

# Waireka Lifecare Limited - Waireka

---

## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Waireka Lifecare Limited
<b>Premises audited:</b>	Waireka
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
<b>Dates of audit:</b>	Start date: 5 November 2025      End date: 5 November 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	58

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

New Zealand Aged Care Services Ltd (Waireka Lifecare) provides rest home, dementia, hospital and residential physical disability services for up to 61 residents. Since the provider's certification in April 2024, a 10-bed dementia unit has opened in the facility.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau/family members, managers, and staff. Interviews with available staff were conducted.

The eight corrective actions required from the previous audit have been addressed, with improvements made to the board addressing barriers to equity, including for tāngata whaikaha, ensuring appropriate diversional therapist time, and trained staff being rostered in the new dementia unit, recording residents' information in one central location, having a biennial review of the menu by a dietitian, and addressing building and environment issues in the new dementia unit. No new areas for improvement have been identified.

## 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.

Waireka Lifecare (Waireka) works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

There are systems for Pacific peoples to be provided with services that recognise their worldviews and are culturally safe.

Waireka ensures residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Service providers maintain professional boundaries, and there was no evidence of abuse, neglect, discrimination, or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably, and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

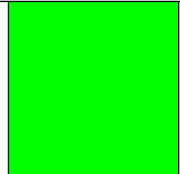
The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## 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.
---	---	--


Waireka works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who are competent to do so.

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

Residents were referred or transferred 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.
---	---	--

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

The environment is safe and secure and meets the needs of residents.

## **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.

Waireka had a documented infection prevention (IP) programme that has been developed by those with IP expertise, has been approved by the governing body, New Zealand Aged Care Services (NZACS), was linked with the quality improvement programme, and was reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme was appropriate to the size and setting of Waireka, using standardised surveillance definitions, with an equity focus.

## **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 aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were four residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, and alternative interventions, and demonstrated effective practice.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	0	0	0	0
Criteria	0	53	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>New Zealand Aged Care Services Ltd (NZACS) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Policies, including governance documents, state that the NZACS Board is committed to fulfilling its obligations and responsibilities under Te Tiriti o Waitangi, and aims to embed and enact aspects of Te Tiriti within all its work.</p> <p>The Waireka care home manager (CHM) reported that a specific Māori health templated personal plan is used for residents who identify as Māori. This template includes consideration of te ao Māori values and beliefs. The use of this template was confirmed during review of residents' care plans. See subsection 3.2. Mana motuhake is respected. The CHM also discussed their informal partnerships with the local marae and high school to support service integration for Māori. The relationship with the high school includes its kapa haka group visiting the facility for events such as Matariki and taking part in the blessing of the new dementia unit.</p> <p>Mana motuhake is respected. Partnerships have been established with the local marae to support service integration, planning, equity approaches, and support for Māori. There were three Māori residents at the time of</p>

		audit, and those interviewed felt culturally safe.
<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 NZACS Board is committed to fulfilling its obligations and responsibilities as described in Ola Manuia: Pacific Health and Wellbeing Plan 2020–2025. The service has policies and on-site processes, including a cultural assessment tool, to promote cultural safety for Pacific peoples. There is a personal plan template for Pacific peoples that is available to use when needed. This includes consideration of Pacific worldviews, and cultural and spiritual beliefs. The CHM was able to describe these processes. The nearest Pacific community agencies are in the Manawatu and can be accessed when required.</p> <p>On the day of the audit, there were no Pacific peoples residing at Waireka and there had not been for some time.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Waireka staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>The Code was included in the information pack provided to residents and whānau on admission and was visible at reception. All residents and whānau interviewed reported being made aware of the Code and the Advocacy Service and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Residents of Waireka receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by a code of conduct, house rules, an employee handbook, policies, and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Clothing is labelled on admission to Waireka, and residents reported that their property was respected. A trust fund option is offered to residents and whānau to protect residents' personal expenses. Residential fees are managed through the NZACS support office.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code, and this was supported by the documentation reviewed.</p> <p>All residents receiving dementia services had an enduring power of attorney (EPOA) that had been enacted or a welfare guardian documented.</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>At interview, the CHM described their responsibilities for complaint management, communication with complainants, and coordination with the NZACS support office on the progress of complaints, when required.</p> <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>The CHM described the ways they work equitably for Māori. This includes the option to meet with whānau kanoahi ki te kanoahi (face-to-face), and any other option that they prefer. There was evidence of this in the complaints register and associated records.</p> <p>Three complaints had been received since the previous audit. This included one from the Nationwide Advocacy Service and two directly to the service. Activity on all three had occurred within the timeframes of the Code, with respectful and empathetic communication with complainants.</p>

		<p>Both complaints made directly to the service had been satisfactorily resolved.</p> <p>The Nationwide Advocacy Service had closed its investigation, and with the agreement of the complainant had handed over implementation of the agreed actions to the care home manager (CHM). Records were reviewed that demonstrated that this was occurring as quickly as possible and the complainant was being kept informed of progress.</p> <p>There have been no other complaints received from external sources.</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>NZACS is a provider of aged care services across New Zealand. At the time of this audit, Waireka was one of ten facilities owned by the group. There is a current organisational chart that shows the provider's structure. This is included in each facility's annual business plan. The plans contain the company values, an overview of the facility with its scope and purpose, and competitor analysis. Goals are linked to the Māori and Pacific peoples' health plan, a community and stakeholder engagement plan, and key financial performance metrics.</p> <p>The managing director, board, and executive/senior leadership team are kept informed by progress reporting and information collected and collated from each of the facilities. A range of these reports from 2025 were reviewed with the CHM, who also confirmed the reporting structure and process.</p> <p>A general manager operation and clinical (GMO&amp;C) liaises with each care home manager and clinical nurse leader. Other roles in the support office include finance, HR, and a quality assurance coordinator. The directors, board, and executives regularly receive reports on Māori, Pacific peoples, and tāngata whaikaha health indicators, Māori and Pacific employee indicators, and matters that impact equity or access for Māori, Pacific peoples, and tāngata whaikaha. At interview, the GMO&amp;C confirmed they receive monthly reports from Waireka which are collated into their own reports to the board. A sample of these reports were reviewed from August to October 2025 and included data from Waireka, which was consistent with other records reviewed on site. Previous areas for improvement have now been addressed (criteria 2.1.6 and 2.1.7).</p>

		<p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to the clinical governance group and monitoring of resident safety and clinical indicators. At interview, the clinical nurse leader (CNL), who is also the restraint coordinator (RC), confirmed that they are well supported by the senior leadership team and clinical governance structure in the organisation.</p> <p>Waireka is managed by a CHM and a CNL. There have been no changes to the management team since the April 2024 certification audit report. The CHM was present and supported by the CNL, facility administrator, and registered nurses (RNs) on duty on the day of the audit. A group of four staff members were also interviewed.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral (Te Whatu Ora MidCentral), the Ministry of Social Development (Whaikaha) for people under 65 years of age at entry to the service, and individual contracts with the Accident Compensation Corporation (ACC) for rest home, hospital, residential care physical disability, respite care, and dementia services.</p> <p>On the day of the audit, 58 residents were receiving services, with 27 residents funded for rest home-level care, 21 funded for hospital-level care, and 10 residents in the recently opened dementia unit.</p> <p>Of the 27 residents receiving rest home-level care, one resident was funded through their respite/short-term care contract with Te Whatu Ora MidCentral, and another two were funded through their Whaikaha contract. Of the 21 residents funded for hospital-level care, one resident was funded through Whaikaha, and four residents were funded through individual contracts with ACC.</p> <p>All of the 10 residents in the dementia unit were funded through Te Whatu Ora MidCentral.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. The Waireka CHM reported that this is summarised in the business plan (June 2025–2026). This includes key performance indicators (KPIs), incidents and complaints, internal audit activities, monitoring of outcomes, policies and procedures,</p>

<p>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>clinical incidents including infections, falls, and restraint use.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Evidence of these were reviewed with the CHM. Progress against quality outcomes is evaluated regularly. The CNL discussed this process, which occurs quarterly through the registered nurse (RN) meetings. Evidence of the quality indicators from the business plan being evaluated was evident in the meeting minutes.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The CHM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. These are documented in the Business Continuity Plan and the associated hazard register. Both were current and had been recently reviewed.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. There is oversight from the NZACS support office, and when necessary, adverse events are escalated to senior staff members.</p> <p>Both the CHM and CNL understood their responsibilities for essential notification reporting and have complied with these requirements. All such reporting is made through the NZACS support office, with copies maintained in the electronic file system. Examples of essential notifications were reviewed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). This allows the CHM and CNL to adjust staffing levels to meet the changing needs of residents.</p> <p>All registered nurses (RNs) and some additional staff hold first aid certificates. This ensures that at least one staff member on each duty has a current first aid certificate. There is 24/7 RN coverage in the hospital.</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>The CHM is responsible for preparing the fortnightly rosters. They described this and how the organisation's safe staffing model is used. Review of the rosters for four weeks, prior to and including the day of the audit, confirmed that staffing levels met the requirements of current residents, and the provider's safe staffing policy. A range of staff members interviewed confirmed that they can complete their assigned work in the time available. Residents and whānau interviewed supported this.</p> <p>Requirements for staffing in the recently opened dementia unit were also reviewed. Appropriate staffing is planned in the rosters and was observed on the day of the audit. This included a diversional therapist's time dedicated to the unit. A previous area for improvement is now addressed (criterion 2.3.1).</p> <p>The employment process, which includes a job description defining the skills, qualifications, and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>NZACS plans continuing education on a biennial basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Training delivery and competency assessment are implemented at the facility by the CHM and CNL. Both were able to describe the system at interview. A sample of five staff members' personnel documents were reviewed. Records demonstrated completion of the required training and competency assessments and confirmed the processes reported by the CHM. Staff stated that they were well supported with development opportunities.</p> <p>Care staff have either completed or commenced a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreement with its funders. The Waireka CHM is a qualified assessor for Level 2 NZQA certificates, and the CNL at a nearby NZACS facility is an assessor for Levels 3 and 4. This enables staff members to be assessed in a timely way, and thereby the completion of qualifications.</p> <p>Staff working in the dementia care area have either completed or are enrolled in the required education. There are eight caregivers allocated to work in the dementia unit. Of these, four already have the Level 4 Unit Standards specified in the provider's contract for the provision of dementia services. The remaining four are enrolled in study to complete them. This</p>
---	---

		addresses a previous area for improvement (criterion 2.3.2).
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The sample of staff records (five) was reviewed, and confirmed that the organisation's policies are being consistently implemented. This included evidence of qualifications and registration (where applicable).</p> <p>The CHM and CNL share the recruitment of staff, depending on the vacancy being filled. Reference checks are completed by the recruiting manager, along with verification of qualifications. Records of practising certificates for employed and contracted health professionals are maintained. These were reviewed and were current on the day of audit.</p> <p>Staff reported that the induction and orientation programme prepared them well for their role, and evidence of this was seen in files reviewed. The programme includes an introduction to the facility, the new recruits' area of work, and the fundamentals of providing care and support to older people.</p> <p>The CHM reported that there are opportunities to discuss and review performance at three and six months following appointment, and annually on the anniversary of the employees' commencement of work. This was confirmed in records reviewed. A system to review performance in a timely way was observed and was consistent with the records sighted.</p>
<p><b>Subsection 2.5: Information</b></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>	FA	<p>Waireka has implemented a facility-wide electronic residents' system, which integrates residents' health and support records and has access to a centralised system for policy and data sharing across the wider organisation. Clinical notes were current, integrated, and legible, and met current documentation standards. Information is accessible to all those who need it. Quality and equity data were collected, with all organisational data maintained on a shared drive with tiered, secured passport access for staff, addressing the previous CAR (criterion 2.5.2)</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considered wider service integration where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan, and review timeframes meet both contractual and policy requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Three family members interviewed confirmed that they were aware of the Code of Rights and had consents explained to them. They believed their family members were respected and had no cause for concerns for their welfare. One family confirmed that the food met their expectations and was enjoyed by their family member. They would have liked to see the activities programme continue into the weekend.</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</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. Medicines stored were within the recommended temperature range.</p>

<p>practice guidelines.</p>		<p>The required stock checks had been completed, including the six-monthly controlled drug review.</p> <p>Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Review of resident files and interview with staff confirmed that self-administration of medication was facilitated for limited medicines and was managed safely.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. The biannual menu has been implemented, with dietitian review confirmed by letter on 24 May 2025, addressing criterion 3.5.1 which was a previous area for improvement.</p> <p>Staff reported that they had 24/7 access to food and fluids for all residents requiring dementia level care.</p> <p>Evidence of resident satisfaction with meals was verified through resident and whānau interviews, satisfaction surveys, and resident meeting minutes.</p> <p>The service operates with an approved food safety plan and registration with an expiry date of 29 January 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p>	<p>FA</p>	<p>Waireka ensured that transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. The identify, situation, background, assessment and recommendation (ISBAR) tool was used to notify the general practitioner of concerns. Discharge or transfer was safely managed using the pink and white transfer envelope containing vital</p>

<p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>resident information.</p> <p>Documentation supported whānau being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This includes a current building warrant of fitness that expires on 27 August 2026, electrical and biomedical testing completed in October 2025, and a regular maintenance programme managed by a facility staff member.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The newly opened dementia unit was well presented, tidy, light, and airy, and had been repainted inside and out. New artwork had been purchased and hung in the hallways and communal areas. Residents have their own art and/or personal items in their rooms. A previous area for improvement has been addressed (criterion 4.1.2). This required that improvements were made to the external area to ensure that it was safe for the residents. This work, along with additional planting and refurbishment of the garden, had been completed.</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>Since the previous audit, an area that had previously been a dementia unit and then converted to non-dementia care had been returned to a secure area. The dementia unit is situated at the end of one wing and includes two separate lounges/dining areas, a staff/nurses' station, 10 bedrooms and bathrooms. There are also two exterior doors, one which exits into the secure garden where there is locked gate between the larger garden of the care facility.</p> <p>No structural changes were made to the building. A fire consultant/contractor was engaged and had determined that the previously approved evacuation scheme did not need to be changed, as the existing means of escape and exits were being maintained. This is described in the</p>

		<p>provider's certification audit report of April 2024.</p> <p>An area for improvement was identified at the certification audit to install the recommended magnetic locks on the internal door, external doorway, and garden gate. This area for improvement is now addressed (criterion 4.2.1). Confirmation of the installation of the locks was seen during this on-site audit and the consultant's final letter and sign-off after installation – dated 31 January 2025.</p> <p>The most recent fire evacuation practice occurred on 19 August 2025 and was supervised by a local Fire and Emergency New Zealand (FENZ) representative. All areas of the facility were evacuated, with residents and staff in the dementia unit evacuating into the unit's garden area and other residents and staff members to the identified assembly point.</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>	FA	<p>Waireka's infection prevention and control coordinator (IPCC) is a registered nurse, and with support from the clinical nurse leader (CNL) was responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body, NZACS. The programme was linked to the quality improvement programme and was reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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</p>	FA	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and, was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme were shared with staff and reported to NZACS and benchmarked with other group facilities.</p> <p>There have been no infection outbreaks since last audit. Learnings from</p>

<p>and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>previous events were embedded in practice.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by a member of the executive leadership at operational level. Any use of restraint is reported to the governing body through the clinical governance group.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. There is a restraint competency that all staff complete. Staff members interviewed confirmed that there is no inappropriate use of restraint.</p> <p>At the time of audit, four residents had restraints in use. The CNL reports on their restraint use and ensures that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. At interview, the CNL confirmed that all possible alternatives to restraint use are explored before a decision is made to utilise a restraining device. They gave examples of the service ensuring that the dignity of residents is maintained when restraints are in use.</p>

## Specific results for criterion where corrective actions are required

---

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

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

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

No data to display
--------------------

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

---

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

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

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

No data to display
--------------------

End of the report.