

# Rahiri Lifecare Limited - Rahiri

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## Introduction

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

The audit has been conducted by 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>	Rahiri Lifecare Limited
<b>Premises audited:</b>	Rahiri
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 4 November 2025      End date: 4 November 2025
<b>Proposed changes to current services (if any):</b>	Request for change in designation of two rest home–level rooms to dual-purpose and conversion of a storeroom to become an additional rest home–level room to bring the provider’s total number of certified rooms to 50.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	47

# 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
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 (Rahiri Lifecare) provides rest home, hospital and dementia services for up to 49 residents. The proposed change in use of 12 hospital-level care beds into a second dementia unit planned at the provider's April 2024 certification audit has not occurred.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau/family members although only a few were available/agreed on the day of audit, managers, staff, and the nurse practitioner. Due to travel and time available on site, there was limited time available to interview staff members.

Of the nine corrective actions required from the previous audit, six have been addressed, with improvements made to the governance board addressing barriers to equity, the facility having a current risk management plan, analysis of systems to improve equity, recording of residents' information in one location, completing six-monthly controlled drug checks, and having a biennial review of the menu by a dietitian. As a result of this audit, one new corrective action was identified, relating to the conversion of a store room into a rest home room, and the refurbishment works that need to be completed prior to occupancy.

The remaining three areas for improvement have not been addressed because they are no longer required. At the previous audit, the provider was intending to open a second, separate dementia unit. Since then, plans have changed and the new dementia unit has not been opened. Areas relating to rostering of time for the activities coordinator in the new unit, relevant training for newly recruited staff for the unit, and the installation of appropriate locks have not been progressed for this unit as they were not required.

## 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.

Rahiri Lifecare 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 were systems for Pacific peoples to be provided with services that recognised their worldviews and were culturally safe.

Residents and their whānau were 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 forms of 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. An orientation and induction programme is implemented, as are regular performance reviews.

## 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.

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

## **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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is 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 the service, 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 no restraints in use 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	19	0	1	0	0	0
Criteria	0	53	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>New Zealand Aged Care Services (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 of its work.</p> <p>The Rahiri Lifecare (Rahiri) 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 local iwi to support service integration for Māori.</p> <p>There were four Māori residents at the time of audit, and those interviewed felt culturally safe.</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</p>	FA	<p>The NZACS Board is committed to fulfilling its obligations and responsibilities as described in Ola Manuia: Pacific Health and Wellbeing Plan 202 –2025. The service has policies and on-site processes, including a</p>

<p>enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>cultural assessment tool, to promote cultural safety for Pacific peoples.</p> <p>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.</p> <p>On the day of the audit, there were no Pacific peoples residing at Rahiri. There are three Pacific staff members working across the facility.</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>Rahiri 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. A representative of the Nationwide Health and Disability Advocacy Service (Advocacy Service) has visited the facility and provided on-site training for staff. Staff were also encouraged to access the Health and Disability Commission's online learning portal.</p> <p>The Code was included in the information pack given 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 Rahiri 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>Residents reported that their property was respected. A comfort fund was maintained by administration to support small amounts of residents' cash. All fees are managed through the New Zealand Aged Care Services (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 requiring dementia level care had an enacted enduring power of attorney (EPOA) or 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>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>Three complaints were recorded on the register since the last on-site audit. Records showed that complainants had been informed of findings following investigation and that the timeframes of the Code had been met. Communication sighted was respectful and empathetic.</p> <p>The service assures that the process works equitably for Māori by providing options to meet with whānau, kanohi ki te kanohi (face-to-face), and any other option that they prefer.</p> <p>There have been no complaints received from external sources since the previous audit.</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</p>	<p>FA</p>	<p>NZACS is a provider of aged care services across New Zealand. At the time of this audit, Rahiri 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 plan includes the</p>

<p>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>company values, an overview of the facility with its scope and purpose, and a 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 through regular progress reporting and information collected and collated from each of the facilities. A range of Rahiri's reports from 2025 were reviewed with the CHM, who also confirmed the reporting structure and process.</p> <p>A general manager operations and clinical (GMOC) 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 and Pacific health indicators, Māori and Pacific employee indicators, and matters that impact equity and access for Māori, Pacific peoples, and tāngata whaikaha. At interview, the general manager operation and clinical confirmed that they receive monthly reports from Rahiri, which are collated into their own reports to the board. A sample of these reports were reviewed from August to October 2025 and included Rahiri's data, which was consistent with other records reviewed on site. A previous area for improvement is now addressed (criterion 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 CHM, who is also the infection prevention control coordinator (IPCC) and the restraint coordinator (RC), confirmed that they are well supported by the senior leadership team and clinical governance structure in the organisation.</p> <p>Rahiri is managed by a CHM and a clinical nurse leader (CNL). There have been no changes to the management team since the April 2024 certification audit. On the day of the audit, the CNL was on annual leave. The CHM was present, supported by the facility administrator, and registered nurses (RNs) on duty on the day of the audit. Due to travel arrangements, there was limited time on site, and a small number of staff members were interviewed. Similarly, only a small number of residents and family/whānau were available or agreed to be interviewed.</p>
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	<p>The service holds contracts with Health New Zealand Te Pae Hauora o Ruahine o Taranua MidCentral (Te Whatu Ora MidCentral) for rest home, hospital, respite, and a mentally well contract; 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).</p> <p>On the day of the audit, 47 residents were living at Rahiri: 20 at rest home-level care, 18 at hospital-level care, eight at dementia-level care, and one private-paying resident. Of the 18 residents receiving hospital-level care, one resident was funded through the respite contract, one resident was funded through ACC, and another through Whaikaha. The private-paying resident had been assessed and was not eligible for subsidised care but was unable to continue living independently.</p> <p>The CHM reported that the plan to convert an area of 12 hospital-level bedrooms with an associated lounge/dining area to accommodate additional dementia care residents has not progressed. On the day of the audit, there were no current plans to continue with this plan.</p> <p>On the day of the audit the provider requested that the following changes to rooms be considered. At the time these had not been notified to HealthCert:</p> <p>The facility's rooms are currently certified for the provision of care with the following allocations: eight beds for dementia-level care in a dedicated unit, twelve hospital-level care in a designated wing in the building, and three rooms at rest home-level care and twenty-six rooms for dual-purpose use throughout the rest of facility.</p> <p>Rahiri seek to redesignate two rest home-level bedrooms (room nos. 39 and 40) to dual-purpose use, and to convert an existing storeroom to a rest home-only bedroom. See sub-section 4.1 for comments on the proposed changes to these three rooms. Conversion and use of the storeroom would bring the provider's total number of certified rooms to fifty.</p> <p>Change in designation of the two rest home bedrooms to dual purpose use would bring the provider's total number of dual-purpose beds to twenty-eight and reduce the facility's rest home-only beds to one, or two if the conversion of the storeroom is approved and there is an increase in overall bed numbers by one.)</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. The Rahiri CHM reported that this is summarised in the business plan (June 2025–2026). This includes key performance indicators (KPIs) and indicators that include incidents and complaints, internal audit activities, monitoring of outcomes, policies and procedures, 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. This was sighted in the minutes of the facility’s quality meeting, which occurs monthly.</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. This addresses a previous area for improvement from the provider’s certification audit (criterion 2.2.4).</p> <p>Analysis of practices and organisation systems occurs through the organisation-wide clinical governance and facility-specific quality meetings. Minutes of these meetings were reviewed and documented any identified possible inequities that the service works to address. There are tikanga policies to guide staff members in their support. The CHM reported that they maintain relationships with the two iwis in Dannevirke for cultural support and relevant activities, when available. This was confirmed through review of documents. A previous area for improvement is now addressed (criterion 2.2.8).</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incident forms reviewed showed that 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>The CHM understood and has complied with essential notification reporting 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>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a 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. Residents and whānau confirmed at interview that care provided is adequate to meet needs. Since the last on-site audit, the facility has received a large number (13) of acknowledgements, cards and emails from family and whānau of residents, thanking them for the care provided and complementing the staff. These were reviewed during the audit.</p> <p>The CHM is responsible for preparing the fortnightly rosters. They described this process and how the organisation's safe staffing model is used. At least one staff member on duty has a current first aid certificate, and there is 24/7 RN coverage in the hospital. 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>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures that services are delivered to meet the needs of residents. A sample of eight staff members' personnel documents was reviewed and confirmed that an appropriate recruitment process had occurred.</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 with assistance from other staff and providers when required. The CHM described the system at interview. The review of personnel records demonstrated completion of the required training and competency assessments and confirmed that the reported</p>

		<p>processes are being implemented.</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. Staff working in the dementia unit have either completed or commenced the required (NZQA) Dementia training programme and had attended relevant training included in the provider's induction programme and ongoing learning.</p> <p>Two previous areas for improvement identified at the certification audit related to staff numbers and staff training for the proposed additional 12-bed dementia unit. The provider is not progressing with its plans to convert the existing 12 hospital level rooms into an additional 12 bed dementia unit. The two areas for improvement related to allocating additional time in the roster for the activities coordinator in the new dementia unit (criterion 2.3.1) and ensuring that new staff employed to work in the unit completed appropriate training (criterion 2.3.2). Because the proposed additional unit is not being opened, these improvements are no longer required.</p>
<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 reviewed (eight) confirmed that the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable).</p> <p>The CHM undertakes the recruitment of staff. Reference checks are completed and qualifications are verified. 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>Feedback in staff files confirmed that the induction and orientation programme prepared them well for their roles. Opportunities to discuss and review performance occur at three and six months following appointment and annually thereafter, as confirmed in records reviewed.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information</p>	FA	<p>Rahiri has implemented a facility-wide electronic residents' system, which integrates residents' health and support records, and the service has</p>

<p>sensitively and in accordance with my wishes.  Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.  As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>access to a centralised system for policy and data sharing across NZACS. Clinical notes were current, integrated and legible, and met current documentation standards. Information is accessible to all those who need it. This addresses the previous CAR Criterion 2.5.2.</p>
<p>Subsection 3.2: My pathway to wellbeing  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.  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>FA</p>	<p>The Rahiri 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 (NP) assessment, initial care plan, long-term care plan, and review timeframes meet 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 six 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>The Health New Zealand palliative care nurse was visiting the facility on the day of the audit. At interview, they confirmed that they visited the facility fortnightly to review palliative care patients, and more often as required. The communication with the nursing team was proactive, and they confirmed that the nursing team did not hesitate requesting support to ensure best practice. They had received good feedback from whānau about Rahiri.</p> <p>The satisfaction survey included family/whānau compliments about both residents and staff at Rahiri.</p>

<p><b>Subsection 3.4: My medication</b></p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>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. The required stock checks, including pharmacy six-monthly reviews, have been completed, addressing the previous CAR Criterion 3.4.1.</p> <p>Medicines stored were within the recommended temperature range.</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>Self-administration of medication is facilitated and managed safely.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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 Rahiri 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, including a cultural option. A biannual menu has been developed, with a letter of approval of the menu received by Rahiri on 24 May 2025 from the contracted dietitian, addressing the previous CAR Criterion 3.5.4.</p> <p>Evidence of resident satisfaction with meals was verified through resident interviews, residents meeting minutes and satisfaction survey. Residents were observed enjoying the food on the day of audit. Dementia unit care staff confirmed there was 24/7 access to food and fluids for residents.</p> <p>The service operates with an approved food safety plan with a registration expiry date of 15 November 2025.</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>	<p>FA</p>	<p>Rahiri ensured 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 nurse practitioner or general practitioner of concerns. Discharge or transfer is safely managed using the pink and white transfer envelope containing vital 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>PA Low</p>	<p>Building, plant and equipment were fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This included a current building warrant of fitness that expires on 14 February 2026. Electrical and biomedical testing is completed annually and was current on the day of the audit.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>On the day of this unannounced surveillance audit, the CHM requested that three rooms be reviewed for proposed redesignation, as outlined in subsection 2.1.</p> <p>Storeroom conversion to a new rest home-only bedroom:</p> <p>An unused storeroom is situated amongst existing bedrooms. This room requires redecoration and refurbishment to be suitable as a bedroom but is otherwise adequate for rest home-level care and is comparable in size with other bedrooms seen on the day of audit, without the built-in cabinetry. The CHM described the proposed adjustments to be made if approval is given for use: installing clear glass in the windows, resurfacing the ceiling, installing improved lighting, a vanity unit with a sink, and appropriate furniture. A corrective action, under criterion 4.1.5, has been raised so the refurbishment is completed prior to the room being used.</p>

		<p>Conversion and use of this room would increase the provider's total number of certified rooms to fifty and the current number of rest home-only bedrooms from three to four.</p> <p>Redesignation of two bedrooms to be dual-use rooms:</p> <p>Two bedrooms adjacent to one another were reviewed with the CHM. These rooms are large, have built-in wardrobes, and allow adequate space for manoeuvring a person with equipment if needed. The doorways are a standard width, and there is no opportunity for them to be widened. Due to the configuration of the rooms, it would not be easy to widen the doorways. This would require significant re-construction of the walls and/or built in wardrobes.</p> <p>The CHM reported that residents can, and have been, moved in and out of these two rooms using hoists when needed. They are a suitable size and orientation for dual-purpose care. The CHM stated that this request has been prompted by a previous occupant of one of the rooms needing to move out of their bedroom when they were reassessed as requiring hospital-level care, because the rooms are currently designated for rest-home level care. An alternative room was available at Rahiri, but the move was disruptive and distressing for the resident.</p> <p>A change in designation of these bedrooms would increase the provider's number of dual-purpose beds to twenty-eight and reduce the number of rest home-only beds to one (unless the storeroom conversion is also approved.)</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>	FA	<p>There have been no structural changes to the facility, and none are planned, that have impacted the provider's evacuation scheme. This was approved on 2 April 2007 and reviewed and confirmed on 16 January 2024 by Fire and Emergency New Zealand (FENZ).</p> <p>The storeroom which is intended to be an additional bedroom will not require any structural modifications.</p> <p>The provider is not progressing with its plan to create an additional dementia unit as described in its April 2024 certification audit report.</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>Rahiri's infection prevention and control coordinator (IPCC) is a registered nurse with current IP training. They are responsible for overseeing and implementing the IP programme with the support of the clinical nurse leader (CNL). The IP programme has been developed by those with IP expertise and approved by the governance body. The programme was linked to the quality improvement programme and was reviewed and reported on annually. This was confirmed by the CNL 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 were 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 and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered by Rahiri 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, benchmarked with the wider organisation, and reported to the NZACS governing body.</p> <p>A COVID-19 outbreak was recorded in August 2024. Surveillance data from the outbreak was reviewed, with learnings from the event incorporated into 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</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The clinical advisory group (CAG) monitors the use of restraint across the organisation and is chaired by a member of the governance board, who has responsibility for ensuring that restraint minimisation is achieved.</p> <p>At the time of audit, there was no restraint in use. The CHM is the restraint coordinator. Restraint has not been used at Rahiri since 2018. The CHM</p>

of restraint in the context of aiming for elimination.		reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.  Quality meeting minutes, and monthly data reports reviewed for a sample of months across 2025, confirmed that restraint is not in use.
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# Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.5</p> <p>There shall be adequate space to allow people to move safely around their personal space and bed area.</p>	PA Low	A storeroom is to be converted into a new rest home only bedroom. This room is adequate for providing rest home level of care but requires redecoration and refurbishment prior to the room being used for this purpose.	<p>For a storeroom to be converted into a room suitable for providing rest home level care, the following refurbishment is required.</p> <p>Install clear glass in the windows, resurface the ceiling, install improved lighting, fit a vanity unit with a sink, and provide appropriate furniture.</p>	<p>Ensure the required refurbishment works to convert a storage room into a rest home room, as specified in the finding, have been completed prior to the room being occupied.</p> <p>Prior to occupancy</p>

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

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

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

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

No data to display
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End of the report.