

Inglewood Welfare Society Incorporated - Marinoto Home & Hospital Care

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:	Inglewood Welfare Society Incorporated	
Premises audited:	Marinoto Home & Hospital Care	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 22 October 2025	End date: 23 October 2025
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	32	



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Marinoto Home & Hospital is certified to provide hospital (geriatric and medical), and rest home services for up to 32 residents. There were 32 residents on the days of audit.

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

There have been changes in management since the last audit. The experienced chief executive officer/facility manager has been in the role for 18 months, and is supported by a clinical manager, registered nurses, and a team of experienced healthcare assistants. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The areas for improvement identified at the previous audit relating to implementation of the quality system and registered nurse staffing have been met.

This surveillance audit has identified shortfalls related to implementation of care plan processes, resident monitoring, medicine management, and food safety.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Marinoto Home & Hospital demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. There are established systems to facilitate informed consent and to protect resident's property and finances. The complaints process is responsive, fair and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Marinoto Home & Hospital has an 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 documented quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. 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. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

Ngā huarahi ki te orange | 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>
--	--	---

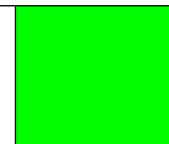
The clinical manager and registered nurses are responsible for each stage of service provision. There is a process in place to ensure that registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the nurse practitioner, and visiting allied health professionals.

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

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

Te aro ki te tangata me te taiao 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.

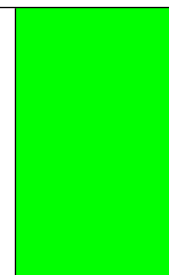


Subsections applicable to this service fully attained.

A current building warrant of fitness is in place. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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 contractor and approved by management. Infection control education is provided to staff at the start of their employment and is as part of the education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. The facility has no residents using restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	1	2	0	0
Criteria	0	44	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 Marinoto Home & Hospital 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 both residents and staff who identified as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and in the assessments of residents who 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. Although there were no residents or staff who identified as Pasifika, interview with the chief executive officer / facility manager confirmed that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Marinoto Home & Hospital through staff education, and ongoing relationships with Pacific groups in the community.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The clinical manager interviewed, demonstrated how it is also provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with four family/whānau (two hospital and two rest home), and three 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>	FA	<p>The Marinoto Home & Hospital 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 Marinoto Home & Hospital are trained in and aware of professional boundaries, as evidenced in orientation documents and through staff training related to abuse and neglect. Ten staff were interviewed (five healthcare assistants (HCAs), three registered nurses (RN), one office administrator and one head cook), and two management staff (chief executive officer/facility manager and clinical manager) demonstrated an understanding of professional boundaries when interviewed.</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>	FA	<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 and admission agreements were appropriately signed by the residents or the activated enduring power of attorney (EPOA) or welfare guardians. All documentation regarding EPOA and activation is on file.</p>

<p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>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.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been no complaints made since last audit. The chief executive officer/facility manager is responsible for the management of complaints. Interview with the chief executive officer/facility manager confirmed their awareness of the complaints process in line with the guidelines set out by Health and Disability Commissioner (HDC).</p> <p>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 chief executive officer/facility manager 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 they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all</p>	<p>FA</p>	<p>Marinoto Home & Hospital is owned by the community and governed by the Inglewood Welfare Society Incorporated. The service provides hospital (medical and geriatric) and rest home level care for up to 32 residents. There are six dedicated rest home only beds and 26 dual purpose beds, including a dual-purpose double room, occupied by two residents at the time of the audit, with consents and privacy processes in place. On the day of the audit there were 32 residents: 19 at rest home</p>

<p>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>level and 13 hospital level care. All the residents were under the age-related residential care (ARRC) contract.</p> <p>There have been changes in the management structure since last audit. The revised structure sees the overall day to day operations being managed by the chief executive officer/facility manager (previously being facility clinical manager), supported by a registered nurse clinical manager (instead of clinical lead as per previous structure) and a clinical coordinator (new role). The chief executive officer/facility manager (non-clinical) has been in the role for 18 months, with years of management experience overseas and in the aged care sector in New Zealand. The chief executive officer/facility manager is supported by a clinical manager who has been with Marinoto Home & Hospital for over two years. The new role of clinical coordinator has the appointee starting in the role 27 October 2025. The senior roles are supported by registered nurses, support services staff, and an experienced care team.</p> <p>Marinoto Home & Hospital has a Board made up of the chairperson, secretary / treasurer, six committee members and two advisors (one cultural and one clinical). The committee members have a range of backgrounds and experience, as well as knowledge around contractual and legislative requirements. The Board meets monthly and follows a comprehensive agenda, including reviewing operational and clinical reports. They receive reports from the chief executive officer/facility manager, which include (but not limited to) occupancy; finances; health and safety; staffing; infection; internal audits; quality trend and analysis; restraint minimisation; resident meetings; culture and wellbeing; and maintenance. The chairperson of the Board meets with the chief executive officer/facility manager at least weekly and “on a needs” basis.</p> <p>The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. The 2025 business plan includes the vision, mission statement, values, and objectives of Marinoto Home & Hospital. The business plan has clear business and quality goals to support the service’s philosophy of care. The quality goals are discussed and reported on at facility meetings. Clinical governance is provided by a member of the Board (a doctor) and the clinical manager. The Inglewood Welfare Society Incorporated cultural advisor provides advice on actions to address barriers and provide equitable care for Māori accessing care and employment at Marinoto</p>
--	--

		<p>Home & Hospital. They work alongside the service to offer expert support in te ao Māori and tikanga. The chief executive officer/facility manager explained how barriers to health equity are identified, addressed and services delivered that improve outcomes for Māori.</p> <p>The Board is committed to supporting the strategies laid down by Ministry of Health's 'New Zealand Health Strategy.' Objectives listed in the business plan include (but are not limited to) a commitment to providing and assisting in the provision of good quality care to all people; to improving the health status of ethnic groups, including Māori and Pacific people; a belief in equity of access for all members of the community; and a belief in the benefits of early health interventions, proper integration of service, health education and the empowerment of people to achieve better health care. Tāngata whaikaha have meaningful representation through resident meetings and annual satisfaction surveys.</p> <p>The chief executive officer/facility manager and clinical manager have completed at least eight hours of professional development activities related to managing an aged care facility, including orientation for the chief executive officer/facility manager. Training completed includes cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety; advocacy and complaint management; infection control; health and safety; fire safety; and emergency procedures.</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>A quality and risk management programme is documented. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Weekly operational senior team meetings, monthly clinical and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; staffing; and education. Internal audits and collation of data were documented as taking place in 2025, and were consistently completed in 2024. Completed internal audits identify corrective actions are documented where indicated to address service improvements. Corrective actions provide evidence of progress and sign off when achieved. A meeting schedule for 2024/2025 has been documented, and</p>

		<p>meetings have been held according to the schedule.</p> <p>Clinical and staff meeting minutes identify discussion of quality data, trends, internal audit results, complaints, restraint, education, human resources, and health and safety. Corrective actions are discussed at quality management meetings to ensure any outstanding matters are addressed with sign off when completed. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.2.4 has been satisfied. Quality objectives have been documented for 2024 and 2025, with milestone measures of progress documented. Resident and family/whānau satisfaction surveys completed for 2025 demonstrated a high return rate and satisfaction with all aspects of service delivery. Comments added to the satisfaction surveys were positive.</p> <p>A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers and meetings. Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required. This was evidenced in a sample of ten accident/incident records reviewed. Incident and accident data is collated monthly and analysed. Results are discussed in the clinical and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by an RN.</p> <p>Discussions with the chief executive officer/facility manager and the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications and notifications to the Health Quality and Safety Commission since last audit. There have been outbreaks documented since the previous audit, which were appropriately notified.</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</p>	<p>FA</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The chief executive officer/facility manager and the clinical manager are available full time from Monday to Friday and also provide after-hours on-call cover. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The roster reviewed evidenced that short notice</p>

<p>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>absences are covered by casual staff. There is a registered nurse on all shifts, with a stable registered nurse workforce since January 2025. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.3.1 has been satisfied. There are sufficient numbers of healthcare assistants allocated on each shift to meet the care needs of residents. There are separate kitchen staff, administration, laundry and housekeeping staff.</p> <p>There is an annual education and training schedule completed for 2024 and is being implemented for 2025. The education and training schedule lists compulsory training. Training has included (but not limited to) abuse and neglect; chemical safety; challenging behaviour; Code of Rights; complaints; emergency management; manual handling; cultural safety and Māori health; restraint; nutrition and hydration; infection control; and sexuality and intimacy.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the twenty-four healthcare assistants at Marinoto Home & Hospital, fifteen have achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually, which include hand hygiene, correct use of personal protective equipment (PPE), cultural competency, Code of Rights, and manual handling and transfer, and these have been completed. Staff who administer medication complete annual medicine competency and a record of completion is maintained.</p> <p>All registered nurses are encouraged to attend any external training sessions on offer. A record of completion is maintained on their personnel files. Additional registered nurse specific competencies include syringe driver, and interRAI assessment competency. There are six registered nurses (including the clinical manager). Four registered nurses (including the clinical manager) are interRAI trained.</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</p>	<p>FA</p>	<p>Five staff files 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</p>

<p>mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>achieved in each position. A register of practising certificates is maintained for all health professionals.</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. The service demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment for Māori. Staff who have been employed for a year or more have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Registered nurses are responsible for conducting all resident assessments, developing care plans, and evaluating the effectiveness of care. Five resident files were reviewed: three from rest home level care and two from hospital level care. Initial assessments and care plans were not always evidenced as being developed in consultation with the resident or their Enduring Power of Attorney (EPOA). These were not always completed within the required timeframes.</p> <p>Care plans are based on data collected during the initial nursing assessment, which includes (but is not limited to) mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; pain; oral health, and pre-entry assessments completed.</p> <p>Initial care plans provided documented guidance for staff in the delivery of care; however, long-term care plans were not all completed within three weeks of admission. Long-term care plans were generally holistic and tailored to the individual needs and preferences of residents. They provided guidance to staff on both medical and non-medical needs. While most care plans included relevant interventions and early warning signs, they did not always offer enough detail to support comprehensive care delivery by staff. There are policies and procedures for developing short-term care plans for acute issues, such as infections, weight loss, and wounds, with a sign-off process upon resolution or integration into the long-term care plan. All short-term issues reviewed had corresponding care plans developed that were evaluated and signed off by a registered</p>

	<p>nurse.</p> <p>Initial medical assessments are conducted by a contracted nurse practitioner (NP) within the required timeframe after admission. Where a resident's condition is stable, documentation supports exemptions from monthly nurse practitioner visits. The nurse practitioner visits the facility weekly and offers 24/7 on-call coverage. They have full access to residents' records, including the electronic medication system. The nurse practitioner interviewed expressed satisfaction with the standard of care at Marinoto Home & Hospital. They verbalised that there was good communication with facility staff, and noted that registered nurses demonstrated comprehensive assessment skills and kept them informed of any concerns in a timely manner. A physiotherapist attends the facility as and when required to assess and review residents referred by nursing staff. A multi-disciplinary approach is evident in resident care.</p> <p>Family contact details are recorded electronically. Interviews with family/whānau and documentation confirmed they are informed of changes in a resident's health status, including infections, incidents, nurse practitioner reviews, medication changes, and other significant events.</p> <p>Wound care products were available on site. Wound care plan reviews indicated that wounds were assessed in a timely manner and reviewed at appropriate intervals. All wound assessments included photographic evidence or documented measurements, dressings used, and progress evaluation of the wound. At the time of audit, there were three active wounds from three residents. These included one non-facility acquired grade III pressure injury. Referrals to wound care nurse specialists were made when clinically indicated, and their recommendations were incorporated into wound management plans. Allied health interventions were documented and integrated into care plans.</p> <p>Healthcare assistants described receiving both verbal and written handovers at the start of each shift. Observations during the audit confirmed these handovers were detailed and contributed to continuity of care. Progress notes are completed each shift and as needed by both healthcare assistants and registered nurses. Changes in resident health are documented, creating a comprehensive picture of each resident's journey. When a change in condition occurs, the registered nurse initiates a medical review. Registered nurses also complete assessments,</p>
--	---

		<p>including falls risk, pressure injury risk, and pain assessments.</p> <p>There is evidence of registered nurse documentation in progress notes following incidents or changes in condition. Care plans include health monitoring requirements specific to each resident. Healthcare assistants complete monitoring charts that include observations; behaviour logs; bowel records; blood pressure readings; weight; food and fluid intake; change of position schedules; and blood glucose levels. However, not all monitoring charts were completed according to the care plan. All incidents were followed up in a timely manner by a registered nurse. Healthcare assistants confirmed they were well informed about residents' individual needs and had access to the necessary equipment and products to meet those needs. Neurological observations were not routinely completed for unwitnessed falls or where head injury was suspected, as part of post-fall management. Analgesia was administered in accordance with assessment findings and management plan.</p> <p>Resident care is evaluated during each shift and discussed at handover. Formal evaluations of long-term care plans are completed every six months in conjunction with interRAI reassessments, or earlier when a resident's condition changes. Evaluations are documented by registered nurses and include progress toward goals and desired outcomes.</p> <p>Residents interviewed reported their needs and expectations were being met, and assessments were completed in the privacy of their rooms.</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. All clinical staff responsible for administering medications undergo annual competency assessments, and education on safe medication administration is provided regularly. Registered nurses have also completed training in the use of syringe drivers. During observation, staff were seen administering medications safely. Both registered nurses and healthcare assistants interviewed demonstrated a clear understanding of their roles and responsibilities in medication administration.</p> <p>The facility uses an electronic medication management system alongside blister packaging for both regular and short course medications. "As required" medications are provided in pottles. Upon delivery, all</p>

		<p>medications are checked against the resident's medication chart, and any discrepancies are promptly reported to the pharmacy.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily, and all were within accepted ranges. All stored medications are checked monthly. Eyedrops have been dated on opening and all within the expiry date. Regular physical checks and reconciliation of controlled drugs have not been completed.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the nurse practitioner had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were documented for "as required" medications; however, effectiveness of "as required" medications were not consistently documented in the electronic medication management system and progress notes. There was one resident self-administering medications. Competency assessment has been completed by the nurse practitioner, and medications were securely stored in a safe lock box in the resident room, as sighted on the day of the audit. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<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 cook reported they accommodate residents' requests.</p> <p>There is a verified food control plan which is current until 26 June 2026. However, food stored in the kitchen fridge and pantry has not been consistently labelled and dated. 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 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>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>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 buildings, plant, and equipment are fit for purpose at Marinoto Home & Hospital, and comply with legislation relevant to the health and disability services being provided. The building warrant of fitness expires on 8 April 2026. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>A maintenance plan is documented, implemented, and include annual calibration of medical equipment, checking performance of hoists, and testing and tagging of electrical equipment (next due February 2026). The records were reviewed to be all up to date. Weekly hot water temperatures are completed across the facility and evidence to be within the appropriate parameters. Where they have been out of range, corrective actions have been documented and implemented.</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</p>	<p>FA</p>	<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 who collaborates with infection control coordinator. The infection control</p>

<p>navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>programme links to the quality programme. The infection control programme has been reviewed annually (last reviewed October 2025).</p> <p>Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE). Education has been provided to staff as scheduled since last audit.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<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 data is monitored and analysed for trends, monthly and annually. Benchmarking occurs against national reporting. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at staff and registered nurses' meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement (last completed in October 2025). The service receives regular notifications and alerts from Health New Zealand and Public Health.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There have been one Covid-19 outbreak documented since the previous audit (February 2025). The outbreak was well documented, managed and reported on. Outbreak meetings occurred, with hand hygiene and PPE refresher trainings occurring at the time. A debrief was completed to identify what went well and areas of improvement for the outbreak.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to</p>	<p>FA</p>	<p>There is governance commitment to providing a restraint-free environment. The clinical manager (registered nurse) is the restraint</p>

<p>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>coordinator and described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed, who also described their commitment to maintaining a restraint-free environment, and therefore upholding the dignity of the residents under their care. At any time, restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>At the time of the audit, there were no residents utilising restraint. There are detailed assessments, an approval process, and monitoring requirements available should these be required.</p> <p>Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the restraint minimisation, safe restraint practice, alternative cultural-specific interventions, management of challenging behaviour, and de-escalation techniques. Restraint competencies are completed on orientation and annually.</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 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>All initial assessments and care plans are completed by a registered nurse on admission. The policy provides guidance to ensure that additional assessments including an interRAI assessment are completed within 21 days of admission, and a long-term care plan with detailed information to guide staff on care delivery for the residents is completed within the same time period. However, this has not consistently occurred in four of five files reviewed.</p> <p>Four resident files reviewed do not show the documented evidence as per policy of residents and/or EPOA involvement in care planning.</p>	<p>(i). One hospital and one rest home resident had long-term care plans developed post the three-week timeline.</p> <p>(ii). InterRAI assessments were not completed within three weeks of admission for one hospital and two rest home residents.</p> <p>(iii). Four care plans (two rest home and two hospital) do not show documented evidence of engagement and input from the resident / EPOA.</p>	<p>(i)-(ii). Ensure initial interRAI assessments and long-term care plans are completed within three weeks of admission.</p> <p>(iii). Ensure there is documented evidence of input from resident / EPOA with care planning.</p> <p>90 days</p>

<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>(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;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>	<p>PA Moderate</p>	<p>The registered nurses are responsible for the development of the care plan. Assessment tools, including cultural assessments, were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk, weight loss, wandering, and pressure injury risks. The registered nurses interviewed understand their responsibility in relation to assessment and care planning. There are comprehensive policies in place related to assessment and care planning; however, care plan interventions did not always reflect the current needs of the resident, and detailed guidance for staff to deliver resident specific care requirements.</p> <p>Healthcare assistants are knowledgeable about the care needs of the residents and the family/whānau interviewed were complimentary of the care provided. Progress notes evidence care delivery to the residents, reflective of their needs, as described by staff during interviews and confirmed by family/whānau interviewed.</p>	<p>There are no detailed interventions to provide guidance to staff in the delivery of care for:</p> <p>(i). One hospital resident on palliative care in regard to aspects related to (but not limited to) nutrition hydration, mobilisation, medication management, pressure area care, cultural and spiritual care, and management plan as per nurse practitioner reviews.</p> <p>(ii). One rest home resident who has had choking episodes in relation to strategies to minimise and manage the risk of choking.</p> <p>(iii). One resident on anticoagulants with recorded incidents of bruising; no interventions to minimise the risk.</p> <p>(iv). One hospital resident with identified CAP trigger of undernutrition and evidence of weight loss as per the monitoring records.</p> <p>(iv). Rest home resident in relation to process and management of self-administration of medicine. Medication administration record of same resident did not show that the resident had self-administered their medicine (as it showed that staff had administered the medicine).</p>	<p>(i)-(v). Ensure that there are detailed interventions to provide guidance for staff in the delivery of care.</p> <p>60 days</p>
---	------------------------	---	---	--

			(v). One resident with depression as a CAP trigger and cultural care plan to meet the identified needs of the resident.	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>The service has access to a range of both paper-based and electronic monitoring forms. Monitoring forms included (but were not limited to): repositioning charts; food and fluid intake; weight; neurological observations; wound management; and behaviour. Review of monitoring charts identified these were utilised; however, not all charts were maintained as per care plan instructions and policy requirements. Monitoring of bruises and weights were not completed as clinically indicated.</p> <p>Wound care plans were documented electronically, and dressing occurred as scheduled.</p>	<p>(i). Neurological observations have not been completed as per policy for three incidents related to unwitnessed falls or where head injury was suspected.</p> <p>(ii). One rest home resident who sustained a large bruise, did not have documented progress monitoring towards healing documented in the progress notes.</p> <p>(iii). Weekly weights were not implemented as per nurse practitioner management plan for a resident experiencing weight loss.</p>	<p>(i). Ensure that neurological observations are completed as per policy.</p> <p>(ii). Ensure that there is ongoing monitoring of bruises.</p> <p>(iii). Ensure that monitoring is completed as per plan of care.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	<p>Comprehensive medication policies are in place that align with current legislation and best practice. Staff administering medications were aware of their role and responsibilities and have all completed competencies. The controlled drug register was reviewed and demonstrated</p>	<p>(i). Controlled drugs weekly stock checks have not been completed as scheduled.</p> <p>(ii). Effectiveness of “as required” medications have not been consistently documented.</p>	<p>(i). Ensure that weekly checks for controlled drugs are completed.</p> <p>(ii). Ensure effectiveness of “as</p>

		<p>that weekly controlled drug stock checks have not been completed consistently for the months of April, May, July and September 2025.</p> <p>The medication charts reviewed identified that the nurse practitioner had indications for use documented for “as required” medications. Staff administered “as required” medications as prescribed; however, for seven resident charts reviewed, the effectiveness of the medicines was not consistently documented by staff on the electronic medication management system and/or progress notes.</p>		<p>required” medications is documented.</p> <p>60 days</p>
<p>Criterion 3.5.5 An approved food control plan shall be available as required.</p>	PA Low	<p>There is a verified food control plan which is current until 26 June 2026. However, inspection of the kitchen fridge on the day of the audit, showed that there was food decanted into lunchboxes that was not labelled or dated; there were dates of opening of food containers stored in the fridge or pantry.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>	Decanted food in the fridge and pantry on the main kitchen does not have labels and was not dated.	<p>Ensure decanted food is consistently labelled and dated.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.