

# Te Aroha and District Health Services Charitable Trust - Te Aroha & District Community Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Te Aroha and District Health Services Charitable Trust
<b>Premises audited:</b>	Te Aroha & District Community Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 6 November 2025      End date: 7 November 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	40



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Te Aroha and District Health Services Charitable Trust – Te Aroha and District Community Hospital (hereafter referred to as Te Aroha and District Community Hospital) provide rest home and hospital (medical and geriatric) levels of care for up to 45 residents (including five general practitioner beds). During the audit there were 40 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 Community Trust Board, manager, staff, and nurse practitioner.

The manager is a registered nurse and has extensive experience in managing an aged care facility.

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.

The shortfall around medication identified at the previous audit has been addressed.

This audit identified a shortfall relating to the building warrant of fitness and hot water temperatures.

## 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.

Te Aroha and District Community Hospital provides 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. Te Aroha and District Community Hospital provides 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 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 Community Trust Board monthly and to staff. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions resolved in a timely manner.

There is a staffing and rostering policy documented. 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 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 or enduring power of attorneys 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 haumaruru | Person-centred and safe environment

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The infection control programme has been developed with the assistance of an external consultant and approved by the Community Trust Board. 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 has been one outbreak of Covid-19. This was appropriately reported and managed.

## 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.
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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	17	0	1	0	0	0
Criteria	0	50	0	1	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 in place that recognises Te Tiriti o Waitangi as a founding document for New Zealand and supports mana motuhake for Māori. During the audit there were residents who identify as Māori. Staff have been trained in Te Tiriti o Waitangi, tikanga best practice, and Te Whare Tapa Whā model of health. The manager identifies as Māori and has close linkages with the local iwi. There are other staff who identify as Māori. Interviews with staff (the manager, two registered nurses, two healthcare assistants, clinical administrator, a cook, and finance officer) gave examples of providing culturally safe services to residents and family/whānau 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 equitable health and disability services underpinned by Pacific</p>	FA	<p>A Pacific health plan is in place that aligns with the Ministry of Health Pacific Plan. During the audit there were no staff or residents who identify as Pasifika. Staff receive training in cultural safety and awareness as part of the in-service education schedule. This includes the world views, cultural and spiritual beliefs of Pacific people.</p>

<p>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>Te Aroha and District Community 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 is displayed in multiple locations in English and te reo Māori. Residents interviewed (one hospital and two rest home level) understood their rights and expressed the service upholds their rights. Family/whānau interviewed (three hospital and two rest home) confirmed that they felt the residents' rights were upheld.</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>Te Aroha and District Community 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. Policies reflect acceptable and unacceptable behaviours. Staff last received training on elder abuse and prevention in 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.</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 or enduring power of attorney (EPOA). Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could</p>

<p>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>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 manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The manager maintains a complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Since the last audit there have been three 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. There have been no external complaints received since the last audit.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</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>Te Aroha and District Community Hospital is located in Te Aroha, Waikato. Te Aroha and District Community Hospital provides care for up to 45 residents at rest home and hospital (medical and geriatric) levels of care. On the day of the audit there were 40 residents: 17 rest home (including one on carer support, one in a general practitioner [GP] bed, and one on a transition to home contract); and 23 hospital residents (including one</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>funded by the Accident Compensation Corporation [ACC], and one on palliative care). All residents (apart from the ACC, palliative care, and GP beds) were under the aged related residential care (ARRC) agreement. The 16-bed rest home building includes one double room (singly occupied on the day of the audit), and the hospital building has 29 beds (including five GP beds in a five-bed room). There are no dual-purpose beds.</p> <p>Te Aroha and District Community Hospital has a current business plan in place, with clear goals to support their documented vision, mission, and values. The values include compassion, quality, innovation, individuality, and respect. The model of care sits within this framework and incorporates a Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>The current business plan includes a mission statement and operational objectives with specific goals. The manager reports monthly to the Community Trust Board; which is made up of the Trust Chair, and eight trustees. The trustees are elected on to the Community Trust Board and have a range of skills and qualifications. The Community Trust Board and manager ensure the organisation is complaint with relevant legislative, contractual, and regulatory requirements.</p> <p>The Community Trust Board and manager assume accountability for delivering a high-quality service with the support of 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. Goals include falls reduction; upgrades to the building; internal audits; training; surveys; staff appraisals; review of policies and procedures; and to finalise the lease on the building (which is owned by the local iwi).</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, and resident, family/whānau and staff input through feedback and meetings. All of this is discussed and reviewed from Community Trust Board level down to facility level, with corrective actions being filtered through to all levels.</p> <p>All members of the Community Trust Board have completed training on Te Tiriti o Waitangi, cultural safety and understanding institutional bias and</p>
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		<p>racism. Any new members are provided with links and resources to complete these requirements. The Board ensures 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 manager is a registered nurse and has overall clinical responsibility, and manages the team of healthcare assistants and registered nurses to ensure the provision of safe and appropriate clinical practice, care, and services. Registered nurses have allocated portfolios for infection prevention, restraint minimisation, falls reduction, and skin integrity. The manager can access professional support and advice from the nurse practitioner (NP), general practitioners (GPs), and the local pharmacy.</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 Te Aroha and District Community 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 and 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 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; 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</p>

		<p>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 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, and they evidenced immediate action taken 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.</p> <p>Discussion with the manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no required Section 31 notifications to HealthCERT, and no notifications to the Health Quality and Safety Commission (although the manager was in the process of reporting a newly identified stage III pressure injury). There has been one outbreak of Covid-19 since the last audit, which was reported to Waikato Public Health.</p>
Subsection 2.3: Service management	FA	There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>defines staffing ratios. Rosters implement the staffing rationale. The manager works Monday to Friday. There is always a registered nurse on duty. Staff can call the 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 manager provides good support.</p> <p>Review of the rosters showed any gaps in staffing due to absences were covered by casual 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 the Ngā Paerewa Standard. 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 healthcare assistants and registered nurses have current medication competencies. Registered nurses, senior healthcare assistants, activities staff, and kitchen staff have a current first aid certificate.</p> <p>Healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 29 healthcare assistants in total, and 20 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 glucose levels; insulin competencies; phlebotomy; management of intravenous infusions; management of peripherally inserted central catheters; intravenous antibiotics; and management of drains. At the time of the audit there were ten registered nurses, including three casual. Eight registered nurses 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>
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<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, pharmacists, NP, and GPs.</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>Six staff files were reviewed, including a registered nurse, two healthcare assistants, a cook, a housekeeper, and activities coordinator. 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: two rest home level; and three hospital level, including one on palliative care. RNs 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 plans reviewed, 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. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan. Residents with funding other than the ARRC contract, do not have an interRAI assessment completed, but do have comprehensive assessments completed on admission and a care plan in place that is holistic and comprehensive.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provided 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-</p>

	<p>monthly basis or when there are changes in the status of residents.</p> <p>The service contracts a nurse practitioner for on-site visits three times per week. Some residents choose to remain with their own GP. The general practice provides after-hours support until 7pm. Outside of these hours, staff can call the ambulance to transport residents to hospital if they are acutely unwell. The NP and GPs see and examine the residents within two to five working days of admission, and complete 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 NP 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>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. This was observed on the day of audit and was found to be comprehensive in nature. Progress notes are written on every shift by the healthcare assistants, and the registered nurses document daily for hospital level residents, and when there is an incident or changes in health status.</p> <p>The 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 review with the NP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, NP visits, medication changes, and any changes to health status, and this was consistently documented in the resident files.</p> <p>There were a total of six wounds, including two pressure injuries (one stage III and one stage II), skin tear, a scalp lesion, an abrasion, and leaking oedematous legs. 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</p>
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		<p>forms, and wound monitoring occurred as planned in the sample of wounds reviewed. Healthcare assistants 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 that 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, and a controlled medication safe. In Lawrence House (rest home), the medication trolley is kept in the locked nurse's office. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and medications with a short shelf life are labelled with the date of opening. Criterion 3.4.1 identified as a shortfall at the previous audit is now fully attained. 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 healthcare assistants who are required to 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</p>

		<p>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 are residents who self-administer 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 NP, 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. The food control plan is current.</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>	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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>Remedial work is required before a building warrant of fitness is issued. 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, and calibration and testing of clinical equipment; last completed in 2025. Hot water temperatures have been tested and recorded in resident rooms, laundry, and kitchen monthly. An improvement is required to ensure the hot water temperatures are maintained at a safe level.</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 the manager in consultation with an external consultant and approved by the Community Trust Board. Policies are available to staff. The infection prevention programme is linked to the quality system and reviewed annually. Monthly reports to the Community Trust Board include infection rates, types, and use of antimicrobials.</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 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>

<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>	<p>FA</p>	<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 Community Trust Board monthly. 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>There has been one outbreak of Covid-19 in July/August 2025 since the last audit. This was reported to Waikato Public Health and the Community Trust Board. 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>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to remaining restraint free. The Community Trust Board, manager, and staff support this. 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.</p>	PA Low	There is a planned maintenance schedule in place that includes compliance inspections for the building warrant of fitness, maintenance of the buildings, grounds, and equipment.	<p>There is no current building warrant of fitness.</p> <p>Hot water temperatures in some resident rooms exceeded 45 degrees (up to 49.5 degrees Celsius).</p>	<p>Ensure that there is a current building warrant of fitness.</p> <p>Ensure the hot water temperatures in resident rooms are maintained at or below 45 degrees Celsius.</p> <p>180 days</p>

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

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

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

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

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End of the report.