

North Waikato Care of the Aged Trust Board - Kimihia Home & Hospital

Introduction

This report records the results of a Certification 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:	North Waikato Care of the Aged Trust Board
Premises audited:	Kimihia Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 26 November 2025 End date: 27 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:	74



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Kimihia Home and Hospital provides rest home, hospital (medical and geriatric), and dementia levels of care for up to 77 residents. There were 74 residents on the days of audit.

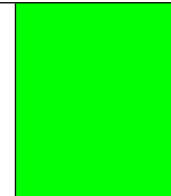
This certification audit was conducted against the Nga Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The facility manager is appropriately qualified and experienced and is supported by a clinical nurse lead and a unit coordinator. There are documented quality systems and processes. Feedback from residents and families/whānau was very 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 certification audit identified areas of improvement related to implementation of the quality system; monitoring of resident care; and infection control.

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.

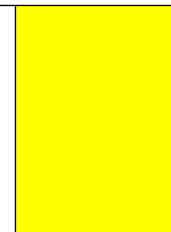
Kimihia Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan in place. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices.

Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the residents and/or their family/whānau to make a complaint are 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.



Some subsections applicable to this service partially attained and of low risk.

The strategic 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 staff. Quality improvement projects are implemented. Collation of data is documented as taking place as scheduled.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and training programme are in place.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Entry into the facility is managed in a safe, timely and equitable manner. Registered nurses are responsible for assessment, care planning, and evaluation of care. Residents and family/whānau interviewed expressed they are involved at all stages of service delivery. A nurse practitioner visits the facility three times a week to complete medical assessments and medication reviews. Residents have their needs met in a manner that respects their cultural values and beliefs.


Activities are overseen by a diversional therapist. The formal activities programme is provided six days per week, and staff can access activities resources on a Sunday. There is a varied activities programme that is tailored for the residents in each area in the facility. Residents have choice of activities that are meaningful to them.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. All medication charts were completed correctly and evidenced allergies and sensitivities.

The meal service is contracted to an external supplier. Nutritional needs and preferences of residents are identified on admission and during regular reviews. There is a current food control plan. The menu caters for cultural preferences and has been reviewed by a dietitian. Dietary needs, allergies, intolerances, and preferences are catered for.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. There is a preventative and reactive maintenance plan implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit is secure. There is adequate space throughout the facility for residents to move around freely with mobility aids. There are sufficient toilet and bathing facilities. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including a pandemic. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times. There are appropriate security measures in place overnight.

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.

Some subsections applicable to this service partially attained and of low risk.

Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to staff as part of their orientation and ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to management and the Board in a timely manner. Pandemic response (including Covid-19) plans are in place, and the service has access to personal protective equipment supplies. There has been outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. There are documented policies and procedures for cleaning and laundry services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The clinical nurse lead is the restraint coordinator. There is a restraint committee in place that oversee all aspects of restraint. Family/whānau are involved in any decisions relating to restraint. The service follows a consent, approval, monitoring, and evaluation process in accordance with the standard. During the audit there were some residents using restraint.

Staff receive training on the policy and procedures as part of orientation. Thereafter staff receive annual education on restraint minimisation and safe practice and are required to demonstrate their competency.

The use of restraint is formally reviewed six-monthly.

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	26	0	3	0	0	0
Criteria	0	173	0	3	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.</p> <p>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>	<p>FA</p>	<p>A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Clinical staff described their commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing. There are clear processes to include tikanga in everyday practice.</p> <p>Kimihia Home and Hospital links with their own Māori staff who can provide interpreting support or contact kaumātua within their iwi when required. The service has also fostered relationship with their local iwi Waahi Whaanui Trust, who provide guidance as required for the organisation. Residents and family/whānau at Kimihia Home and Hospital engage in providing input into the resident's care planning, their activities and their dietary needs, as evidenced in interviews with three residents (two hospital, one rest home), and ten family/whanau (two rest home, six hospital and two dementia). The service can also access kaumātua from Health New Zealand for support and guidance. There are cultural assessments available that</p>

		<p>are completed for residents who identify as Māori when admitted.</p> <p>Kimihia Home and Hospital focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents they care for. The facility manager stated that they support increasing Māori capacity within the workforce, and will employ Māori applicants when they do apply for employment opportunities as vacancies become available. Employee ethnicity data is reported in the facility manager's reports. At the time of the audit there were staff who identified as Māori.</p> <p>The service has signage throughout in te reo Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English, with pamphlets available.</p> <p>Interviews with twelve staff (three healthcare assistants, four registered nurses [including unit coordinator and quality nurse educator], one diversional therapist, one cleaner, one finance officer, one activities coordinator, one maintenance coordinator); and three managers (facility manager, clinical nurse lead, food services site manager,) and documentation reviewed described how care is based on the resident's individual values and beliefs.</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.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Kimihia Home and Hospital recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of health and disability services for Pacific people. There is a comprehensive Pacific health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in a number of different languages according to resident need.</p> <p>On the day of audit there were residents who identified as Pasifika living at Kimihia Home and Hospital. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files.</p>

		<p>Family/whānau are encouraged to be present during the admission process, and the service welcomes input from the resident and family/whānau when documenting the initial care plans. Individual cultural beliefs are documented in the resident's care plan.</p> <p>The service continues to recruit staff as vacancies become available. The facility manager confirmed how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika. At the time of the audit, there were staff who identified as Pasifika.</p> <p>The service continues to strengthen relationships and seek guidance on its Pacific Plan, including consultation with Pacific staff, thereby increasing its involvement in a collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people. The service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language.</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>Residents and family/whānau are provided with information about the Code. The facility manager and clinical nurse lead discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English, sign language and te reo Māori.</p> <p>Discussions relating to the Code are held during resident and family/whānau meetings. Residents and family/whānau interviewed reported that the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available on the resident information noticeboards and in the entry pack of information provided to residents and their family/whānau. The policy documents link to spiritual support. Residents attend communion services and</p>

		<p>church services as required. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p> <p>Staff receive education on the Code at orientation and through the annual education and training programme. The training includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants and registered nurses interviewed described how they support residents to exercise choice and independence, giving examples of how residents' preferences shape their daily care. Residents confirmed they are encouraged to make decisions about their routines, activities, and the involvement of family/whānau in their care. The service responds to the needs of tāngata whaikaha and supports participation in te ao Māori. Care plans consistently reflect resident choice and individual preferences.</p> <p>The annual training plan demonstrates education that supports safe, respectful, and culturally responsive practice. Satisfaction surveys in 2025 indicate that residents and family/whānau feel respected. Policies on sexuality and intimacy are in place, and staff reported they uphold each resident's right to private and intimate relationships, as confirmed by resident couples interviewed.</p> <p>Spiritual needs are identified on admission and integrated into care planning with family/whānau involvement. Staff described appropriate professional boundaries and access to spiritual support. Church services are provided according to resident need.</p> <p>Throughout the audit, residents were observed to be treated with dignity and respect, with staff using person-centred and culturally appropriate communication. Privacy and independence are maintained, and staff orientation includes training on dignity, respect, and confidentiality. Care plans documented residents' preferred names.</p> <p>Māori celebrations such as Waitangi Day, Matariki, and Māori</p>

		<p>Language Week are observed. Staff described using common te reo Māori phrases in everyday interactions, and te reo Māori signage was visible throughout the facility. Cultural training incorporates Te Tiriti o Waitangi and tikanga Māori, and the Māori health plan acknowledges te ao Māori and its holistic worldview. Information on Te Tiriti and tikanga is available to guide both residents and staff.</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>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct and house rules policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias.</p> <p>The Māori health plan in place identified a strength-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the clinical nurse lead who reported that all wellbeing outcomes are managed, and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable). Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and as per training plan on how to identify abuse and neglect. Staff are aware of how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and</p>

		responsibilities.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents and family/whānau on admission. Resident, and family/whānau meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau and next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Accident/incident forms reviewed identified that family/whānau are kept informed; and this was confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English. Staff interviewed advised they use hand and facial gestures in addition to cue cards, google translate, and family/whānau acting as translators for the residents who did not speak English.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services, and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The registered nurses described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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</p>	FA	<p>There are policies around informed consent documented for Kimihia Home and Hospital. The nine resident files reviewed included general consent forms appropriately signed by either the resident or</p>

<p>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>the activated enduring power of attorney (EPOA) as part of the admission process. Residents interviewed could describe what informed consent was and their rights around choice.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Enduring power of attorney documentation is filed in the residents' electronic records and activated as applicable for residents assessed as incompetent to make an informed decision. Files reviewed for residents in the dementia unit had activation of EPOA letters, or current welfare guardian documents on file.</p> <p>The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</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>The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The welcome pack includes comprehensive information on the process for making a complaint. Complaint forms are located throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including at the resident and family/whānau meetings, and during the six-monthly clinical review meetings. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, English, and other languages (as required).</p> <p>The facility manager maintains a record of all complaints, both</p>

		<p>verbal and written, using a complaints' register. The facility manager interviewed advised that complaints logged were classified into themes in the complaint register. Documentation, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the HDC. Five internal complaints have been made since the last audit in January 2025. There have been no external complaints received. The complaints reviewed evidenced acknowledgement of the lodged complaint, and an investigation and communication with the complainants. Themes have been mainly related to clothes and laundry services. Corrective actions related to the complaints were implemented as indicated, with documentation evident in meeting minutes.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in meetings (minutes sighted). Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication, and working in partnership with family/whānau through the process.</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 governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kimihia Home and Hospital is a not-for-profit charitable service governed by a Board of Trustees (the Board) of the North Waikato Care of the Aged Trust Board. The service is located in Huntly, Waikato and is built across one level. Kimihia Home and Hospital provides care for up to 77 residents at rest home, hospital (medical and geriatric), and dementia levels of care. There are a total of 17 dual purpose beds, 22 dedicated hospital beds, 26 dedicated rest home beds, and 12 beds in the dementia unit. There are four, four-bedded rooms in the hospital area. Curtains protect each resident's privacy. Residents and family/whānau have consented to this arrangement, as documented in the records in each resident's file.</p> <p>On the day of the audit there were 74 residents: 37 rest home level</p>

	<p>residents; 11 dementia level, including one on respite; and 26 hospital residents including one on a younger person with disability (YPD) contract. All the remaining residents were under the aged related residential care (ARRC) agreement.</p> <p>There have been changes in management since last audit. The recently appointed facility manager (non-clinical) has been in the role for five months, but has years of management experience in the aged care sector in New Zealand and a science background. The facility manager is responsible for the overall day to day operations and is supported by the clinical nurse lead (registered nurse). The clinical nurse lead has been in the role for two years and held previous roles of unit coordinator and registered nurse at Kimihia Home and Hospital. The management roles are supported by registered nurses (including a unit coordinator and quality nurse educator), finance and administration team, support services staff (externally contracted), and an experienced care team.</p> <p>Interview with the Board chair confirmed that Kimihia Home and Hospital has a Board made up of the chairperson, eleven committee members and cultural advisor. The chairperson works for a local Kaupapa Māori organisation, and one of the Board members identifies as Māori. The committee members are experienced, long standing and strive to support the organisation to meet its goals to support the vision, mission, and values. The committee members have a range of backgrounds and experience, as well as knowledge around contractual and legislative requirements. The Board meets monthly and follows a comprehensive agenda, including reviewing operational and clinical reports. They receive reports from the facility manager, which include (but not limited to) occupancy; finances; health and safety; staffing; infection; internal audits; quality trend and analysis; restraint minimisation; resident meetings; equity analysis; survey results; culture and wellbeing; and maintenance. There is a finance committee that meets monthly prior to the Board meeting. The nurse practitioner and clinical nurse lead have oversight with clinical governance and ensure detailed reports, including analysis of clinical risk, are provided to the Board monthly (as part of the monthly facility manager's report). The chairperson of the Board communicates with the facility manager at least weekly and "on an</p>
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		<p>as needed” basis.</p> <p>Kimihia Home and Hospital has a current strategic plan in place with clear goals to support their documented vision, mission, and values. These include (but not limited to) financial sustainability and responsible stewardship; high-quality person-centred care delivery; workforce retention, capability, and wellbeing; facility improvement and asset renewal; equity and community partnership; and innovation and continuous improvement. The model of care sits within the strategic framework and incorporates the Māori concept of holistic wellbeing – Te Whare Tapa Wha. The current business plan includes a mission statement and operational objectives, with site specific goals. The management team report to the facility manager, who liaises with, and acts as a conduit to the Board.</p> <p>The Board chair confirmed the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies, and how it addresses barriers to equitable service delivery. The Board also links with the local marae (Waahi Whaanui Trust), who provide advice in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha and Māori. The working practices at Kimihia Home and Hospital are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha. The management team and directors have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety.</p> <p>The facility manager and clinical nurse lead have both maintained at least eight hours of professional development activities in the last 12 months related to managing an aged care facility. This includes orientation for the facility manager. Training completed includes cultural training to ensure they are able to demonstrate expertise in Te Tiriti; health equity; cultural safety; the Code; infection control; health and safety; fire safety; and emergency procedures.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Kimihia Home and Hospital has an established quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have not been completed according to schedule. The electronic quality management system collates and benchmarks the quality data collated. Quality data is reported to the management team and the Board. A monthly facility manager report to the Board includes (but not limited to) reporting on occupancy; incidents; infections; antimicrobial stewardship; restraint; complaints; finance; staff training; and progress on goals. Quality goals are identified, discussed at relevant meetings, and action plans are documented where opportunities to improve are identified.</p> <p>Staff meetings include discussions around quality data, including graphs which are benchmarked. However, actions from meetings are not always signed off when completed. Meeting minutes are made available to other staff who were unable to attend the meetings. Facility meetings (staff, quality, and registered nurse [all including health and safety, infection prevention and control, antimicrobial stewardship, and restraint]) have been held according to schedule, including residents and family/whānau meetings.</p> <p>Kimihia Home and Hospital implements a continuous quality improvement approach with service delivery, including critical review of clinical data, benchmarking and facility processes, and identifying opportunities for improvement. Quality improvement projects are documented in relation to food safety, hygiene infrastructure, staff practice, and emergency resilience, as well as multiple system-level improvements strengthening infection control processes, outbreak response capability, and organisational resilience. Progress of the projects is discussed and reviewed in meetings, with evidence of ongoing evaluations documented.</p> <p>Staff have completed cultural training, including Te Tiriti o Waitangi, to ensure all residents are cared for in a culturally sensitive way. It was confirmed that the management team, and the Board have completed cultural training.</p> <p>Annual resident and relative satisfaction surveys are conducted. The 2025 results have been analysed, and results were shared at</p>
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		<p>meetings with residents, family/whānau and staff. A review of data evidenced positive results and comments relating to the care and support needs, information about support services, and raising complaints. The service is implementing corrective actions in relation to areas that scored low, and in response to related comments.</p> <p>Health and safety policies are implemented and monitored through meetings. Risk management, hazard control and emergency policies and procedures are in place. There is a committee with representatives from each area, who oversee the implementation of the health and safety programme. Two representatives have completed relevant unit standards via external training. An up-to-date hazard and risk register was sighted. The noticeboard in the staffroom keeps staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries reported since last audit.</p> <p>Electronic incident and accident reports are consistently completed for each incident/accident, with immediate action noted and any follow-up action(s) required documented, as evidenced in thirteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Corrective actions are developed, implemented, and signed off when completed for any clinical indicators out of the expected benchmarking ranges. Results are discussed in all the facility meetings and at handover.</p> <p>Discussions with the facility manager and clinical nurse lead evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed. There have been outbreaks appropriately documented and reported since last audit.</p> <p>Positive outcomes for Māori and people with disabilities are considered at all quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding of Māori models of care, health and wellbeing, and culturally competent staff.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced healthcare assistants. There is 24/7 registered nurse cover and support from the clinical and management team. There are dedicated activities and maintenance staff supporting service delivery. An external contractor provides oversight of the housekeeping (laundry and cleaning) and kitchen staff, ensuring a seven-day roster (sighted).</p> <p>The facility manager interviewed confirmed that the Board is kept updated with any actual or potential staffing issues, whether its recruitment, resignations, changes in roles, and workforce planning requirements. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. The facility manager, and clinical nurse lead are available Monday to Friday. Clinical on-call cover is provided on rotation between the clinical nurse lead, unit coordinator, and the quality nurse educator. The facility manager is on call 24/7 for any non-clinical issues.</p> <p>There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti o Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. Review of the training records show compliance with completion of the required training. All completed training is recorded on attendance sheets and staff training records.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Kimihia Home and Hospital supports all employees to transition through the New Zealand Qualification Authority (NZQA)</p>

		<p>Careerforce Certificate for Health and Wellbeing. There are 42 healthcare assistants employed in total, with 18 having achieved level 3 and above NZQA qualification. A record of completion is maintained on an electronic register. There are eleven staff working in the dementia unit; eight have completed the required dementia unit standards, and three are enrolled and in the process of completing the required unit standards within the 18-month period.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; and moving and handling. Healthcare assistants who have completed NZQA level 4 and have undertaken extra training, complete medication administration related competencies annually. A review of the records confirms that staff have current competencies.</p> <p>Additional registered nurse specific competencies include syringe driver, and interRAI assessment competency. Six of the twelve registered nurses (including the clinical nurse lead and unit coordinator) are interRAI trained. All registered nurses attend relevant staff and registered nurse meetings where possible. External training opportunities for care staff include training through Health New Zealand and hospice. A record of completion is maintained on an electronic register.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) is posted in visible staff locations. Staff participated in an annual employee satisfaction survey, and staff interviewed reported a positive workplace.</p> <p>Kimihia Home and Hospital's environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development that reflect standard employment practices and relevant legislation. Staff files</p>

<p>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>are securely stored in hard copy. Nine staff files reviewed evidenced an organised recruitment process, reference checking, employment agreements and completed orientation. Staff sign the code of conduct / house rules on employment. This document includes (but is not limited to): the values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>Each staff member's ethnic origin is collected and used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the Board at Board meetings.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>All regulated staff and contracted providers had proof of current registration with their regulatory bodies. A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, nurse practitioners, pharmacy, physiotherapy, podiatry, and dietitian. Staff who have been employed for over one year, have all had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice, and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses, and healthcare assistants to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and</p>	<p>FA</p>	<p>There are policies and procedures that guide staff in the management of information. Resident files and the information</p>

<p>in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider. Archived records are held securely on site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. There is a consent process for data collection. The facility manager reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The facility manager is the privacy officer, and there is a pathway of communication and approval to release health information.</p> <p>The service is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the</p>	<p>FA</p>	<p>There are policies in place for entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely, and respectful manner. Information packs are provided for family/whānau and residents prior to admission, or on entry to the service. A review of residents' files confirmed entry to service complied with entry criteria. The service admission agreement reviewed aligns with all service requirements. Each of the nine resident files reviewed included a signed admission agreement, signed by the resident, or their enduring power of attorney (EPOA) or welfare guardian, where they were in place and had been activated. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed</p>

<p>person and whānau.</p>		<p>stated they received the information pack, along with sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident, and the contracts under which the service operates. Three files reviewed for residents admitted to the secure dementia included a NASC assessment and approval for this level of care. The facility manager and clinical nurse lead are available to answer any questions regarding the admission process, and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and keeps the referral agency, residents and family/whānau informed should there be a delay. The service collects and collates ethnicity data and undertakes six-monthly analysis to show entry and decline rates, including specific data for entry and decline rates for Māori. Kimihia Home and Hospital is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumātua and Kaupapa Māori health providers.</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>PA Low</p>	<p>Nine resident files were reviewed, including three hospital (including one on young disabled person [YPD] funding), three rest home, and three dementia level of care (one on respite). Registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment, care planning and review processes, and resident files show evidence of resident and family/whānau involvement.</p> <p>Cultural assessments are completed for all residents by activities staff who have been trained to do so. Māori residents have personal profiles and individual care plans that include cultural preferences, whānau involvement, and tikanga considerations, to ensure the service support Māori and family/whānau to identify their own pae ora outcomes. This was evidenced in files of residents who identify as Māori. Residents who identify as Pasifika have a care plan in place that addresses their cultural preferences and needs. The clinical nurse lead reported any barriers that prevent tāngata</p>

	<p>whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files have up-to-date interRAI assessments completed. The residents on YPD funding and respite do not have interRAI assessments, but registered nurses have completed comprehensive assessments using validated assessment tools and a holistic care plan in place. Resident files reviewed confirmed the initial interRAI assessments and initial and long-term care plans were completed in a timely manner and within the required timeframes. All long-term care plans reviewed included interventions to manage all risks, early warning signs, and guide care delivery. The care plans are holistic and align with the service's model of person-centred care. Residents in the dementia unit have assessments of behaviour in place that include the resident's current abilities; level of independence; identified needs/deficits; habits; routines; and behavioural characteristics. Behaviour management strategies include prevention-based strategies for minimising episodes of challenging behaviours, and a description of how the behaviour is best managed over a 24-hour period.</p> <p>InterRAI assessments and care plan evaluations are completed at least six-monthly or when residents' needs changed. Evaluations document the progress towards the individual's goals, and if they are met or unmet. Short-term care plans for infections and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner. The service actively reviews the interRAI outcome scores for each resident, and compares with the previous interRAI in the care evaluation meeting. The registered nurses use this tool to discuss if there are any other interventions that might be helpful, if interRAI scores have dropped.</p> <p>A nurse practitioner from a local general practice ensure residents are assessed within five working days of admission. The nurse practitioner reviews each resident at least three-monthly, with visits from the practice three times a week. The clinical nurse lead is</p>
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	<p>available 24/7 for clinical advice and decision making as required. When interviewed, the nurse practitioner expressed satisfaction with the standard of care and the registered nurses' competence at Kimihia Home and Hospital. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The service has an independent physiotherapist contracted to work six hours per week. In addition, the service employs a physiotherapy assistant to implement the mobility and exercise plans for residents. A dietitian is contacted as required. A continence advisor, hospice specialists, mental health team for older people, and wound nurse specialist are available as required. A podiatrist visits six-weekly.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written at least daily by registered nurses and each shift by healthcare assistants. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following nurse practitioner visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the nurse practitioner. Family/whānau stated they are 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's progress notes.</p> <p>A wound register is maintained. There are a total of 53 wounds for 19 residents, including four stage II pressure injuries, skin tears, chronic lesions, and venous ulcers. All residents with pressure injuries were admitted with them. Wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. The clinical nurse educator (a former district nurse)</p>
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		<p>reviews all wounds, including pressure injuries, and as a group, the registered nurses, clinical nurse educator, and clinical nurse lead monitor the wounds and wound photos, review healing and ensure the best process is in place to assist recovery. This process is holistic and includes nutrition and positioning (as examples). The wound nurse specialist (Health New Zealand) has been accessed for input to the management of chronic wounds. Healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. Monitoring reviewed was implemented as scheduled. Improvement is required in completing neurological observations for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are provided in all areas of the facility six days per week. Activities are led by a registered diversional therapist, who is assisted by a team of activities coordinators (four in total). Activities are planned monthly for each area, and a copy of the activities schedule is posted on the wall throughout the facility and in residents' rooms. Review of the activities schedule shows a range of activities are provided to meet the cognitive, physical, intellectual, and social needs of residents. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. These are completed within two to three weeks of admission.</p> <p>Church groups visit weekly and a priest visits individuals to give communion. Entertainers visit weekly and residents from the dementia unit join with the hospital and rest home level residents to participate if appropriate. Entertainers include school groups, kapa haka groups, a local Philippine group, ukelele group, singers, and a</p>

		<p>pet therapist. Calendar and cultural events are celebrated, including (but not limited to) Christmas, Easter, ANZAC Day, Diwali, Te Wiki o Te Reo Māori, Matariki, and Waitangi Day.</p> <p>Activities for Māori include outings to each of their marae (if local), annual regatta in Ngāruawahia, attendance at the tangi of Kingi Tuheitia, attendance at a weekly kaumātua group, visit by the Māori Queen, poi making, weaving, Māori art, and boil ups three-monthly with residents participating in preparation of the food. Staff speak te reo Māori with Māori residents.</p> <p>There are men's and women's groups for separate outings and activities, and outings in the van for all residents (on a rotational basis) for scenic rides and ice-creams.</p> <p>In the dementia unit, there are a range of activities to stimulate the senses and memories, including baking, picture bingo, walks in the garden, walks indoors so residents can greet other residents and staff, calming music, and individual conversations for reminiscing. Activities care plans include strategies for distraction and de-escalation for residents in the dementia unit. Outings are provided weekly in the afternoon. On Sundays, healthcare assistants have access to activities resources, including a sensory box, games, dolls, a washing basket for residents who like to fold towels, colouring activities, and reading material. During the audit residents were seen to be receiving nail care and individual activities. The unit was seen to be calm, with relaxing music playing.</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>A medication management policy is implemented for safe medicine management, and this meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the</p>

	<p>supplying pharmacy.</p> <p>Medications were stored securely. There is one main medication room in the hospital wing, and medication trolleys are stored in the locked nurses' stations in the rest home and dementia areas. Medication trolleys were observed to be locked when not in use. There is a purpose built medical-grade medication refrigerator, which is monitored daily and maintained within an acceptable range. Room temperatures in the medication room and nurses' stations are monitored daily and maintained within an acceptable range. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the nurse practitioner and charted on the electronic medication chart.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the nurse practitioner reviews all resident medication charts at least three-monthly, and each chart has photo identification and allergy status identified. There are no residents currently self-administering their medications. There is a policy in place for ensuring residents who wish to self-administer are competent to do so, and for the secure storage of medications in residents' rooms.</p> <p>Pro re nata medications are administered as prescribed and effectiveness is documented on the electronic medication system, or in the progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and potential adverse reactions. This is documented in the progress notes.</p> <p>The registered nurses and the clinical nurse lead described the process to work in partnership with Māori residents and family/whānau, to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are</p>
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		supported to understand their medications.
<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>The meal service is contracted out to an external supplier. All meals are prepared and cooked on site. There is a site manager who is responsible for the kitchen, laundry, and cleaners. All kitchen staff have completed safe food handling.</p> <p>The kitchen was observed to be clean, well-organised, and well equipped. There was a current approved food control plan in place, expiring on 30 January 2026.</p> <p>The six-weekly seasonal menu has been reviewed by the dietitian employed by the contracted company. For main meals there are two options available, including a vegetarian option. If residents do not like the options, they are offered an alternative. There is a food services manual available in the kitchen. The site manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, diabetic, pureed foods), or residents with weight loss. Nutritional supplements are prescribed by the nurse practitioner and provided as prescribed. The site manager (a trained chef) confirmed they are aware of resident likes, dislikes, and special dietary requirements. A whiteboard on the wall of the kitchen summarises residents' special dietary requirements. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Māori or Pacific menu options are available upon request, and family/whānau can bring special meals for their loved ones. Residents have access to nutritious snacks 24/7. On the day of audit, meals were observed to be well presented. Residents participate in baking as part of the activities programme.</p> <p>Kitchen staff complete a daily electronic diary, which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to the hospital and dementia dining rooms using heated bain marie and plated by kitchen staff. In the rest home</p>

		<p>dining rooms, meals are served directly from the adjoining kitchen. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area of each wing. In the dementia unit, encouragement is given to stay seated for those residents who wander or constantly walk, to ensure the dining experience is pleasurable for all. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau can offer feedback at the resident meetings and through resident surveys.</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>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies, if indicated or requested.</p> <p>In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, the registered nurse completes a set of transfer documents, and the nurse practitioner makes the referral to hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs, and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the referred health service by the registered nurse. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included referrals to the dietitian, speech language therapist, and specialist clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>	FA	<p>The building warrant of fitness is current to 31 March 2026. There is a full-time maintenance person. Compliance for the building warrant</p>

<p>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>of fitness is contracted out. The annual preventative maintenance schedule is implemented by the maintenance person. Once tasks are completed, they are signed off by the maintenance person. Staff can request repairs and maintenance on the electronic system, which is checked daily by the maintenance person, and signed off when jobs are completed. For urgent repairs, staff call the maintenance person, who can access essential contractors, such as plumbers and electricians at any time.</p> <p>There are three main areas: a dedicated hospital wing; a secure dementia unit; and a rest home area with 17 dual purpose rooms. In the hospital area there are four, four-bedded rooms.</p> <p>Fixtures, fittings, and flooring are appropriate. Electrical testing and tagging of all appliances is done by the maintenance person, who is qualified to do this. A spreadsheet of all electrical appliances was sighted and this showed testing and tagging is up to date. Clinical equipment was last checked and calibrated in April 2025. The van has a current warrant of fitness and registration. Hot water temperatures are checked monthly in each area and records show a safe temperature is maintained. The building has radiant heaters in residents' rooms and hallways. All hand-washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication room, nurses' stations, kitchenettes, and main kitchen.</p> <p>Entry to the dementia unit is by electronic fob. The unit has one main lounge, dining area, and a domestic style kitchen. There is ample room for residents to walk freely and safely. The unit has been designed specifically for residents with a confused state. There is plenty of natural light, with large windows in each resident room. There is one main garden area with covered seating, raised vegetable and sensory gardens, and a circular walking path. The design of the dementia unit enhances the resident's freedom of movement, and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner.</p> <p>Throughout the facility there are handrails in bathrooms and hallways. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil defence planning guides direct the facility in their preparation for disasters, and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by Fire and Emergency New Zealand in October 2012. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest evacuation drill was completed in November 2025, and a record of attendance was sighted. The staff orientation programme includes fire and security training.</p>

		<p>Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water (a total of 50 000 litres of non-potable water [water purifying tablets are in the civil defence kits]), continence products, and a generator (which is checked monthly). All registered nurses and senior healthcare assistants have current first aid certificates. Staff demonstrated their understanding of emergency procedures.</p> <p>Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. These are checked monthly by the maintenance person, and records are entered into the internal audit folder. Residents and family/whānau confirmed staff respond to call bells promptly. The call bell system has recently been upgraded in some areas.</p> <p>Appropriate security arrangements are in place. The dementia unit is secure. External doors are kept locked, so that entry into the facility is by the front door during the day. This entrance is locked at night. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The Board approved these programmes, which are linked to the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection prevention and control coordinator, who reports to and can escalate any significant issues to management and the Board. Documentation reviewed evidenced recent outbreaks were escalated to the Board within 24 hours. Infection prevention and control are part of the</p>

		<p>strategic, quality and business plans.</p> <p>The service has access to an infection prevention and control nurse specialist from the local Health New Zealand and the nurse practitioner. Infection rates are presented and discussed at staff and registered nurse meetings. Data around infections is also reviewed by the management team and benchmarked. The Board receive reports on progress of strategic, quality and business plans relating to infection prevention; surveillance data; outbreak data and outbreak management; resources and costs associated with infection prevention and control; and anti-microbial stewardship (AMS), including any significant infection events.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid-19 vaccinations.</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 prevention and control (IPC) coordinator is a registered nurse (the unit coordinator) who leads, oversees, and coordinates the implementation of the infection control programme at Kimihia Home and Hospital. Infection prevention and control coordinator's role, responsibilities and reporting requirements are defined in the infection prevention and control coordinator's job description. The infection prevention and control coordinator has completed external education on infection prevention and control for clinical staff (August 2024 and February 2025). They have access to shared clinical records and diagnostic results of residents. The Board approved the infection prevention and control and anti-microbial stewardship programme that is linked to the quality system. The infection prevention and control programme has been reviewed and reported on annually (last completed January 2025).</p> <p>The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The infection prevention and control coordinator has input when infection control policies and procedures that have impact on healthcare associated infection risk are reviewed. Staff</p>

	<p>were observed following organisational policies, such as appropriate hand hygiene, use of hand sanitisers, isolation guidelines, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions, and were able to locate policies and procedures.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support a pandemic response plan if required. Staff have received infection control education at orientation and through ongoing training. Staff training includes hand hygiene procedures, donning and doffing protective equipment, standard precautions, environmental cleaning, and outbreak management. Records of staff education were maintained electronically. Infection control related audits were not completed as per schedule (2.2.2). Staff are advised not to attend work if they are unwell. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection prevention and control coordinator liaises with the clinical nurse lead and facility manager in procurement processes for equipment, devices, and consumables. The infection prevention and control coordinator, interviewed on the day of the audit, reported that there were processes in place for early consultation with the infection prevention personnel, in case of any new building or when significant changes are proposed to the facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused.</p> <p>To ensure cultural safety, the service ensures that kitchen linen is washed separately, and different face clothes are used for different parts of the body. There were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti. The infection prevention and control coordinator reported that residents who identify as Māori, are consulted on infection control requirements as needed. The service</p>
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		has printed off educational resources in te reo Māori for staff and residents, including hand hygiene posters.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures. The infection prevention and control coordinator (unit coordinator) monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates and antimicrobial usage rates are monitored monthly and reported to the staff and registered nurse meetings and the management team.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged unless clinically indicated, as reviewed by the nurse practitioner. At the time of the audit there were three residents on prophylactic antibiotics, which were regularly monitored by the nurse practitioner. Monotherapy and narrow spectrum antibiotics are preferred when prescribed. The nurse practitioner completes a six-monthly antimicrobial stewardship review, with the last completed in July 2025.</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>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme and is outlined in the Kimihia Home and Hospital Infection Control Policy Manual. Monthly infection data is collected for all identified infections, based on established signs, symptoms, and case definitions. All infections are entered into the electronic register, and surveillance data (including identified organisms) is collated into a monthly infection summary. This information is monitored and analysed for trends on both a monthly and annual basis. Ethnicity data is incorporated into surveillance to support accurate monitoring across diverse resident groups. Infection control surveillance outcomes are discussed at facility meetings.</p> <p>The infection prevention and control (IPC) coordinator described the</p>

		<p>process for developing improvement plans when required, noting that action plans are implemented whenever infection rates exceed expected levels. The service receives regular notifications and alerts from Health New Zealand, and all infection data is reported to the Board.</p> <p>Staff are informed of new infections during each shift handover and through progress notes and clinical records. Care plans are developed to guide the care of residents with infections. Processes are in place to isolate residents when required (observed on the day of audit), and family/whānau are kept updated. This was confirmed through sampled progress notes and resident and family/whanau interviews. Residents receive one on one education on infection-related topics, including hand hygiene, prescribed medications, and isolation requirements when applicable.</p> <p>There have been three outbreaks since the previous audit: Covid-19 in February 2025 and April 2025, and Norovirus in March 2025. All outbreaks were notified appropriately. Outbreak logs were completed, and outbreak meetings and debriefs were held to review responses, identify strengths, and highlight opportunities for improvement. Staff confirmed that adequate resources, including personal protective equipment, were available. Residents and family/whānau were kept well informed throughout each outbreak.</p> <p>Hand sanitiser is readily available for staff, residents, and visitors. Visitors are required to sign in on entry, and are reminded not to visit if unwell.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic</p>	<p>PA Low</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) which had personal protective equipment in</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>place, including goggles/face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed off site by an external contracted laundry service provider. All dirty laundry is sorted into appropriate colour coded bags by care staff and left at the external collection point for the contractor to pick up. There is a separate room / entry way for clean linen and resident laundry to be delivered back to the facility by the contractor. The clean/dirty areas are clearly defined for the pickup and drop off. There is a six-day receipt of clean laundry, which is sorted out and delivered to resident's rooms in trays by the staff. The numerous linen cupboards were well stocked.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have not been consistently maintained for daily and periodic cleaning. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available.</p> <p>Staff interviewed had good knowledge about cleaning and laundry processes and infection prevention and control requirements. The infection control coordinator has oversight of Kimihia Home and Hospital's testing and monitoring programme for the built environment through scheduled internal audits, that include those related to cleaning, laundry, and the environment. The were no completed internal audits to evidence compliance with expected standards (link 2.2.2).</p> <p>The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities. There were ongoing environmental upgrades which were closely monitored in relation to infection prevention and control at the time of the audit.</p> <p>Residents and family/whānau interviewed provided variable levels of satisfaction with the standard of cleanliness and laundry services.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe</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>practice specify Kimihia Home and Hospital is committed to providing a restraint-free environment to the best of their ability. This is supported by the governing body, management, and staff. The policy and procedures have been approved by the Board. The policy requires when restraint is considered, the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana enhancing. During the audit there were eight residents using restraints, all bedrails.</p> <p>The restraint coordinator is the clinical nurse lead. A job description is in place for the restraint coordinator role. The restraint coordinator stated their commitment to least restrictive practices is through ensuring residents needs are met through intentional rounding; regular toileting; implementing falls prevention strategies; use of equipment such as sensor mats and landing mattresses as examples; effective communication with family/whānau; and educating staff on maintaining safety for individual residents.</p> <p>There is a restraint committee in place comprised of the restraint coordinator, physiotherapist, nurse practitioner, and health and safety representative. Restraint use is reported at the monthly staff meetings, reported to the facility manager and the Board. The facility benchmarks their use of restraint against other Community Trusts in Care Aotearoa (CTCA).</p> <p>Training records demonstrate staff receive education on the restraint minimisation policy and procedures during orientation. Thereafter staff receive annual education on restraint minimisation, responding to distressed behaviour, and falls prevention. Staff complete an annual competency test.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices,</p>	<p>FA</p>	<p>Interview with the restraint coordinator and review of residents' files who use restraint show restraints are required to be approved by the restraint committee in consultation with family/whānau. Before approving a restraint, the service ensures all alternatives have been exhausted, including use of extra low beds, landing mattresses, sensor mats and clips, intentional rounding, and other falls prevention strategies. An assessment is completed first which</p>

<p>implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>includes the resident's previous experience with restraint, if there is an underlying infection (which is treated before applying restraint), any risks to the resident, potential benefits, cultural needs, and monitoring requirements.</p> <p>The restraint coordinator determines the frequency and extent of monitoring, which is based on the resident's needs and risks. Monitoring records show staff monitor resident's cultural, physical, psychological, psychosocial needs, and their wairuatanga.</p> <p>The restraint coordinator maintains a restraint register, which includes the following: name of the resident; type of restraint; reason for initiating restraint; alternatives tried; family/whānau support; outcome of the restraint (such as no falls); any adverse events related to the restraint; observations and monitoring; and evaluation (after one month of restraint use and then six-monthly).</p> <p>There is a procedure included in the restraint minimisation and safe practice policy for emergency restraint. The restraint coordinator stated emergency restraint has not been used in the time they have been in the role (two years). The emergency restraint procedure includes a requirement for debriefing.</p> <p>The one-month and six-monthly evaluations discussed in the restraint committee and with individual family/whānau include: the type of restraint used and whether this can be discontinued or modified (such as using one bed rail instead of two); whether the care plan details the interventions and support required and whether these were implemented; the impact of restraint to the resident, family/whānau and staff; whether the time using restraint was the least amount possible; what other alternatives are used and the effectiveness of these; the ongoing support and advocacy for the resident; whether monitoring is sufficient and effective; other options that could be tried as an alternative; any additional training required for staff; review of the care plan; staffing skill mix; and staff cultural competency.</p> <p>Staff meetings provide a forum for staff to discuss restraint.</p>
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<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee completes a six-monthly review of all restraint use as per the criteria in this subsection. Review of documents show the following is reviewed: monthly restraint number and type of restraint used; a summary of findings from evaluations; any trends; safety and effectiveness of restraint use; staff education and competency; health and safety oversight to mitigate risks to staff; whether monitoring is effective and holistic; that residents' rights are upheld; progress towards restraint elimination; whether there have been adverse outcomes; whether the policy and procedures are fully implemented; whether the restraint is still necessary or could be trialled to be removed; if alternatives to restraint are fully implemented; feedback from family/whānau and whether they are involved in all decisions; and any recommendations for additional staff training or other alternative that could be implemented to progress towards a restraint-free environment. The outcome of the six-monthly review is reported to the Board.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>The quality and risk management systems include performance monitoring through internal audits, through the collection, collation, and benchmarking of clinical indicator data. However, internal audits have not been completed as scheduled since last audit.</p> <p>Regular staff, quality, and registered nurse meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Review of meeting minutes shows that corrective actions are documented as indicated. However, there is no evidence of progress evaluation of the corrective actions or sign off when completed.</p>	<p>The internal audit programme has not been completed as scheduled.</p> <p>Meeting minutes do not always evidence progress on actions documented; whether they have been completed, in progress or pending.</p>	<p>Ensure that the audit programme is completed as scheduled.</p> <p>Ensure that outcome of actions is clearly documented in the meeting minutes.</p> <p>90 days</p>

<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>Review of care plans and interview with residents and family/whānau confirm active involvement of residents and family/whānau in development and review of long-term care plans. Resident files show care plans are implemented according to the assessed needs of residents and their preferences.</p> <p>Family/whānau confirmed a whānau ora approach is taken to ensure holistic care. Residents confirmed they are supported to maintain as much independence as they can. The service is inclusive of resident’s and family/whānau cultures and beliefs. Risk assessments for pain and falls risk, as examples, are an ongoing process. Any changes in resident’s health are reported to the registered nurse and documented in residents’ files.</p> <p>Five incidents were reviewed of unwitnessed falls; four did not have neurological observations as per policy. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. Monitoring reviewed was implemented as scheduled.</p>	<p>Neurological observations have not been completed as per the policy for unwitnessed falls, or where head injury is suspected in four of five incidents reviewed.</p>	<p>Ensure neurological observations are completed as per policy.</p> <p>90 days</p>
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p>	<p>PA Low</p>	<p>There are designated cleaners rostered seven days a week to provide cleaning services to all areas of the facility. Cleaners’ trolleys are attended to at all times and locked away in the cleaners’ cupboard when not in use. Review of the documented cleaning schedules demonstrate that they have not been</p>	<p>There is inconsistent documentation to evidence that daily and periodic cleaning schedules are implemented.</p>	<p>Ensure consistent documentation is in place to evidence sign off of the cleaning once completed.</p>

<p>(a) Methods, frequency, and materials used for cleaning processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>		<p>consistently maintained for daily and periodic cleaning. Review of the checklist on the electronic system that indicates the recleaning requirements and expected sign off when completed, showed that there was inconsistent documentation showing sign off when cleaning was completed.</p>		<p>90 days</p>
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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.