

# Kohatu Homes Limited - Kohatu Homes Limited

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## 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:** Kohatu Homes Limited

**Premises audited:** Kohatu Homes Limited

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 25 November 2025    End date: 26 November 2025

**Proposed changes to current services (if any):** The audit process was planned to include a partial provisional as the provider planned to reconfigure upwards of six rest home beds to dual purpose (rest home and hospital). The service withdrew their application for a partial provisional on the day of audit. Reference to a partial provisional audit is not referenced further in this report.

**Total beds occupied across all premises included in the audit on the first day of the audit: 20**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Kohatu Homes Limited (referred to in this report as Kohatu Homes) is owned and operated by an owner/director. Kohatu Homes is certified to provide rest home level of care for up to 24 residents. On the day of the audit there were 20 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand and Ministry of Social Development. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and their family/whānau; and interviews with the nurse practitioner, staff, and management.

The nurse manager and director are appropriately qualified and experienced.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified no shortfalls.

## Ō tātou motika | Our rights

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



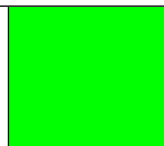
Subsections applicable to this service fully attained.

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

Kohatu Homes demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code), and complainants are kept fully informed.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Kohatu Homes has a governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy, and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The nurse manager efficiently manages the entry process to the service. There was an electronic system for monitoring entry to services. Residents were assessed before entry to the service to confirm eligibility.

The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrate individualised care. Files reviewed demonstrated care meets the needs of residents, and that these have been evaluated on a regular and timely basis.


Residents are supported to maintain and develop their interests and participate in meaningful activities, both in the service and in the community. Activities plans were completed in consultation with residents and their family/whānau. The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The service has a current food control plan.

Residents are reviewed regularly and referred to specialist services and to other health services as required.

## **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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Buildings, plant, and equipment are fit for purpose and comply with the legislation relevant to the service being provided. The environment is inclusive of people's cultures and supports cultural practices. The building holds a current warrant of fitness. The service ensures the electrical and biomedical equipment has been checked and assessed as required.

Internal and external areas are accessible and safe. External areas have shade and seating provided and meet the accessibility needs of residents. There are sufficient communal toilets and showers with appropriate signage. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells, which are within easy reach of residents. Residents and family/whānau report timely response to call bells. Security checks are performed by staff.

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

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

Subsections applicable to this service fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at clinical governance level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Comparison of data occurs within the organisation. There have been no outbreaks recorded and reported on since the last audit.

Laundry processes are monitored for effectiveness.

## **Here taratahi | Restraint and seclusion**

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

Subsections applicable to this service fully attained.

The service maintains a no restraint status. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A suitably qualified restraint coordinator, who is the nurse manager, leads all aspects

of restraint for the service. Staff receive education in the management of challenging behaviour, de-escalation strategies, and alternative interventions to restraint.

## 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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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. 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 and training for staff. Staff have completed training around Te Tiriti o Waitangi. Almost half of all employees identify as Māori.</p> <p>Kohatu Homes link with their own Māori staff, who can provide interpreting support or contact kaumātua within their iwi when required. Residents and family/whānau engage in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with two residents and three family/whānau. There are cultural assessments available that can be completed for residents who identify as Māori when admitted.</p> <p>Kohatu Homes focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents they care for. The nurse manager and director stated that they support increasing Māori capacity within the workforce, and will employ Māori</p>

		<p>applicants when they do apply for employment opportunities as vacancies become available. Employee ethnicity data is reported in the care home's dashboards.</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 seven staff (four caregivers, one kitchen manager, one cleaner, and one activity assistant); and two managers (the director and nurse 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>	FA	<p>The Pacific plan, which was developed with Pacific communities, supports culturally safe practices for Pacific peoples using the service. The facility is supported by a staff member who identifies as Pasifika and has ties with the Pacific community and church, and is available for advice, guidance and support as required. One Pacific staff member confirmed that the service considers the Pacific worldview when planning for care as needed.</p> <p>The Pacific health plan clearly sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the service appropriately. There were staff, but no residents who identified as Pasifika at the time of the audit.</p> <p>The service continues to strengthen relationships and seek guidance on its Pacific plan, thereby increasing its involvement in a collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people.</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-</p>	FA	<p>The Code is displayed in English and te reo Māori. The nurse manager (who is also the clinical manager) and the director (the owner) confirmed this is also provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>rights. Interviews with three family/whānau and two residents confirmed they are informed of their rights and their choices are respected.</p> <p>The policy around residents' rights document links to spiritual support. Residents attend communion services and church services as required. The service recognises Māori mana motuhake, and this is reflected in the Māori health care plan that is in place.</p> <p>Staff receive education on the Code at orientation and through the annual education and training programme. This includes (but is not limited to) understanding the role of advocacy services, which 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. Te Tiriti: Service providers commit to Māori mana motuhake. 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>Staff and management interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed, including one resident on the younger person with disability contract, reported they are supported to be independent and are encouraged to make a range of choices around their daily life, and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Residents are encouraged to have control and choice over activities they participate in, as evidenced in residents' care plans.</p> <p>The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no couples receiving service at the time of the audit.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are available according to resident need, and spiritual support</p>

		<p>is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whanau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation for staff covers the concepts of personal privacy and dignity.</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Caregivers interviewed described how they use te reo Māori when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living &amp; non-living things. Written information referencing Te Tiriti o Waitangi and tikanga is available for residents and staff to refer to.</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>Staff and management interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau, reported that their property and finances are respected, and professional boundaries were maintained. The nurse manager reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy</p>

		<p>applies to all staff, contractors, visitors, and residents.</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 manager, 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).</p>
<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>	<p>FA</p>	<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. This includes feedback from residents on the younger person with disability contract.</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). Ten accident/incident forms reviewed identified family/whānau are kept informed; 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 no residents who did not speak English. Staff interviewed advised they would use hand and facial gestures in addition to cue cards, google translate and family/whānau acting as translators for any residents who did not speak English if admitted.</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 service. The nurse manager described an implemented process around</p>

		providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies to guide the informed consent process. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations, and release of photographs. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms and advance directive forms were appropriately signed by the activated enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA and activation is on file.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori and English. A complaints register is being maintained, which includes all complaints, dates and actions taken.</p> <p>There is a complaint register template, which includes all complaints, dates and actions taken. There have been no complaints made since the previous audit. There have been no external complaints made.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process, and remarked that any concerns or issues they had, were addressed promptly and they were kept informed. Information about the support resources for Māori is</p>

		<p>available to staff to assist Māori in the complaints process. Interpreters contact details are available. The nurse manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation (when required).</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kohatu Homes is owned and operated by an owner/director who visits the site on a weekly basis. Kohatu Homes is certified to provide rest home care for up to 24 residents. On the day of the audit there were 20 residents in care, including three residents on a younger person with disabilities (YPD) contract. All of the remaining residents were on the age-related residential care (ARRC) contract.</p> <p>Kohatu Homes is managed by a nurse manager/RN, who is very experienced in their role, who confirmed knowledge of the sector, regulatory and reporting requirements. The nurse manager has been in the role for over 17 years, and has extensive background in health management in different sectors, including aged care and confirmed knowledge of the sector regulatory and reporting requirements and maintains currency within the field.</p> <p>The nurse manager provides clinical governance for the service. Samples of monthly reports to the owner/director showed adequate information to monitor performance is reported; this includes falls, infections, medication errors, skin tears, and staff training. The director confirmed they are able to review all adverse events and other quality data through the electronic care plan and quality system. Annual family/whānau and resident surveys ensure that the feedback from family/whānau and residents is considered and included as part of ongoing service planning.</p> <p>The nurse manager collates information pertaining to goals and performance in key areas in the strategic plan, including quality care and service provision, and achievement of financial targets. The business plan for 2025/2026 which cascades from the strategic plan, includes a vision and purpose statement and specific goals related to business and quality outcomes. The goals are reviewed monthly and documented in the quality meetings, and there is evidence of review and evaluation of the 2024 goals. Tāngata whaikaha provide feedback</p>

		<p>around all aspects of the service through resident meetings, and general feedback, including completion of satisfaction surveys. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The Māori health plan has been developed in partnership with iwi and community groups. This ensures that policy and procedure within the company and the governance body represents Te Tiriti partnership, addresses barriers to equitable service delivery, and improve outcomes to achieve equity for Māori. Staff, tāngata whaikaha and Māori family/whānau ensure cultural focussed goals are met.</p> <p>The director and all staff have completed annual training around Te Tiriti, health equity, and cultural safety as part of annual training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Kohatu Homes is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is entered into the electronic resident management system and analysed by the nurse manager and director.</p> <p>The meeting schedule is being implemented. A range of meetings are held regularly, including combined staff/quality meeting, which include health and safety and infection control, and also monthly management meetings. Discussion with staff and review of records demonstrated that all subsequent learnings from audits and accidents/incidents that occurred were reviewed through the staff and management meetings, to identify trends and learnings that could be used to affect change or influence practice.</p> <p>There are monthly staff/quality meetings; discussions include (but are not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Audit outcomes were reviewed, and required corrective action was followed up, showing service improvements. Internal audits are completed as scheduled. Any areas that require improvements are</p>

		<p>followed up and closed when compliance is reached.</p> <p>Residents and family/whānau' surveys were undertaken annually. The survey results of 2025 evidenced high satisfaction rates in all areas surveyed.</p> <p>There is a health and safety system in place with identified health and safety goals. The hazard and risk register detail the risk and how each risk is mitigated and controlled. These are reviewed annually and were up to date with risks currently in the service.</p> <p>All resident incidents and accidents are recorded on the electronic system. Ten accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the staff/quality meetings, the management meeting and at handovers. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse (RN).</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> <p>Discussions with the nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification and Severity Assessment Code (SAC) report submitted for a wandering resident.</p> <p>There have been no outbreaks reported.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Care staff reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. Rosters reviewed identified at least one staff member on duty who has a current first aid certificate and is medication competent.</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>Interviews with staff confirmed that their workload is manageable, and that management are supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The nurse manager (an RN) is available Monday to Friday and on-call cover. An alternative RN is available for when the nurse manager is away.</p> <p>There is an annual education and training schedule completed for 2024 and 2025. The education and training schedule lists compulsory training. Cultural awareness and safety is embedded in the education system. External training opportunities for care staff include training through Health New Zealand.</p> <p>Caregivers are encouraged to attain Careerforce training NZQA. Nine of twelve caregivers have attained a level three or above. All staff are required to complete competency assessments as part of their orientation and annually. Annual competencies and post learning questionnaires include (but are not limited to) medication, hand hygiene, falls, infection control, pain, and restraint.</p> <p>Staff welfare is promoted through provision of regular cultural themes and shared meals and staff meetings in this small close-knit home. Signage supporting the Employee Assistance Programme (EAP) is available.</p> <p>Kohatu Homes encourages collecting and sharing of quality Māori health information. The service works with Māori organisations and staff who 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</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</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. Each staff member's ethnic origin is documented in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Staff files (two caregivers, one activities coordinator, and one cook) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required.</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an 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 all new staff to provide a clinical and culturally safe environment for residents. All staff who have been employed for a year or more, have a current performance appraisal on file.</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 in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>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>FA</p>	<p>There are policies and procedures that guide staff in the management of information. Resident files and the information 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 nurse 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</p>

		<p>concerned.</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.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>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 person and whānau.</p>	FA	<p>Information about the services, accommodation options and costs are outlined in an information pack. The service website and information outlined on Eldernet provides up to date information pertaining to the service.</p> <p>Prior to entry, prospective residents and their family/whānau are invited to view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Policy and process had been followed in all resident files reviewed. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome.</p> <p>Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as needing rest home level care. Residents and family/whānau confirmed staff are respectful and communicate well with them during the admission process. Entry would only be declined if a prospective resident does not meet the entry criteria, or if there was no bed available. In this case, they are informed and referred to the NASC team. The nurse manager stated that decline is rare and they would keep in touch with any applicant if they were required to wait for entry.</p> <p>The service collects ethnicity data on facility entry and decline rates. This included specific data for entry and decline rates for Māori. The service has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting local Māori health service 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</p>	FA	<p>The nurse manager is responsible for all residents' assessments, care planning, and evaluation of care. Five resident files were reviewed, including one resident on a younger person with disability contract</p>

<p>wellbeing.  Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.  As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>(YPD). An initial assessment is undertaken by the nurse manager on admission, and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools.</p> <p>Within three weeks of admission, an interRAI assessment is completed and a long-term care plan is developed with input from residents, family/whānau, caregivers, and activities staff.</p> <p>The resident identified as a young person with a disability had a long-term care plan and full suite of assessments that were required. Their activity plan contained information pertinent to their younger age group and specific needs. The long-term care plans are developed by the nurse manager and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs, and aspirations, and interventions to address medical conditions.</p> <p>The nurse manager and activities coordinator explained that residents who identified as Māori have a Māori health care plan developed in conjunction with the activity's coordinator, which describes the support required to meet their needs. Cultural plans reviewed were comprehensively completed and documents the resident's iwi and community linkages in place.</p> <p>The nurse manager described how the service ensures there are no barriers so all residents have access to information and services required to promote independence, and how they work alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Resident files are fully integrated with all members of the team contributing to progress notes, including a physiotherapist, caregivers, general practitioner, podiatrist, and activities staff.</p> <p>The general practitioner assesses residents within five days of admission. Residents are then reviewed by the general practitioner on a three-monthly routine basis or more frequently if their condition changes. A general practitioner was interviewed and was complimentary regarding the standard of clinical leadership and care delivered. The nurse manager provides on-call support 24/7 for all operational and clinical issues and maintains overall responsibility for</p>
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	<p>the service. Residents can be referred to a physiotherapist as required.</p> <p>Contact details for family/whānau are recorded on the electronic system. Review of documentation and discussion with family/whānau evidenced that family/whānau/EPOA are informed where there is a change in health status. Policies and protocols are in place to ensure continuity of service delivery.</p> <p>Staff interviewed confirmed they are familiar with the needs of residents in the facility and that they have access to the supplies and products they require to meet those needs. Progress notes are entered daily. Staff receive handover at the beginning of their shift. This was witnessed and found to be adequate.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Monitoring of care is completed as required and stated in the care plans and include weight, blood pressure, bowels and food and fluid management. Neurological observations are recorded following all un-witnessed falls as per policy requirements. There were no pressure injuries at time of audit. Review of documentation and discussion with the nurse manager evidenced there were only minor skin tears on the wound register, which were being effectively and appropriately managed.</p> <p>A review of resident care occurs six-monthly. This includes input from the nurse manager, activity coordinator, caregivers, residents, and family/whānau. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term needs are identified, such as wounds or infections, a short-term care plan is developed and implemented.</p> <p>The service has implemented a quality initiative to ensure that any resident with weight loss is quickly identified, and processes put in place to address this, and ensure the best outcome possible for the resident. The team decided they wished to focus on unintentional weight loss as a quality improvement project. Interested care staff made themselves available to support the project. The group researched what programmes were available and what the best one would be to suit their resident cohort needs. They decided the most suitable programme was the “Betty Blue.” This programme ensures residents are regularly monitored for weight loss and are to have their</p>
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		<p>meals delivered on blue plates. The purpose of the project is to ensure that staff are aware the resident is on weight monitoring and ensure that they can observe and report resident food intake every meal. All residents put forward for the programme, and their family/whānau meet and discuss the programme and gain their consent prior to commencement. A “Betty Blue” champion was appointed, and they have responsibility for the day-to-day management of the programme in tandem with the nurse manager. The kitchen manager has also volunteered their time to be part of the project. The programme has been evaluated and the outcome to date has seen positive outcomes for residents with weight loss. These residents are now being managed swiftly and effectively with good engagement from staff, which has helped ensure successful outcomes for each resident. The programme has been extended to include newly admitted residents. This allows staff time and a focus on monitoring them post admission for any weight loss as they settle in and adapt to life at Kohatu Homes.</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>The activity coordinator has been in the role for four years and comes to Kohatu Homes with broad experience in aged care as a caregiver, and more recently as a diversional therapist. The activity coordinator is employed for 40 hours per week. Care staff support a basic activity programme over the weekends which is pre-set by the activity coordinator. Every fortnight a church service is held on site. The calendar is planned monthly. The calendar includes chair exercises, art and craft, baking, quizzes, word puzzles, and themed events, such as the Kings birthday, Mothers/Father’s Day, Matariki, and Waitangi Day. The activity calendar is available on whiteboards, printed and posted on the walls and given to residents. Staff remind residents of the activity programme for the day.</p> <p>Each resident has an activities assessment completed. The assessment is completed with the resident and family/whānau and used to develop an individualised plan for all residents. The cultural, social, spiritual, and activities section of the long-term care plan is completed within three weeks of admission, and reviewed at least six-monthly at the same time as the long-term care plan. The activities coordinator documents the social and cultural profile which includes the resident’s past hobbies and present interests, likes and dislikes, career,</p>

		<p>and family/whānau connections. The Māori residents' cultural profiles are comprehensive and incorporate the pathway that was followed to re-establish or maintain the residents' connections with their iwi. The service actively promotes and encourages opportunities to participate in te reo Māori every day, incorporating Māori language in regular activities, entertainment and singing, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as hand massage, hand pampering, book reading, and reminiscence. The activity programme is held in the main lounge which is central to the home. Photos of previous activities adorn the walls. Residents are encouraged to join in activities that are appropriate and meaningful. Interview with the activities coordinator and review of documentation confirmed that the programme accommodates the needs of the YPD residents and how they are supported to maintain and create new community connections. There are regular van drives for residents, outings, and regular sessions with entertainers visiting the residents. The activity programme sighted during the audit evidenced high attendance and resident engagement.</p> <p>A newsletter is produced quarterly. This captures past events, with information about upcoming events and is shared with family/whānau as well as residents. There are regular family/whānau and resident meetings. Meeting minutes sighted evidenced high attendance. Family/whānau are encouraged to attend. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide feedback on activities during one-to-one sessions, at the meetings and three/six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. Policy and procedures for medication management align with current guidelines and legislation. An electronic system is in place for</p>

<p>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>prescribing and documenting administration. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The caregivers interviewed could describe their role regarding medication administration. The service uses blister packs for medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in the medication cupboard. The medication trolley is locked when not in use. The medication fridges and medication room temperatures are monitored. All temperature records reviewed showed that the temperatures are within acceptable ranges. All eyedrops have been dated on opening and discarded as per manufacturer's instructions.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were no residents self-administering on the day of audit. The nurse manager confirmed there is a process and policy in place, should a resident wish to self-administer their medications in the future. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system and in progress notes. Medication competent caregivers document the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The nurse manager described the process 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 supported to understand their medications when required.</p> <p>Over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the general practitioner and charted on the medication chart.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen team also supply meals on wheels for the local community five days per week. The kitchen manager (interviewed) works full time. Part-time cooks cover for two days each week. They are supported by part-time kitchen hands seven days per week. A review of staff training records evidenced that all kitchen staff have completed a broad range of education/training sessions relating to food handling, including tikanga Māori, tapu and noa.</p> <p>The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring April 2026. Dry ingredients remain in their original packaging but are dated on opening. The kitchen manager stated they do not decant food to other containers to prevent any mixing of old and new contents. Where required, the packaging was enclosed in a container to maintain freshness.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian in September 2024. The kitchen manager receives resident dietary information from the nurse manager and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager is aware of resident likes, dislikes, and special dietary requirements. Resident profiles had been reviewed within the six-monthly resident review process, or as and when required. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented.</p> <p>The kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen manager and activities coordinator identify as Māori and contribute to and ensure tikanga is followed across all aspects of the food service. The kitchen manager and activities coordinator described that the residents and staff partake in a "boil up" on a regular basis, which residents and staff reported they look forward to. Photos captured a hangi which was organised during the Matariki celebrations.</p> <p>The service uses an electronic system to record monitoring of temperatures. Daily records include fridge and freezer temperature</p>
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		<p>recordings in kitchen and storage areas. 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, as evidenced on completed electronic records. Meals are served directly to residents in the dining room or taken to residents in other rooms. Residents were observed enjoying the social aspect of their meals. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety, and choice of meals provided. They can offer feedback directly to kitchen staff who mingle with the residents daily post the lunch meal, at resident meetings, or via the resident survey process.</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 higher level of care. Discharge and transfer are generally planned processes that are communicated with residents and their family/whānau. Residents/family/whānau are advised of options to access other health and disability services, social support, or Kaupapa Māori agencies, if indicated or requested. When residents are transferred to the public hospital, their family/ whānau is informed. Relevant documentation is sent with the resident, including a printout of their current medications, care needs, and next of kin details.</p> <p>Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to a dietitian. Residents attending external appointments are encouraged to be accompanied by their family/whānau. Any risks are communicated to the external health provider by the nurse manager and documented in the file.</p>
Subsection 4.1: The facility	FA	<p>The building holds a current warrant of fitness through to March 2026. Buildings, plant, and equipment are fit for purpose and comply with</p>

<p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>A health and safety programme was implemented to ensure the safety of residents, staff, and all visitors. Maintenance is overseen by the health and safety champion in tandem with the nurse manager (interviewed). A local external contractor fulfils all aspects of the maintenance programme for all day to day and planned maintenance. Interview with the health and safety representative, nurse manager, and review of documentation evidenced the service has a robust system in place for the effective management of all planned and day to day repairs.</p> <p>Essential contractors/tradespeople are available 24 hours per day and brought in when required. There is a maintenance request book for repairs and maintenance requests in the nurses' station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs as per policy. Records reviewed evidenced acceptable temperatures. A corrective action plan was sighted for when anomalies had occurred, and temperatures were above normal. Calibration of medical equipment has occurred as planned.</p> <p>The building is a single level. Outdoor areas are easily accessed by residents with mobility aids. There is outdoor furniture and shade available. The facility has wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There are no shared rooms. Bathrooms, and service areas have vinyl surfaces. There are adequate storage areas for mobility equipment. All resident rooms are single occupancy and are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit.</p> <p>There is central heating across the facility. All heaters in resident rooms can be individually adjusted to suit individual preferences. All resident rooms have external windows and are well ventilated. The facility has</p>
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		<p>plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. Furniture is arranged to create a homely and welcoming environment. Resident bedrooms include a mix of handbasin and toilet, and standard rooms where residents use all communal facilities. There are adequate communal toilets and showers for residents and dedicated staff and visitors' toilets. All rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids.</p> <p>The facility has two resident vans, one of which is brand new and has capability to take wheelchairs. Both vehicles have current registration and warrant of fitness. The need to ensure any changes made to the facility have a co design approach with local Māori is well known.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies outline specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated March 1995. Fire evacuation drills are held six-monthly as per schedule, with high staff attendance noted in documentation reviewed.</p> <p>Civil defence supplies are stored in identified cupboards and checked regularly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators. There is a service agreement with a local contractor that outlines that the service will be provided with a generator if required (sighted). The kitchen can provide basic support with gas hobs and a barbeque for cooking. There is adequate food supply available for each resident for minimum of three days. The provider has water tanks on site holding 2,000 litres, plus there are bottled water supplies maintained in the civil defence cupboards providing sufficient water supplies to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is</p>

		<p>always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night by staff. Security cameras are in place in communal areas (internal) and strategically placed externally to monitor main entry and exit points. Family/whānau are informed of emergency procedures as part of the admission process for their relative. Staff confirmed an awareness of the process to follow, should an emergency event occur.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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 organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The nurse manager and director approved these programmes, which are linked to the quality improvement system. The infection control programme is reviewed annually.</p> <p>Infection rates are presented and discussed at staff/quality meetings and management meetings. Infection prevention and control are part of the business, risk, and quality plans.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from the local Health New Zealand.</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. 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. As service providers: We develop and implement an infection</p>	FA	<p>The infection prevention and control (IPC) coordinator is the nurse manager (an RN) who leads, oversees, and coordinates the implementation of the infection control programme. Infection prevention and control coordinator's role, responsibilities and reporting requirements are defined in the infection prevention and control coordinator's job description. The IPC coordinator has completed external education on infection prevention and control for clinical staff.</p> <p>They have access to shared clinical records and diagnostic results of</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>residents. The management team (governance body) approved the infection prevention and control and antimicrobial stewardship programme that is linked to the quality improvement system, and reflects the strategic direction of the organisation.</p> <p>There is an infection, prevention, and antimicrobial programme and procedure developed by an external consultant. The infection control manual outlines a comprehensive range of policies, standards and guidelines, and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. The infection control programme is reviewed, evaluated, and reported on annually.</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 annual education sessions and competencies. The training includes hand hygiene procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell. Education with residents is on an individual basis and includes reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection and control coordinator (nurse manager), liaises with the director in procurement processes for equipment, devices, and consumables. The nurse manager 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 an existing 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>
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<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>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity.</p> <p>Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The annual infection control review and the infection control audit include antibiotic usage, effectiveness, isolated pathogens, and adverse effects.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged unless clinically indicated, as reviewed by the nurse practitioner.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Infection Preventions Standards (IPS) manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database, and surveillance of all infections (including organisms) is collated onto a monthly infection summary. The nurse manager is the infection prevention and AMS facility lead (infection prevention coordinator) and has completed training in infection prevention and control. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance is discussed at the staff handovers, staff/quality meetings, and management meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>Infections, including outbreaks, are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education is completed by the nurse manager, and staff completed hand hygiene competencies annually. There have been no</p>

		<p>outbreaks documented since the previous audit.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed, and requirements if appropriate for isolation.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the care home. Visitors to the care home sign in at entry to the building, and are requested 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 environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. There is sufficient PPE available which included masks, gloves, face shields, and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed.</p> <p>Residents' laundry services are completed onsite. There is a designated area for dirty and clean laundry. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys and residents confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	<p>FA</p>	<p>The organisation and service are committed to providing services to residents without the use of restraint. The policy describes that any use of restraint is minimised and only used if the safety of the resident is compromised and all alternatives have been explored. At time of audit there were no residents using any form of restraint, nor has restraint been used for several years.</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>Despite the service being restraint free, restraint is discussed at the staff meetings to remind staff of the organisation's commitment to least restrictive resident care and to remind of upcoming training. Restraint was understood by the staff interviewed, who also described their commitment to caring for residents in the least restrictive manner.</p> <p>The approval for any use of restraint would be put forward to the family/whānau, nurse manager and general practitioner. The team would consider the method of restraint, guidelines, education of staff, observations, and evaluation, plus ensure the correct equipment was used.</p> <p>The nurse manager is the restraint coordinator. There is a job description in place that outlines the role. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme for new staff.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.