

TM & DL Beer Holdings Limited - Cardrona Rest Home & Hospital

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:	TM & DL Beer Holdings Limited
Premises audited:	Cardrona Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 November 2025 End date: 21 November 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	31

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

TM & DL Beer Holdings Limited - Cardrona Rest Home & Hospital (hereafter referred to as Cardrona Rest Home and Hospital) provides rest home and hospital (medical and geriatric) levels of care for up to 37 residents. On the day of the audit there were 31 residents.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included a review of policies and procedures; review of resident and staff files; observations; and interviews with residents, family/whānau, the facility manager, clinical manager, staff, and nurse practitioner.

The facility manager has extensive experience managing an aged care facility. The clinical manager is a registered nurse, who is experienced in the role and in aged care nursing.

There are quality systems and processes 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.

This audit identified the service continues to comply with Ngā Paerewa Health and Disability Services Standard 2021. The previous continuous improvement relating to the recruitment and employment of staff who identify as Māori is ongoing.

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 are fully attained.

Cardrona Rest Home and Hospital provide an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Cardrona Rest Home and Hospital provide services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. An informed consent policy is implemented and residents understood their right to make informed choices. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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 are fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality data

around incidents, infections, wounds and medication errors is reported to the directors and to staff. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy implemented. A role specific orientation programme and regular staff education and training are in place.

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 are fully attained.
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Registered nurses and the nurse practitioner assess residents on admission. The service works in partnership with the residents, and their family/whānau, enduring power of attorneys or welfare guardians to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care.

The organisation uses an electronic medicine management system for prescribing, dispensing, and administration of medications. The nurse practitioner is responsible for all medication reviews. Medicines were safely stored and administered by staff who are competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe manner.

Te aro ki te tangata me te taiao haumarū | 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 are fully attained.

There is a current building warrant of fitness. There is a planned and reactive maintenance schedule implemented. Electrical equipment is checked for safety. Clinical equipment is calibrated and serviced as required.

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 are fully attained.

The infection control programme has been developed with the assistance of an external consultant and approved by the directors. The infection control programme is linked to the quality system. Staff receive training during orientation and as part of the annual mandatory training schedule on infection control practice.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. Since the last audit, there have been no outbreaks of infection.

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 are fully attained.
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There is a policy and procedures for restraint minimisation and safe practice. There is no use of restraint. Staff are trained in the least restrictive 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	18	0	0	0	0	0
Criteria	0	50	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>A Māori health plan is implemented. This document acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and supports mana motuhake for Māori. The service continues to recruit and employ a significant percentage (30%) of staff who identify as Māori. During the audit there were residents who identify as Māori. Staff receive ongoing training in Te Tiriti o Waitangi, cultural awareness, tikanga and culturally safe practice as part of the annual in-service education programme. There is signage throughout the facility in te reo Māori. Interviews with staff (the facility manager, clinical manager, two caregivers, one registered nurse and the cook) included examples of providing culturally safe services in relation to their roles.</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</p>	FA	<p>A Pacific health plan is implemented. This document is in accordance with Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–202. During the audit, there were staff who identified as Pasifika. Staff receive ongoing training in cultural safety and awareness as part of the in-service education schedule, that includes recognising the world view, cultural and spiritual beliefs of Pacific people. During the audit there were residents who identified as Pasifika.</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Cardrona Rest Home and Hospital's policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their family/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Residents interviewed (two hospital and two rest home level) and three family/whānau (all rest home level) understood their rights and expressed the service upholds their rights and the rights of their loved ones.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Cardrona Rest Home and Hospital has policies and procedures that express a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code of Health and Disability Services Consumers' Rights. Policies reflect acceptable and unacceptable behaviours. Staff last received training on elder abuse and prevention on 27 May 2025.</p> <p>Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions, and accountability management of residents' possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There is an informed consent policy in place. Five resident files reviewed included informed consent forms signed by either the resident, enduring power of attorney (EPOA) or court appointed welfare guardian. Consent forms for vaccinations were also on file where appropriate. Residents who share a room have signed consents for this in their files. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</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>	<p>FA</p>	<p>There is a policy and procedures for complaints that are communicated to residents and family/whānau. The facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The facility manager maintains a complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Since the last audit there have been five internal complaints. Review of complaints documentation shows all were acknowledged, investigated and resolved to the satisfaction of the complainant. Complainants were informed of the outcome of the investigation. Since the last audit there has been one external complaint via the Nationwide Health and Disability Advocacy Service. Review of the complaint and documentation relating to communication with the Nationwide Health and Disability Advocacy Service and complainant shows the complaint was acknowledged, investigated appropriately and the complainant was informed of the outcome of the investigation within the required timeframes. Cardrona Rest Home and Hospital is yet to be informed if the complainant is satisfied with the outcome.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged</p>

		the understanding that for Māori, there is a preference for face-to-face communication.
<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 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>	FA	<p>Cardrona Rest Home and Hospital is located in Putāruru, Waikato. Cardrona Rest Home and Hospital provides care for up to 37 residents at rest home and hospital (medical and geriatric) levels of care. On the day of the audit there were 31 residents: 19 rest home level (including one on a transition to home contract) and 12 hospital level (including one on long-term support chronic health conditions [LTS-CHC] funding. Aside from the residents on transition to home and LTS-CHC funding, all other residents were under the age-related residential care (ARRC) contract. There are 23 rest home level beds and 14 dual purpose beds. There are six double rooms which were occupied on the day of the audit.</p> <p>Cardrona Rest Home and Hospital is privately owned by a family. The facility manager and maintenance person (both directors) are members of the family and are responsible for governance. They meet formally on a quarterly basis but have ongoing communication on a daily basis. There is a current business plan in place, with clear goals to support their documented vision, mission, and values. Current goals include: reducing falls by 10%; achieve 90% satisfaction from residents and family/whānau (achieved); to have no major complaints; and to avoid pressure injuries and the use of restraint.</p> <p>The facility manager and other director ensure the organisation is complaint with relevant legislative, contractual and regulatory requirements. They assume accountability for delivering a high-quality service with the support of the clinical manager and staff. Services are provided in ways that honour Te Tiriti o Waitangi and improve outcomes for Māori.</p> <p>Organisational performance is monitored and reviewed at planned intervals. The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focussed on improving service delivery and care. Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, family/whānau and staff input through feedback and meetings. All of this is discussed and reviewed from the</p>

		<p>directors down to facility level, with corrective actions being filtered through to all levels.</p> <p>The directors have completed training on Te Tiriti o Waitangi, cultural safety and understanding institutional bias and racism. The directors ensure the service is equitable for Māori by ensuring staff practice in a culturally safe manner and by monitoring ethnicity data of staff and residents.</p> <p>The clinical manager (CM) is a registered nurse and has overall clinical responsibility and reports to the Directors. This is appropriate for the size and complexity of the service. The CM ensures the team of caregivers and registered nurses provide safe and appropriate clinical practice, care and services. Registered nurses have allocated portfolios for infection prevention, restraint minimisation, falls reduction and skin integrity. The clinical manager can access professional support and advice from the nurse practitioner (NP), GPs and Waikato Hospital.</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 in place that allows Cardrona Rest Home and Hospital to track their progress against the organisation's quality goals, as outlined in the business plan. Quality goals are documented and progress towards quality goals is reviewed regularly at staff meetings. The quality and risk management system includes performance monitoring through internal and external audits, and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors and staff injuries. The service actively looks for opportunities to improve through quality initiatives and analysis of clinical indicator data. The service is currently focussing on falls reduction through staff training and development of strategies for individual residents who are identified as medium to high falls risk.</p> <p>Meetings are held monthly for all staff and these include health safety and quality (including infection prevention). There are regular resident and family/whānau meetings and residents and family/whānau interviewed stated they could approach the facility manager and clinical manager at any time to raise concerns. Staff meetings include (but are not limited to): tabling the previous minutes; matters outstanding; incidents and accidents; clinical indicators as above; internal audit reports; human resources;</p>

	<p>education; compliments and complaints; policy updates; general business; and actions going forward.</p> <p>Internal audits, meetings, and collation of data are documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are communicated to staff in the meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The facility manager maintains oversight of the health and safety system and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are reported, collated and categorised. Ten incident forms were reviewed. Incident forms evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. The adverse event reporting policy is in accordance with the national adverse event reporting policy.</p> <p>Discussion with the manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification to HealthCERT relating to an altercation that was reported to the police. There have been no notifications to the</p>
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		Health Quality and Safety Commission since the last audit. There have been no outbreaks of infection since the last audit.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The facility manager is on site three days per week. The clinical manager works Monday to Friday. There is always a registered nurse on duty. Staff can call the clinical or facility manager after hours if needed. The maintenance person is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the facility and clinical managers provide good support.</p> <p>Review of the rosters showed any gaps in staffing due to absences were covered by casual or regular staff picking up extra shifts. Residents and family/whānau interviewed reported there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and is aligned with Ngā Paerewa Health and Disability Services Standard 2021. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, senior caregivers, activities staff, and kitchen staff have a current first aid certificate.</p> <p>Caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 14 caregivers in total, and eight have achieved NZQA level three or above.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments, including (but not limited to) infection control; wound management; medication; monitoring blood</p>

		<p>glucose levels; insulin competencies; and management of syringe drivers. At the time of the audit there were seven registered nurses, including the clinical manager. Three have completed interRAI training. Staff have completed training that covers equality/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing.</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>A register of current annual practising certificates was sighted and included all registered nurses, podiatrists, the nurse practitioner and general practitioners.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and new staff are buddied with experienced staff until they are confident and competent in their role.</p> <p>Five staff files were reviewed, including a registered nurse, two caregivers, a cook and a housekeeper. The files included evidence of completed orientation, training and competencies, and professional qualifications where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals.</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>Five resident files were reviewed: three rest home level (including one on transition to home funding); and two hospital level (including one on LTS-CHC funding). Registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plan reviews, and six-monthly multidisciplinary reviews.</p> <p>The initial care plan is completed within 24 hours of admission. Ongoing interRAI assessments have been completed in the timeframes required and all outcome scores were identified on the long-term care plans.</p>

	<p>InterRAI assessments are completed for all residents, except for one on transition to home funding. This resident had a comprehensive assessment using validated assessment tools, and a comprehensive and holistic care plan in place. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provide guidance to staff around all medical and non-medical requirements. There are policies and procedures for use of short-term care plans, which are utilised for issues such as infections, weight loss, and wounds, and are signed off when resolved or moved to the long-term care plan. InterRAI re-assessments have been completed six-monthly and when changes occurred earlier, as indicated for long-term residents. Care plans are reviewed on a six-monthly basis, or when there are changes in the status of residents.</p> <p>The service contracts a nurse practitioner for on-site visits once a week. They are available by phone or zoom when needed on other days of the week. Some residents can choose to remain with their own general practitioner. After hours residents are transported by ambulance to Tokoroa Hospital if acutely unwell. The nurse practitioner sees and examines the residents within two to five working days of admission and completes monthly to three-monthly reviews as needed. More frequent medical reviews were evidenced in files of residents with more complex conditions, or acute changes to health status. The nurse practitioner was interviewed and stated staff are competent and communicate with them in a timely manner when there are changes in the health status of residents.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist visits if needed. A podiatrist visits regularly.</p> <p>Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. Progress notes are written on every shift by caregivers, and the registered nurses document daily for hospital level residents and when there is an incident or changes in health status.</p> <p>Residents and family/whānau interviewed reported their needs and expectations are being met. When a resident's condition changes, the staff alert the registered nurses, who then assesses the resident and initiates a</p>
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		<p>review with the nurse practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, nurse practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the resident files.</p> <p>There was a total of six wounds, including skin tears, chronic lesions, a graze, and diabetic foot ulcer. There were no pressure injuries on the day of audit. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs were reviewed. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Monitoring charts including vital signs, bowel charts and weight charts are available for staff to use. Neurological observations have routinely and comprehensively been completed for unwitnessed falls, or where head injury was suspected as part of post falls management. Incidents reviewed indicate these were completed in line with policy and procedure.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. There is one medication room. Medicines were seen to be stored in a locked trolley and locked medication room. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and caregivers who are required to</p>

		<p>pass an annual competency test and have ongoing training in medicine management. Medication errors are reported on incident forms and appropriate investigation and follow up is done.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There is one resident who self-administers inhaled medication. There is a process for assessing the competency for residents who wish to self-administer their medications, and a policy for the safe storage of medications. Standing orders have been approved by the nurse practitioner and there are clear guidelines as to the indications for use and dosages.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>The food control plan is current to 6 April 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	FA	<p>Transition to a different level of care, transfer to another facility or hospital, or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents, otherwise staff transport residents to appointments.</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness is current to 9 December 2025 (the service is awaiting an updated building warrant of fitness). The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside, on the covered deck and in the grounds. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings, as viewed on the day of audit.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, last completed on 11 July 2025, and calibration and testing of clinical equipment, last completed on 28 January 2025. Hot water temperatures have been tested and recorded in resident rooms, laundry, and kitchen monthly. The hot water temperature in residents' rooms is maintained below 45 degrees Celsius.</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 infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by an external consultant and approved by the directors. Policies are available to staff. The infection prevention programme is linked to the quality system and reviewed annually. Monthly reports are generated that include infection rates, types and use of antimicrobials. These are tabled at staff meetings and the directors' meetings.</p> <p>The infection control policy states the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There is ongoing training and education around Covid-19 and outbreaks of infection, and</p>

		staff are informed of any changes by noticeboards and handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. The organisation benchmarks their infection data with an external benchmarking company.</p> <p>Infection control surveillance is discussed at staff meetings and reported to the directors. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Meeting minutes 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.</p> <p>Since the last audit there have been no outbreaks of infection. There is a policy and procedures for the management of outbreaks of infection, and sufficient stocks of personal protective equipment and supplies to manage any outbreak.</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>	FA	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the directors, clinical manager and staff. There is no use of restraint.</p> <p>Restraint related training which includes policies and procedures related to restraint, alternatives to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.