staff /quality improvement meetings.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p>	<p>PA</p> <p>Moderate</p>	<p>The RN is responsible for the completion of care plan documentation. Cultural needs, values, and beliefs are considered within the activities care plan and assessments. Maintaining community links, family relationships and activities to promote independence is documented in the YPD files reviewed.</p> <p>The LTCPs evidence interventions and early warning signs addressed most of the residents’ assessed physical, medical, social, cultural needs and all associated risks. However, interventions related to the management of diabetes and pain needs improvement related to the detail provided to HCAs to guide the care of the residents.</p>	<p>(i). Non-pharmaceutical interventions related to the management of chronic pain are not considered or insufficiently documented in three files reviewed.</p> <p>(ii). The nutritional plan for two residents with diabetes does not include interventions including (but not limited to) frequency of blood sugar level monitoring; parameters for blood sugar; and corrective actions/when to inform the GP when outside the parameters.</p>	<p>(i)-(ii). Ensure interventions are sufficiently documented in detail to guide the care of the resident.</p> <p>30 days</p>

<p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;  (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.4.1  A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA  Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Healthcare assistants 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. Where residents receive pro re nata (prn) medication; the effectiveness of the medication not documented. The RN completes pain assessments where opioids are considered. The pain assessments were not always reflective of the severity of the pain when opioids are considered. Blood sugar levels documented for those residents who required this were not always reflective of the timing.</p>	<p>(i). Effectiveness of prn medication are not documented in the medication charts/progress notes reviewed.  (ii). One resident receives opioids when required, the numeric pain scale is consistently documented as one, and not reflective of the severity of the pain (note the medication is now charted as regular medication).  (iii). The blood sugar monitoring results on the medication charts/progress notes do not always reflect the timestamp/timing of the results (before or after meals).</p>	<p>(i). Ensure effectiveness of prn medications are consistently documented.  (ii). Ensure pain assessments are reflective of the severity of the pain where opioids are considered.  (iii). Ensure medication charts or progress notes reflect if the blood sugar level results are reflective of the timing of when the blood sugar was taken.</p> <p>60 days</p>
<p>Criterion 4.1.1  Buildings, plant, and</p>	<p>PA Low</p>	<p>The environment is inclusive of people's cultures and supports cultural practices. There is a 52-week maintenance</p>	<p>There is a building warrant report and declaration (B-RaD) certificate in place, which expires 27 June</p>	<p>Ensure a building warrant of fitness certificate is obtained</p>

<p>equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>programme and maintenance internal audits are completed as per the internal audit schedule. The refurbishments that were reported at the previous audit as ongoing has been completed. The previous staff room has been converted into a bedroom, since the self-contained unit was decommissioned and removed from site. The room was verified as suitable for rest home or residential disability (physical) services. The room is spacious, and the door is wide to provide for safe mobility. Fixtures, fittings and the physical environment are appropriate to meet the needs of the residents.</p> <p>There is a building warrant of fitness report and declaration (B-RaD) which was issued in June 2025, which identifies areas of non-conformance. B-RaD simply informs the building owner and the territorial authority about the reasons procedures were missed, and advise of the current performance status of the specified systems. B-RaD does not meet the requirements of Section 108 of the Building Act 2004.</p>	<p>2026.</p>	<p>for the next period of building compliance.</p> <p>365 days</p>
<p>Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Moderate</p>	<p>The fire evacuation plan has been updated and logged for review; however, has not yet been signed off as approved after the completion of the refurbishments. A conversation with the contractor confirmed the process is near completion. A fire drill has been completed. The fire evacuation scheme approval letter has not yet been obtained.</p>	<p>The fire evacuation plan has not yet been signed off as approved.</p>	<p>Ensure the fire evacuation scheme approval letter is obtained.</p> <p>90 days</p>

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

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

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

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

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End of the report.