

# Maniototo Health Services Limited - Maniototo Health Service

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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 Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Maniototo Health Services Limited
<b>Premises audited:</b>	Maniototo Health Services
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 12 November 2025    End date: 13 November 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	26

# 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

Maniototo Health Services Limited is a not-for-profit integrated hospital, rest home and community health centre based in Ranfurly, Central Otago district.

The facility, Maniototo Health Services, provides hospital and rest home services for up to 31 residents/patients including six hospital beds for acute medical admissions. The agreement in place with Health New Zealand is for 25 dual purpose and six medical beds.

The chief executive officer provides operational management with support from the clinical nurse manager.

The surveillance audit of Maniototo Health Services rest home and hospital services was conducted against Ngā paerewa Health and disability services standard NZS8134:2021 and the service contracts with Health New Zealand.

The audit process included interviews with residents, family/whānau, management, staff and general practitioner, a review of policies and procedures, resident and staff files and observations made throughout the audit.

There were no areas requiring improvement.

## 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.

The organisation has a Māori Health Plan that acknowledges the principles of Te Tiriti o Waitangi and supports Māori self-determination (mana motuhake).

The services' Pacific peoples' policy is informed by the worldviews, and cultural and spiritual beliefs of Pacific peoples.

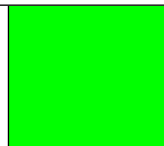
Implemented policy, orientation and training ensure that staff are aware of, and practice in accordance with, the Code of Health and Disability Consumers' Rights.

Policies are implemented to protect residents from abuse and neglect. Staff are aware of their obligation to report any suspected abuse or neglect.

The complaints process in place, is in line with Right 10 of the Code and readily available to residents and their families. Residents and families were aware of the complaint procedure.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

Maniototo Health Services Limited's board of directors are aware of the obligation to comply with legislative, contractual and regulatory requirements. Strategy and planning documents describe the organisation's mission statement, operation objectives and values. The key outcomes described are resident centred and include efficiency, management of risk and fiscal stability.

A risk management framework is in place, and the chief executive officer described the board's responsibility for oversight of the risks and risk management practices. Quality and risk are reported to the board.

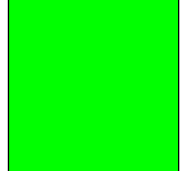
Key documents demonstrate the organisation's focus and governance commitment to advocate and improve health equity for remote rural residents, those with disabilities, and Māori.

The quality and risk management plan outlines the identified internal and external organisational risks and provides the framework to promote continuous quality improvement. The organisation complies with its statutory and regulatory obligations in relation to essential notification reporting.

Rostering processes ensure safe staffing levels are maintained to meet service delivery requirements. A documented programme of annual in-service education is implemented to support safe service delivery.

Human resource policies and procedures guide practice in relation to recruitment, orientation and management of staff. New staff complete a role specific orientation, and an annual performance appraisal system is implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The service works in partnership with the residents and their family/whānau to provide the care the residents required. Interviews demonstrated that care met the needs of residents and family/whānau. The medical care patients admitted acutely from the


community, are seen by the medical staff daily and a full review was documented. Any changes in their condition were discussed with the resident/patient, the family/whānau and all communication was clearly documented.

Medication management was provided in a safe manner, and the staff who administer medications are competent to do so. An electronic management system was implemented.

The food service meets the nutritional and cultural needs of the residents. Food was managed safely. The food service was contracted off-site and was supported by an approved food control plan. Menu plans are reviewed by a registered dietitian.

Residents are referred or transferred to other health services as required. Medical patients are transferred to Health New Zealand or discharged to the community.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The maintenance programme includes processes to ensure on-going building compliance and safety. This includes annual testing and calibration of equipment and a current building warrant of fitness. The environment is inclusive of peoples' cultures and supportive of cultural practices.

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

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

Subsections applicable to this service fully attained.

The clinical nurse manager at Maniototo Health Services was responsible for the infection prevention programme. Staff demonstrated good principles and practice around infection control, supported by relevant infection prevention education.

The 'Surveillance of health care-associated infections' programme was appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This was supported by the governing body and policies and procedures. There were two residents using restraints at the time of the audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

## 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	19	0	0	0	0	0
Criteria	0	51	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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>Maniototo Health Services Limited's (Maniototo Health Services) Māori health plan acknowledges the principles of Te Tiriti o Waitangi and describes how this will be embedded and enacted in service delivery. The plan aimed to support a Māori worldview of health and wellbeing for Māori, that would support effective services based on the principles of self-determination (mana motuhake). Staff completed training in Te Tiriti o Waitangi and cultural safety and described an understanding of these learnings would translate these in service delivery.</p> <p>Māori plans of care are available for use for Māori residents, if they wished to use this. At the time of the audit there were no residents in the facility who identified as Māori. Interviews with the chief executive officer (CEO) and nursing staff, and review of care plans demonstrated that services were provided in a manner that would support Māori mana motuhake.</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</p>	FA	<p>Maniototo Health Services' Pacific people's policy is informed by the worldviews, cultural and spiritual beliefs of Pacific peoples and references the Ola Manuia Pacific Health and Wellbeing Action Plan. It provides guidance to staff on the provision of culturally safe care for Pacific peoples. In line with the requirements of the policy, staff complete training in cultural</p>

<p>achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>safety which includes cultural safety as it related to Pacific peoples every two years. Staff interviews and training records sighted confirmed completion of cultural safety training. At the time of the audit there were no residents in the facility who identified as Pacific peoples.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>There is policy in place to ensure that staff are aware of, and practice in accordance with, the Code of Health and Disability Consumers' Rights (the Code). Staff complete training on the Code as part of their orientation. This was confirmed in orientation records and staff interviews. Information regarding the Code is included in the admission packs provided to residents/patients and their family/whānau on entry to the service. Staff provide further explanation on admission to ensure residents understand their rights under the Code. Resident/patient and family/whānau interviews confirmed receiving information and understanding of their rights.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The abuse and neglect policy provides guidance for staff to identify, report, prevent, correct and create awareness of any risk to residents and staff arising from abuse and neglect. It includes definitions and guidelines for reporting alleged or suspected abuse. Staff receive orientation and mandatory training in abuse and neglect. Interviews confirmed their awareness of their obligations to report any incidents of suspected abuse. Interviews with staff, residents/patients and family/whānau and review of documentation confirmed there was no evidence of abuse or neglect.</p> <p>The admission agreement provides clear expectations regarding management responsibilities of personal property and finances. Interview with the CEO confirmed residents/patients were responsible for their personal belongings. However, if needed, there was provision for residents' valuables to be held in a locked cupboard, and these items were entered into a property log. Resident/patient and family/whānau interviews confirmed that residents' personal property was treated with respect.</p> <p>Staff were required to sign and abide by the providers code of conduct. Staff records sampled evidenced that these were signed. Staff mandatory training included maintaining professional boundaries. Staff confirmed awareness of</p>

		professional boundaries and the code of conduct. Residents/patients and family/whānau confirmed that staff were respectful and maintained professional boundaries.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The informed consent policy provides the framework for obtaining informed consent that is in line with Right 6 of the Code and includes the process to be followed for advanced directives. The policy outlined how staff were to ensure residents/patients/ and/or their family/whānau were to be given time and appropriate information to enable informed consent for all aspects of care. Staff, resident and family/whānau interviews confirmed that residents/patients were provided with additional information to support decision making. Residents confirmed that consent was sought for any treatment or cares. All resident/patient records sampled evidenced signed consents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaint process and system in place is in line with Right 10 of the Code. It includes a process to document, record, investigate and respond to a complaint. The clinical nurse manager (CNM) investigates and leads the management of complaints relating to resident/patient care and complaints regarding non-clinical matters are investigated and managed by the CEO.</p> <p>The process is included in the information given to residents/patients and or family/whānau on admission. Complaint forms were easily accessible within the facility alongside posters detailing the process throughout the facility. Residents/patients and family/whānau confirmed they were aware of the process to make a complaint and acknowledged they were encouraged to give feedback.</p> <p>There had been three complaints since the last audit. All complaints lodged had been managed in accordance with the policy and procedure. Evidence was provided that the complainants had been informed of the outcome. A</p>

		<p>register of complaints was maintained. Residents/patients and family/whānau stated that they were aware of the complaints process and/or how to access it, should they wish to make a complaint. It was reported that there were no complaints lodged with external agencies at the time of audit.</p> <p>The CEO confirmed that support could be obtained, from a contracted Māori advisor for Māori residents and their family/whānau if they wished to have assistance to navigate the complaints process.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Interview with the CEO and review of the Strategic Plan, confirmed that Maniototo Health Services' seven-member board of directors are aware of the organisation's obligation to comply with legislative, contractual and regulatory requirements with demonstrated commitment to international conventions ratified by the New Zealand government. These compliance and reporting functions were delegated to the CEO and an external accounting firm. The CEO confirmed systems and processes are in place to ensure that the organisation meets all its compliance obligations and these are reported to the board.</p> <p>Maniototo Health Services' strategy and business plans describe the organisation's mission statement, operation objectives and values. Staff are made aware of these at orientation. The plans are reviewed annually by the board. The key outcomes described are resident centred and include efficiency, management of risk and fiscal stability. The current statement of operating performance describes the range of organisational performance measures and attainment.</p> <p>A risk management framework is in place, and the CEO described the board of directors' responsibility for oversight of the risks and risk management practices. Quality and risk are reported monthly to the board.</p> <p>Interviews with the CEO and review of key documents such as the strategic plan, demonstrate the organisation's focus and governance commitment to advocate and improve health equity for remote rural residents, those with disabilities and Māori. The Māori health plan identifies barriers to access service delivery for Māori alongside strategies to address these.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the of the service provided.</p>

		<p>The facility provides hospital and rest home services for up to 31 residents/patients. Of these, six beds are available for acute medical patients. The agreement in place with Health New Zealand is for 25 dual purpose and six medical beds. On day of the audit there were 12 residents assessed at rest home level care, and 13 at hospital level. There was one patient admitted for medical care. There are three rooms that can each accommodate two people. All residents/patients had a single room. On the day of the audit there were two residents who were a couple and had chosen to share two rooms and utilised one as their bedroom.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation's quality and risk management plan outlines the identified internal and external organisational risks, and the quality framework Plan-Do-Study-Act (PDSA) model is utilised to promote continuous quality improvement. Staff have input into health and safety and quality activities. Meeting minutes sighted confirmed that there is a set agenda and schedule of quality meetings that cover a wide range of topics including, but not limited to, adverse events, health and safety, internal audits, education, surveys, infection prevention, and complaints.</p> <p>Quality activities include an annual schedule of internal audits, and collation of resident feedback, complaints and accidents/incidents Corrective actions are developed and implemented when areas of non-compliance are identified. Quality, health and safety and risk activities are reviewed, analysed and reported three monthly to staff and the board.</p> <p>The risk management framework includes a risk management policy and there are systems in place to report/record, manage, and monitor risk, including an up-to-date risk register. Risks are recorded, controls identified, and progress reported.</p> <p>The adverse event management policy defines an adverse event, the reporting, investigation, categorisation, and feedback process, that supported system learnings. The policy is in line with and referenced, the National Adverse Events Reporting Policy. All adverse events are recorded and investigated according to severity. There are systems to ensure severity assessments codes (SAC) one and SAC two are recorded and reported appropriately, as confirmed in meeting minutes. Incidents are reported and managed according to policy and open disclosure was practiced with</p>

		<p>notification to family where appropriate. Family/whānau interviewed confirmed that they were notified of incidents.</p> <p>Staff interviews confirmed they understand the organisation's obligation to comply with statutory and regulatory obligations in relation to essential notification reporting. The appointment of the CEO since the last audit had been notified to HealthCERT under Section 31.</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>The CNM is responsible for health care assistants (HCAs) and nursing staff and the development of duty rosters. Rosters are available to staff on-line at least four weeks in advance. Review of rosters evidenced that unplanned absences were covered appropriately by part time staff working additional hours and on occasion the CNM. The CNM works Monday to Friday inclusive and is usually additional to rostered staff. There are three shifts per day. There was one registered nurse (RN) rostered on each morning, afternoon and night shift. There are four HCAs on the morning shift, two in the afternoon and one at night. Enrolled nurses are included in the HCA staffing numbers. The general practitioner (GP) oversees the care of the medical patients and visits daily on weekdays. Primary Response in Medical Emergencies (PRIME) nurses are also available to provide primary response in a medical emergency after hours. The CNM and senior RNs are also PRIME nurses. Medical and higher needs hospital level residents occupy a wing closest to the nurses' station.</p> <p>There is an annual in-service education day offered twice a year that covers a wide range of relevant topics, as well as mandatory training requirements and competencies required of staff including first aid, hand hygiene, use of personal protective equipment, medication administration and fire training. Registered nurses also complete specific competencies such as syringe driver management annually. Systems were implemented to record and monitor the achievement of competencies. Review of education records and staff interviews confirmed that staff access to relevant education and training.</p> <p>Four RNs had completed interRAI training and one was in the process of completing this training.</p>

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>The organisations human resource systems and policies outline the principles of good employment practice and the Employment Relations Act 2000. Staff interviews and the staff records sampled showed that recruitment processes included interviewing, reference checking, police vetting, a current work visa where required, and confirmation of practicing certificates and qualifications for those who required these. Files evidenced that annual practicing certificates were revalidated.</p> <p>There was a documented and implemented orientation programme. Orientation covered the essential components of service delivery with specifics to their individual roles included. Staff interviews and staff records sighted confirmed this was completed.</p> <p>All staff are required to undergo an annual performance review and there are systems in place to monitor completion of these. Files sampled identified that performance reviews had been completed within the preceding year.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Maniototo Health Services worked in partnership with the resident and family/whānau to support the resident's wellbeing. Six files of residents receiving care at this facility were reviewed. These files included residents receiving care under the age-related care contract (ARRC) and under the hospital medical contract. Files reviewed included residents who had a history of frequent falls, residents with swallowing difficulties, diabetes and residents with several co-morbidities.</p> <p>The review of five residents' files and one medical patient file verified that, on admission, a comprehensive assessment was undertaken by an RN. Any early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded by the admitting doctor.</p> <p>Timeframes for the initial assessment, medical assessment and initial care plan met the contractual obligations. The long-term care plans were developed by the RN after the interRAI assessment was fully completed. Goals and aspirations of individual residents were documented on the long-term care plan. Once implemented the interRAI re-assessments were completed six monthly. Any changes observed in the resident's condition or wellbeing were documented and the care plan updated in a timely manner. Should a resident have an unwitnessed fall, protocol was followed, and a</p>

		<p>neurological assessment was fully completed. Staff understood how to support any Māori residents should they be admitted identifying their own pae ora outcomes. Cultural plans were available for both Māori and Pacific people if required.</p> <p>For the medical patients admitted to the service, an admission to discharge plan was fully completed ensuring the goals to achieve were clearly documented. Daily progress was documented in the clinical records reviewed.</p> <p>Observations and interviews verified residents, and family/whānau were pleased with the care provided, and residents were receiving the care they needed. Informed consent was respected and obtained as needed. Clear explanations were provided by staff. Any generalised care needs the residents required were known to the care staff and any specific requirements or changes were documented on a resident handover sheet. The handover between two shifts was observed.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and/or family/whānau. Residents and family/whānau confirmed active involvement at the time of the 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>FA</p>	<p>The medication policy is current and in line with residential care guidelines and acute medical services. Administration records are maintained. An electronic medication system is used with medications supplied by a contracted pharmacy and service provider in the local community. Any specialist or emergency medicines are ordered through HNZ Southland if needed. The GP interviewed completes three monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications. Allergies and sensitivities are documented as indicated on the medication and clinical records, and all photos uploaded on the electronic medication system were current. Eye drops were dated on opening and stored appropriately. The medical patient's medicines were administered from the stock medications.</p> <p>Medication competencies were current and had been completed in the last 12 months, for all staff administering medicines. Medication incidents if any</p>

		<p>were completed in the event of a drug error and corrective actions were acted upon.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and any deviations from normal were reported and attended to promptly. Records were sighted. Emergency medicines for the assessment/resuscitation trolley were checked daily by the RNs.</p> <p>A RN discussed the medication rounds and how this was implemented. There were two medication trolleys available for each medicine round. The RN and a competent HCA administered the medications to residents. The RN was responsible for administering medicines as needed to the medical patients as prescribed by the medical staff. Medications were stored safely and securely in the two trolleys, locked treatment room, and cupboards.</p> <p>There were no standing orders for ARC in use. There are a few standing orders for patients in the community who enter the hospital services for assessment, emergency management and/or treatments. These standing orders were sighted and were current.</p> <p>There were residents who were self-administering medication on the day of the audit. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-administration policy in place, and this was sighted.</p> <p>The CNM stated that no blood components or fractionated plasma products were stored at this facility. Patients would be transferred out to Health New Zealand Southern as soon as possible if a transfusion was needed. Policies and procedures are in place however, to guide staff.</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>FA</p>	<p>The food service complies with current food safety legislation and guidelines. All food is prepared off-site by a contracted service provider working with a current food control plan current until October 2027. The menu plan was last reviewed 28 April 2025, and the service will be changing over to the summer menu this month.</p> <p>Any specific diets are modified as required and the kitchen staff member</p>

<p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>interviewed confirmed the dietary needs of residents/patients were addressed. Residents/patients are provided with a copy of the menu, and this was displayed in the dining room. A nutritional profile is developed for each individual resident/patient on admission which identified their dietary requirements. This was reviewed at the same time as the care plan was reviewed six monthly. The residents/patients were observed to be enjoying the meals provided and stated this when interviewed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current resident/patient's needs. The yellow envelope system was used for all aged residential care residents if they were being transferred to Health New Zealand Southern, or to another health provider. Referrals to another health and disability health provider occurred as needed. Safety of residents/patients was paramount when transferring. The resident/patient or family/whānau members were kept well informed throughout the transfer process.</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>FA</p>	<p>The facility has a reactive and preventive maintenance programme in place to monitor and maintain the facility and ensure on-going building compliance and safety. All areas visited in the facility evidenced implementation of the maintenance programme.</p> <p>There is a process for equipment and asset management that includes annual testing and calibration of equipment. All equipment sighted evidenced that equipment was being serviced and checked. The building warrant of fitness is current until 28 June 2026.</p> <p>Signage and some resident/patient information was available in te reo Māori. There are communal areas to accommodate family/whānau if needed to support cultural practices.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The Fire and Emergency New Zealand evacuation plan approved March 2019, remains in place.</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>	<p>FA</p>	<p>The service has a defined and documented infection prevention and control (IPC) programme which had been implemented. The IPC programme was approved by the CEO. The IP programme was reviewed 1 July 2025, and minutes of the review were sighted. The objectives for 2025 to 2026 were set.</p> <p>Staff have received education in IPC at orientation and through ongoing mandatory annual education sessions. Education provided to residents/patients was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about staying in their own rooms when unwell. This was confirmed in interviews with residents.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection prevention data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, upper and lower respiratory and wound infections. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed as per the internal audit schedule sighted and included cleaning, laundry, personal protective equipment, hand hygiene, donning and doffing. Relevant corrective actions were implemented</p>

<p>programme, and with an equity focus.</p>		<p>where applicable and required.</p> <p>Staff interviewed reported that they are kept informed of infection rates and regular audit outcomes at the staff and quality meetings, and these were sighted in meeting minutes. Records of monthly data and graphs sighted confirmed minimisation of infections, comparison with the previous month, reasons for any increase or decrease and any action advised. Any new infections are discussed with staff during the handovers for early interventions to be implemented. Benchmarking is completed with other like facilities and externally with similar organisations. The CNM reports to the CEO who reports to the board monthly.</p> <p>There have been no outbreaks of infection reported since the previous audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to 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>Maniototo Health Services is committed to restraint minimisation and elimination. There were robust strategies in place to eliminate restraint use such as de-escalation techniques being in place and used appropriately. Clinical governance is responsible for restraint elimination strategies and monitoring any restraint in the organisation. Two residents were using a restraint on the day of the audit. Staff and the restraint coordinator (the CNM) also discussed the alternatives to restraint use.</p> <p>Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is provided annually, and as recent as 21 October 2025 and the 12 November 2025.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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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.