

Ngati Porou Oranga - Te Whare Hauora o Ngati Porou

Introduction

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

The audit has been conducted by 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:

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| Legal entity: | Ngati Porou Oranga |
| Premises audited: | Te Whare Hauora o Ngati Porou |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services |
| Dates of audit: | Start date: 19 November 2025 End date: 20 November 2025 |
| Proposed changes to current services (if any): | None |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 12 |

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 |
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|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service are fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service are 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 are partially attained and of low risk |

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

General overview of the audit

Ngati Porou Oranga – Te Whare Hauora o Ngati Porou (Ngati Porou Oranga) provides geriatric services, rest home and hospital services, respite care, medical services – hospital services and primary maternity for up to 22 residents. Since the previous audit, a new chief operations officer (COO) and general manager (GM) hospital and Nāti Pēpi service have been appointed.

Te Puna Wai maternity service reopened on 22 May 2025. Nine wāhine have birthed since the relocation of Nāti Pēpi services to the coast, prioritising coast women in terms of midwifery and only having the capacity to look after hapū māmā who deliver at Te Puna Wai. Three midwives provide the services from Uawa to Potaka in this region. The clinical nurse manager (CNM) is supported by the GM, the midwifery team, the quality lead manager, and administrators.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the contracts held with Health New Zealand – Te Whatu Ora Tairāwhiti, and included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents, whānau, members of the governance group, managers, staff, allied health providers, and a medical officer/clinical governance chairperson.

Improvements are required to the over-arching strategic operations plan, which is yet to be approved and implemented, incidents not always being reported, internal auditing not being completed in a timely manner, no process for recording staff training centrally, recording/analysing of entry and declined data, the timeliness of care plan development, ensuring care plans are sufficiently detailed and the implementation and review of the support plans, the verification audit of the food control programme is now overdue, and there were five areas identified in relation to the infection control and antimicrobial stewardship programme.

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 are fully attained.

Ngati Porou Oranga works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples, if admitted to the service, would be provided with services that recognise their worldviews and that would be culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are available if needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. | | Some subsections applicable to this service are partially attained and of low risk. |
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

Various plans in place ensure the purpose, values, direction, scope and goals for the organisation are defined. The overarching operations plan is currently being developed. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach to information 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 are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

Residents' information is accurately recorded, securely stored, and not accessible to unauthorised people.

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.

Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Changing resident care needs are communicated to the registered midwife, nurse practitioner, or general practitioner in a timely manner. Care is provided to meet residents' cultural needs.

Residents are supported to participate in community and social activities suitable to their age, culture and stage of life.

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

The food service meets the nutritional needs of the residents, with special cultural needs catered for. The kitchen has an approved food control plan.

Residents are 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 are fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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

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

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. The clinical nurse manager leads the programmes.

The medical director is the chairperson of the infection control subcommittee and the clinical governance group, and is involved in procurement processes, updating policies, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. Residents' personal laundry is washed on site. The laundering of facility linen is outsourced.

Here taratahi | Restraint and seclusion

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| 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. | | Some subsections applicable to this service are partially attained and of low risk. |
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

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) |
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| Subsection | 0 | 18 | 0 | 8 | 1 | 0 | 0 |
| Criteria | 0 | 153 | 0 | 14 | 3 | 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) |
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| 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 |
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| <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>Ngati Porou Oranga (NPO) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with iwi and other Māori organisations in the district to support service integration, planning, equity approaches, and support for Māori. A Māori health plan 2025–2028 has been developed with input from cultural advisers and local iwi and is used for residents who identify as Māori. Senior representatives/advisors and staff, including the kaumātua, provided a mihi whakatau to commence the audit.</p> <p>The organisation has a long-standing, strong, and effective relationship with Health New Zealand – Te Whatu Ora Tairāwhiti.</p> <p>Residents (this includes wahine in maternity, aged care residents and persons admitted under the medical contract) and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</p> |

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| <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>Ngati Porou Oranga identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Te Mana Ola – The Pacific Health Strategy July 2025 to June 2028 was adopted by the organisation. This strategy was linked to the New Zealand (NZ) health strategy and Hauora Māori strategy, and other health strategies nationally. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>No Pacific residents were present on the day of the audit. A staff member who identified as Pacific was interviewed and expressed that the worldview, cultural and spiritual beliefs of Pacific residents admitted to this service would be respected and fully embraced. These needs would be clearly documented in the care plan adopted for use as needed.</p> <p>Active recruitment, training, and actions to retain a Pacific workforce across roles were discussed, and staff encouraged this process.</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>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, and mana motuhake was respected. When referring to residents in this audit report, this also includes women (wāhine) in maternity services, persons admitted under the medical services contract, and aged-related residential care (ARRC) long-term care residents.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Wāhine interviewed stated that their rights were discussed with their midwives.</p> |
| <p>Subsection 1.4: I am treated with respect</p> | FA | <p>The service supports residents in a way that is inclusive and respects their identity and experiences. Whānau involvement in the provision of</p> |

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| <p>The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | | <p>care is valued. Whānau can stay overnight or be present during the day, and when this occurs, they are provided with meals. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and individual choices.</p> <p>Staff were observed to maintain residents' physical and auditory privacy throughout the audit. Long-term care residents sharing a room with another person do so with verbal consent. Where a resident has declining clinical status or increased care needs, staff facilitate appropriate changes.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through karakia, waiata, and the provision of culturally responsive and appropriate care. Staff stated that they have undertaken training in Te Tiriti o Waitangi and that they understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori. There are staff and residents who speak te reo Māori and they are actively encouraged to do so.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>Staff interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed. Residents and whānau spoke very highly of staff, noting their care, aroha, and respect for tikanga.</p> <p>The long-term care residents' property is labelled on admission, and those interviewed on this topic reported that their finances and property are protected and respected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.</p> |

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| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | <p>FA</p> | <p>Residents and whānau reported that communication was open and effective, and they felt listened to. Where residents had communication difficulties, staff understood individual residents' body language, gestures, and vocalisation in order to identify individual residents' care needs. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to residents and whānau in a timely manner. Where other agencies were involved in care, communication had occurred in a timely manner.</p> <p>Examples of open communication were evident in relation to adverse events and when providing updates following general practitioner (GP) or nurse practitioner (NP) review.</p> <p>Staff knew how to access interpreter services, if required. Some staff are able to converse with residents in te reo Māori.</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 are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included 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 in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the applicable sampled resident's record.</p> <p>Processes and policies to gain consent and respect the wahine's wishes in the maternity service regarding the storage, return or disposal of body parts, tissues and bodily substances including whenua were in place. Staff working across NPO were very aware of cultural considerations regarding the handling of body parts, tissue, and bodily substances for all residents.</p> |

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| <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>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation process.</p> <p>The service assures that the process works equitably for Māori by ensuring the Code is displayed in both te reo Māori and English, and that pamphlets are accessible. Interpreter services are available if needed. A feedback process was also available as an opportunity to express any concerns. Feedback can be provided through free post, email or QR code. A letter is sent to the complainant on receipt of the issue, and the quality lead actions and manages all correspondence.</p> <p>There have been two complaints received since the previous audit. One complaint was received from external sources in 2019 and was open at the previous audit. The complaint involved numerous community services, including the hospital service. This complaint was received from the Health and Disability Commissioner's Office (HDC) and was closed out effectively in July 2025 and was reviewed in the complaints register. The medical director specialist general practitioner is the equity champion and clinical lead and manages any complaints that are clinically based and/or from external providers. Clinical complaints, if any, are discussed at clinical governance meetings. Confidentiality was maintained. The quality lead manager triages all complaints and manages the minor complaints for the hospital services. Additional training was recommended and provided for staff working in the acute medical setting as a recommendation from the HDC complaint outcome.</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</p> | <p>PA Low</p> | <p>The governing body assumes accountability for delivering a high-quality service to the resident/patient communities served, with meaningful Māori representation on governance groups. The governance group</p> |

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| <p>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>demonstrated expertise in Te Tiriti, health equity, and cultural safety. This is a unique service in that it is owned and governed by Māori, and services are facilitated predominantly by Māori, for Māori, and for the communities the organisation serves.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The chief operations officer (COO), interviewed, felt well informed on progress and risks, which are managed by the CEO and Board. The COO is an experienced health care manager who is responsible for Te Puia Hospital and services. The COO commenced the role when restructuring occurred earlier this year. A new general manager (GM) was appointed to cover Te Puia Springs Hospital inpatient services, and the Nāti Pēpi service, which is the Te Puna Wai Maternity Service. This service reopened on 22 May 2025.</p> <p>The quality lead manager (QLM) has been in the role for approximately three years, and the clinical nurse manager (CNM) has been in the role since April 2024. The CNM is an experienced registered nurse (RN); however, the CNM is still gaining experience in aged related residential care. Support was provided by the GM and the medical director as needed. The GM ensures appropriate cover is arranged should the CNM require planned or unplanned leave.</p> <p>The purpose, values, direction, scope and goals are defined in policies reviewed, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. The Te Runanganui o Ngati Porou and Ngati Porou Oranga (NPO) board overarching strategic operational direction plan was being developed as a new document and was currently in draft form. The COO stated that this plan was yet to be approved and presented at the organisation’s annual general meeting planned for 13 December 2025. A variety of different plans were sighted, but with significant changes that have occurred since the previous audit, the service is awaiting the strategic direction to guide the services moving forward. This was an area of improvement identified in the audit process.</p> <p>A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in policies and procedures, monitoring documentation reviewed, and through</p> |
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| | | <p>minutes of a variety of meetings, including governance and clinical governance huis held.</p> <p>The Risk Management and Quality Improvement Plan 2025–2028 was reviewed. The purpose of the plan is to provide a framework, and the policy stated commitment to quality improvement. The organisational structure was clearly documented. The quality lead manager maintains the risk register, improvement of services and reporting processes. Reporting was in a consistent format and included adequate information to monitor performance. The reports include information on occupancy, the environment and improvements, infections, staff, and training provided.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required. The clinical governance team, guided by the medical director, discusses clinical indicators including medication errors, complaints, falls, restraint use, and infection prevention. Minutes of the clinical huis were sighted. The last meeting was held on 15 July 2025.</p> <p>People receiving services and their whānau participate in planning and evaluation of services through feedback mechanisms in place, care plan reviews, and ongoing opportunities for whānau input.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Tairāwhiti for age-related residential care (ARRC) including rest home-level care, hospital-level care, respite, primary maternity care, long-term support – chronic health conditions (LTS-CHC), younger people with a disability (YPD), and emergency department Level 2 (acute medical patients are admitted from the community through this agreement). Three residents were receiving (ARRC) hospital-level care, seven were receiving long-term rest home-level care, one resident was receiving respite care (rest home-level care), and one resident was receiving (YPD) at hospital-level care. There were no residents under the primary maternity and/or acute medical contracts on the day of the audit. The total beds at Te Puia hospital are twenty-two (22). On the day of the audit, 12 beds were occupied.</p> |
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| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>PA Low</p> | <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, regular patient feedback, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management. Residents, whānau and staff contribute to quality improvement through feedback forms. Women who are admitted to the maternity service can also provide feedback on the hospital feedback forms or directly to the New Zealand College of Midwives on the forms available in the information pack provided. Outcomes of the feedback are reviewed for improvement purposes and any compliments are shared with staff at the staff meetings or at handover between shifts. No annual resident or staff surveys had been completed.</p> <p>An internal audit schedule was reviewed. One audit of the antimicrobial stewardship programme, and kitchen services, were reviewed; however, there was no evidence of planned audits being undertaken, for example, for cleaning, infection prevention, laundry, care planning, resident records, and/or medication records. In addition to this, not all incidents that occurred in the hospital were being reported through the electronic incident management system. These two areas were identified as requiring improvement. Shortfalls were not being fully addressed.</p> <p>No projects were presented as continuous improvements.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. The organisation's policies were currently under review, with approximately 30% still to be reviewed. The quality lead ensures that policies, once reviewed and approved, are made known to staff. The medical director/clinical governance chair was responsible for signing off the clinical policies and procedures. Policies and procedures are in the process of being transitioned to an electronic system via a policy portal.</p> |
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| | | <p>The GM and QLM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register was reviewed; the last review was in August 2025. The health and safety manager for Ngati Porou Oranga (all services) was interviewed and was experienced in the role. All resources and equipment are readily available for the one YPD resident.</p> <p>The medical director was interviewed in respect of reporting adverse and near-miss events in line with the National Adverse Events Policy. No incidents had been reported to the Health Quality & Safety Commission (HQSC) since the previous audit.</p> <p>The clinical director and the CNM understood and had complied with essential notification reporting requirements. One pressure injury had been reported to HealthCERT since the previous audit.</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). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. After-hours RN coverage is available, with the CNM being on-call 24/7. Two midwives are rostered on each shift for Te Puna Wai maternity service. If a woman is receiving postnatal care overnight, hospital staff provide the support needed, with midwives available on call.</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. The CNM had completed interRAI training. No other RNs (eight in total) have completed the training.</p> <p>Continuing education is planned on an annual basis, including</p> |

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| | | <p>mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. Three midwives are currently employed, and they complete all mandatory training provided as well as meeting the annual requirements of the Midwifery Council New Zealand (MCNZ). High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. All staff have completed the Baby Friendly Hospital Initiative (BFHI) education requirements. The service was accredited for three years for BFHI. Prime training takes place two-yearly for the medical staff and nursing staff who wished to attend. The medical officer last completed this training on 11 March 2024. Core advanced training is completed three-yearly by the medical staff and records were observed to be maintained.</p> <p>Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider’s agreement with Health New Zealand – Te Whatu Ora. There were nine health care assistants (HCAs) employed in the hospital. Two HCAs have over 10 years’ experience and are at Level 4, three have completed Level 3 training, three HCAs are at Level 2, and one HCA had not commenced training.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments. Training records were available from different managers, and records require to be centralised (refer criterion 2.4.2).</p> <p>Staff reported feeling well supported and safe in the workplace.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the</p> | <p>PA Low</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation’s policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. All health professionals employed by Ngati Porou Oranga (hospital service) have their annual practising</p> |

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| <p>needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | | <p>certificates reviewed annually, and records are maintained by human resource management staff (HRM). Credentialling for the medical staff is also maintained by HRM annually.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role; however, records of orientation were not recorded in the sample of seven staff records reviewed. There were no records in the staff records of opportunities to discuss and review performance occurring three months following appointment and yearly thereafter as per the HRM policy reviewed. These were areas of improvement identified in this audit.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements. The HRM was responsible for the electronic staff records maintained.</p> <p>Recording of staff training was not recorded on the staff records reviewed. Different managers interviewed provided lists of education provided to staff. The system requires review to ensure all education is held centrally and/or is accessible. This was an area of improvement identified at the audit.</p> <p>Opportunities to be involved in a debrief and discussions following any serious incidents or challenging situations were provided, as confirmed by staff interviewed, to ensure wellbeing.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information 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>FA</p> | <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible, and met current documentation standards. The NP and some GPs document in an electronic clinical record. The consultation notes were printed and placed in the sampled resident files. Progress notes were documented on at least two shifts per day, and often at each shift. Information is accessible for all those who need it. The midwives are responsible for National Health Index registration of pēpi birthed at home or in the inpatient service and for updating the register maintained to meet the recording requirements specified by the Ministry of Health.</p> |

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| | | <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Paper-based records are used for most records in the hospital and are stored and archived appropriately. Records are retrievable. The maternity service used an electronic system which connected with Te Whatu Ora Tairāwhiti maternity services, and to tertiary maternity services as needed. Medication records in maternity are paper-based. Electronic medication records and interRAI records are on platforms hosted by the applicable database owner.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | <p>PA Low</p> | <p>Long-term residential care residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency or disability services funder. Files reviewed met contractual requirements. Residents (including medical admissions) enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>A registration form was completed pre-entry for maternity services, and a copy was also sent to Te Whatu Ora Tairāwhiti maternity service. The form was scanned into the electronic system used, after being signed and dated by both the woman and the midwife. Women can be admitted post-birthing from Te Tairāwhiti maternity service, or they may be admitted from the community in labour, for birthing, and for their postnatal stay. Midwives have continuity-of-care responsibilities for māmā and pēpi following discharge, completing postnatal care for the six-week post-partum period.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. However, related data is not documented and analysed, including decline rates for Māori, and this is required.</p> <p>The service has well-established partnerships with Māori communities and organisations and supports Māori and their whānau when entering</p> |

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| | | the service. |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>PA Moderate</p> | <p>The multidisciplinary team at NPO worked in partnership with the residents and whānau to support the residents' wellbeing. Seven files of residents receiving care at NPO were reviewed: these included residents receiving care under a Whaikaha (Disability Support Services, Ministry of Social Development) contract and residents receiving care under the ARRC contract at rest home and hospital levels of care, including a resident receiving short-term/respite care. The files of a recent resident receiving care under a hospital medical contract and a recent wahine in the maternity services were also reviewed. The files reviewed included residents who had had an unwitnessed fall, residents with an infection, and residents with swallowing difficulties, weight loss, or increasing frailty.</p> <p>A review of the seven residents' files verified that, on admission, a comprehensive assessment was usually undertaken by a registered nurse or registered midwife. The exceptions are noted in criterion 3.2.1. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded by the admitting doctor, registered midwife, or nurse practitioner. The assessment process included resident and whānau input (as applicable).</p> <p>Timeframes for the initial assessment, medical/nurse practitioner assessment, and initial care plan met contractual obligations. However, for one long-term care resident the admission assessment and care plan was only partially completed. A care plan had not been developed to guide care for a resident admitted under medical services.</p> <p>The nurse practitioner visits weekly and is responsible for the initial and ongoing three-monthly reviews of long-term care residents and resident medications, and was advised when there were changes in the residents' wellbeing. The local general practitioners assist by reviewing residents sooner when clinically indicated. The admitting general practitioner is responsible for the oversight of residents admitted medically. Appropriate escalations occurred in a timely manner in all applicable sampled resident files.</p> <p>Care plans, based on the provider's model of care, were developed by</p> |

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| | <p>suitably qualified staff, taking into account each person's lived experience, cultural needs, values, and beliefs, and considering wider service integration where required. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. Rākau rongoā, mirimiri, and karakia are incorporated into care delivery.</p> <p>InterRAI assessment had been completed for applicable sampled residents. One RN (the CNM) is an interRAI assessor. The registered nurses are responsible for developing and updating care plans. However, for one resident the initial interRAI assessment occurred approximately six weeks after admission. The initial long-term care plan was developed for this resident within three days and was not updated following the interRAI. The RNs developing long-term care plans do not have access to the full interRAI assessment records, only to the summary of the Collaborative Action Plans (CAPs) generated. InterRAI re-assessments had been completed six-monthly, or earlier when there was a significant change in a resident's care needs, in the applicable 2025 records reviewed.</p> <p>Long-term care plans were being reviewed; however, the review did not consistently occur after the interRAI reassessment or consistently detail the resident/whānau goals. Most goals were documented in a format reflecting staff/service goals. One sampled resident had significant changes in their care needs and had been reassessed as requiring hospital-level care. While staff were aware of these changes and were observed implementing appropriate care, the resident's care plan had not been updated in the approximately one month since the interRAI reassessment was completed.</p> <p>Neurological monitoring is occurring post-unwitnessed falls. However, there is variation in the frequency and duration. A new policy has been developed that clearly details NPO requirements and is awaiting approval by the clinical governance board. Monthly weights for long-term residents are not consistently occurring. One resident with weight loss had been referred to the nurse practitioner (NP) and additional supplements provided. Vital sign monitoring for a recently admitted medical patient showed three gaps of up to two days each in the recorded observations. The audit sample size was unable to be extended. These areas require attention.</p> <p>Observations and interviews verified that residents and whānau were</p> |
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| | | <p>satisfied with the care provided, and that residents were receiving the care they needed. Any generalised care needs the residents required were known to the care staff and any specific requirements or changes were documented on a resident handover sheet and verbally communicated at shift handover. A comprehensive shift handover was observed.</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 provided in collaboration with the resident and/or whānau, although these changes were not always documented in the care plan. Residents and whānau confirmed active involvement in the process.</p> <p>The maternity service electronic records were reviewed and meet all requirements. Each point of contact with the mama/wāhine and/or pēpi was clearly documented.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>The activities programme supported residents to maintain and develop their interests, with activities suitable for their age and stage of life. A staff member facilitated regular weekday activities, supported by care staff who also undertook individual resident activities.</p> <p>The sampled care plans include some information on individual interests and consider the person's identity. Individual and group activities are planned and undertaken and are based on resident interests, ordinary patterns of life, cultural and spiritual beliefs, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori. Records evaluating individual resident participation in the activities programme were inconsistently documented. This is included in the area for improvement raised in criterion 3.2.5.</p> <p>Those interviewed confirmed they found the programme meets their needs, and participation was voluntary.</p> <p>The midwives and staff involved with care of the woman and pēpi promoted parenting education and provided support with breastfeeding</p> |

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| | | <p>as needed at every opportunity. Safe sleeping and settling baby were advocated. Pamphlets were available to give to parents as needed and were readily accessible.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>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. The three midwives employed at Te Puna Wai were able to prescribe medicines within their scope of practice. Paper-based records were used if needed for both the māmā and the pēpi. Any known allergies/sensitivities were noted on the medication records if obtained in the admission process.</p> <p>Medication reconciliation occurs. Medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required weekly and six-monthly checks had been completed. Medicines stored were within the recommended temperature range. An air conditioning unit is present in the office/medication storage room used by staff for the storage of medications being used on a day-to-day basis. Current cold chain accreditation is in place (expiry 7 February 2027) for vaccinations administered on site.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the sampled long-term care resident's medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided. A supply of 'take-home packs' of commonly used medications including analgesia,</p> |

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| | | <p>electrolytes, antiemetics, and antibiotics are available on site in pharmacy pre-dispensed packs. These medications are given to applicable persons by the GP or NP at discharge, usually from the emergency department if applicable/required.</p> <p>Blood and blood products are not administered on site with the exception of anti-D immunoglobulin for wāhine in the maternity unit. In this event, processes are in place to ensure the medication is prescribed by the midwife, obtained from Te Whatu Ora Tairāwhiti, and administered in a safe manner, meeting legislative requirements and safe practice guidelines.</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>PA Low</p> | <p>A significant renovation programme has been undertaken in the kitchen and new equipment purchased.</p> <p>The food service is in line with recognised nutritional guidelines for people using the services. Texture-modified diets are provided in accordance with internationally recognised standards. A range of nutritional supplements are available on site and are in use.</p> <p>The menu had been reviewed by a qualified dietitian within the last two weeks. Email sighted confirmed the report was imminent. The food service staff advised that there were minor verbal recommendations made at the time and were waiting for the written report to ensure all have been actioned.</p> <p>The service operates with an approved food control plan and registration. All aspects of food management comply with current legislation and guidelines, with the exception that the food control plan verification (surveillance) audit was overdue.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. Whānau staying with residents are offered all meals.</p> <p>Residents and whānau have the opportunity to be involved in preparation of food as appropriate to the service. A recent example</p> |

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| | | <p>provided was a fruit preserving activity.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews. Residents confirmed that they are provided with more than enough food, the food is enjoyed, residents have sufficient time to eat their meals in an unhurried fashion, and cultural needs are fully respected at meals times. Karakia is undertaken before all meals. Residents requiring assistance had this provided with dignity.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs, as identified by the MDT, are documented and managed. Refer to subsection 3.2.</p> <p>Options to access other health and disability services and social/cultural supports are discussed, where appropriate.</p> <p>Documentation verified that whānau reported being kept well informed about the transfer of their relative.</p> <p>Transfers usually occur via ambulance, or helicopter in an emergency. Residents going to Gisborne for specialists' appointments/investigations are provided with food and fluid for the day and transport via vehicle. Where clinically appropriate, virtual consultations occur with medical specialists at the public hospital. An example of this was sighted in a resident's file reviewed, aiding whānau participation.</p> <p>Wāhine and pēpi discharge from Te Puna Wai to the community is followed for six weeks by the Te Puna Wai midwives. A referral to the well child provider was made at four weeks post-partum.</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> | FA | <p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained, and that they meet legislative requirements. The building warrant of fitness is publicly displayed and expires on 30 June 2026.</p> <p>The projects and facility manager and a member of the maintenance team of seven staff were interviewed, and described the maintenance schedule, which was sighted. The outside gardens and grounds are</p> |

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| <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>well maintained.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. There are bathroom facilities available for visitors and staff. The bathrooms have appropriate and secure approved handrails.</p> <p>The rooms available in the ward are either two bedded, four bedded and single rooms. No residents are sharing a room. Rooms are personalised, with furnishings, photographs, and other personal items displayed. Residents and whānau reported adequacy of bedrooms. The dining room and lounge area are appropriate for the number of residents at this facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Residents confirmed they knew the processes they should follow if any repair or maintenance was required, and any requests were appropriately actioned.</p> <p>Equipment testing and tagging was current in records dated March 2025. An inventory is maintained of all equipment. One maintenance person was fully trained to complete these checks. Medical equipment requiring annual checking and calibration was last completed by an external company on 12 February 2025.</p> <p>The hospital is on one level. Some sunrooms have been added to rooms. Seating was available.</p> <p>Heating is provided with radiators heated by the boilers, which are checked regularly by the maintenance team.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. Te Puna Wai maternity service had been closed at the previous audit for refurbishing due to two major weather events and reopened on 22 May 2025. The service was welcoming and had been fully refurbished, and a birthing pool had been installed.</p> <p>Prior to the opening of Te Puna Wai maternity service, the midwives</p> |
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| | | <p>and wahine in the community discussed what artwork they would like to have displayed which would reflect the services to be provided. Artwork was donated by local artists which reflected the aspirations and identity of Māori and wāhine. A woman interviewed by telephone stated that the environment had changed significantly; the labour and birthing pool were especially important, and whānau had been made to feel very welcome.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 1 February 2019. The last fire drill was held on 18 October 2025.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Staff can provide a level of first aid relevant to the risks for the type of service provided. All staff in the hospital have trained in first aid as have the maintenance team. Records reviewed evidenced that the first aid certificates were current. The health and safety manager interviewed currently maintained records of staff who had completed health and safety training. Emergency lighting was available, along with gas for cooking if needed, a barbecue and gas cylinder, spare food, and other emergency resources such as torches and batteries, continence supplies, linen, and disposable aids. Personal protective equipment was readily available.</p> <p>Since the previous audit, an additional 500,000 litres of treated water have been made available in two separate tanks. There are also three further tanks containing 30,000 litres of water each on site. Four generators have been purchased—three portable units on trailers and one fixed 88 KVA generator. All generators are checked monthly by a contracted service provider.</p> <p>Extensive work has been undertaken to upgrade the hospital's car</p> |

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| | | <p>parking area. There are now three helicopter pads—one on-site at Te Puia Springs and two others on the coast near the hospital—all of which have safety railings in place. Refurbishment of the maternity service has been completed, and the emergency department admission room has been repaired (this had also been previously damaged during the weather events). Kitchen refurbishment has been completed, security has been upgraded including improvements to cameras and sensor lighting, and an oxygen manifold has been installed to ensure oxygen is stored appropriately, with the system able to be monitored from inside the hospital. A large diesel tank has also been installed and is securely fenced.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p> |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, and are designed to improve quality and ensure the safety of people receiving services and health care and support workers. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</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.</p> | <p>PA Low</p> | <p>The clinical nurse manager is also the infection prevention and control coordinator (IPCC), and is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the clinical governance board. However, the role and responsibilities for the IPCC role have not been clearly documented. An annual review of the infection control programme has not occurred.</p> |

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| <p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>There is not a robust process in place to ensure IP advice has been sought when making decisions around changes to the facility.</p> <p>The clinical governance board subcommittee for infection prevention met regularly up to and including May 2025, with a further meeting scheduled for the following week. The CNM/IPCC escalated issues and provided surveillance data to the medical director, who is the chairperson of the clinical governance group and this subcommittee. Infection prevention issues were also being discussed at the clinical governance board.</p> <p>The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice or that of the medical director, who is the chairperson of the clinical governance board and the infection control subcommittee, has been sought when making decisions around procurement relevant to care delivery and updating policies. Staff have been provided with relevant education as part of their orientation and ongoing education programme. Records were not available to demonstrate attendance/completion. Refer to the area for improvements raised in criteria 2.3.4 and 2.4.4.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Cultural safety and respect of tikanga are explicitly included.</p> <p>Staff were familiar with policies 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. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for the decontamination of reusable medical devices. All applicable instruments were sent to the sterilisation department at Health New Zealand – Te Whatu Ora Tairāwhiti. There was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-</p> |
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| | | use medical devices are not reused. |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The 2025 AMS audit report documented by the nurse practitioner was sighted.</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) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, is collated by the CNM and analysed to identify any trends, possible causative factors, and required actions. The monthly reports were provided to the medical director. Surveillance includes ethnicity data. Residents with infections were discussed during shift handover, as verified by staff interviewed and observed. A summary report for an infection outbreak that occurred just prior to the last audit was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) is culturally safe.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> | PA Low | <p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Infection prevention</p> |

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| <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | | <p>personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations. Laundry and cleaning processes were not being monitored for effectiveness, and this is required.</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>PA Low</p> | <p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, there was no restraint in use and this has been the case for over five years. Any use of restraint is reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards. No staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques since the previous audit. This was an area of improvement identified during the audit.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, and all restraints must be approved. The annual review of restraint had not occurred or been analysed. This was an area identified as an area of improvement. Whānau/EPOA are involved in decision-making.</p> <p>Given that there is no restraint being used, subsections 6.2 and 6.3 have not been audited.</p> |

Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 2.1.2</p> <p>Governance bodies shall ensure service providers’ structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p> | PA Low | Documentation reviewed pre-audit and at the audit evidenced numerous plans are in place; however those reviewed did not link into an overarching strategic operations plan. The chief operations officer stated that a plan was being developed currently, but has not been fully completed, approved, or signed off by governance | There was no evidence of an overarching strategic operations plan for the organisation, to ensure the structure, purpose, scope, directions, performance expectations, and goals/objectives are clearly defined, and that the plan is evaluated at planned intervals to review progress. | <p>Ensure the strategic operations plan is completed, approved by governance, and implemented across the organisation.</p> <p>180 days</p> |
| <p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve</p> | PA Low | The electronic incident management programme was reviewed. The system in place was managed by the QLM. The system covers all services provided. Hospital incidents are fully followed up when entered into the register. Incidents noted in individual resident records — | Incident management data is not always being reported on the electronic system available and internal audits are not being completed as per the internal audit schedule. | Ensure accurate information is reported by staff and that internal audits are completed, in order to identify accurate analysis of data and to identify any trends that may be occurring. |

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| service delivery and care. | | including one of five sampled resident falls, a skin tear, and an incident involving a short-stay patient — were not reflected on the incident register at the time of review. There was an RN on each shift who was responsible for reporting any incidents in a timely manner, however the RNs were not always reporting the incidents occurring on their shifts. Reported clinical incidents are discussed at the clinical governance meetings. | | 180 days |
| <p>Criterion 2.4.2</p> <p>Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.</p> | PA Low | Staff training records were maintained by the health and safety manager, the CNM, the office administrator, and the GM. No training was recorded in the staff individual records reviewed electronically. Records would be accessible if centralised. The CNM provided training to staff at handover when possible, and records needed to be maintained on topics presented. | Staff training records are recorded in many different places and are difficult to access when needed. | <p>Ensure staff training and competencies completed are recorded for each staff member on their personal records, and are accessible.</p> <p>180 days</p> |
| <p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p> | PA Low | Staff were interviewed and felt they received orientation that prepared them well for their individual role. Some orientation booklets were sighted in the hospital ward by the support auditor; these covered the essential components of service delivery. Individual staff records were reviewed electronically with the HRM. Seven of seven staff records did not show documentation confirming that | Staff interviewed stated that they received orientation at the commencement of employment; however, there was no record of orientation/induction occurring in seven of seven staff individual records reviewed. | <p>Ensure a record of orientation/induction at commencement of employment is documented on the individual staff record when completed.</p> <p>180 days</p> |

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| | | orientation had been provided, nor the date on which it was completed. | | |
| <p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p> | PA Low | The HRM was interviewed and had been in this role for four years. Seven staff records were reviewed electronically. Three staff annual appraisals were not yet due; however, one staff appraisal was last recorded as completed in 2021, one in 2023, and two were overdue by six months or more. | Staff performance appraisals were not being completed in a timely manner as per the organisation's human resources policy. | <p>Ensure the annual staff appraisals are completed, and a record is maintained in the individual staff records.</p> <p>180 days</p> |
| <p>Criterion 3.1.5</p> <p>Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.</p> | PA Low | There is no process in place to record and routinely analyse service entry and decline rates and ethnicity, as discussed with the clinical nurse manager (CNM). The CNM manages admission enquiries for both acute medical and long-term care services. | There is no process in place to record and routinely analyse service entry and decline rates, including rates for Māori. | <p>Implement a process to record and analyse resident entry and decline rates and include rates for Māori.</p> <p>180 days</p> |
| <p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p> | PA Low | Interviews verified that service providers engage with residents and whānau to develop a support plan. The sampled resident admitted for medical care did not have a documented nursing care plan developed. One long-term care resident's initial care plan was incomplete. However, a long-term care plan was developed within three days of admission. | Two out of seven resident files reviewed did not have a care plan documented in a timely manner. This included an initial care plan for an ARCC resident and a care plan for a resident under the medical contact. | <p>Ensure care plans are developed in a timely manner for all residents admitted.</p> <p>180 days</p> |

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| <p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing</p> | <p>PA Moderate</p> | <p>When residents were admitted, a comprehensive assessment was conducted by the RN and care plan developed. The exceptions are noted in criterion 3.2.1.</p> <p>InterRAI assessments were completed by the CNM in sampled patient files to identify residents' strengths and goals. However, the registered nurses documenting the care plans do not have access to the full the interRAI information to ensure applicable components are included and the support required to achieve these goals is sufficiently detailed. On occasions, the long-term care plans were developed or updated out of sequence with the interRAI assessment/reassessment.</p> <p>Goals were documented; however, in the long-term care resident files sampled, they were frequently written as staff or service goals rather than goals identified by the individual residents. The support required for residents to achieve their goals was not sufficiently detailed in four long-term care resident files sampled.</p> <p>Early warning signs and risks were known by staff, as evidenced through interviews and observations of care delivery; however, they were not sufficiently documented in a plan of care and included risks related to falls, challenging behaviours and swallowing difficulties.</p> | <p>Registered nurses did not have access to all applicable interRAI assessment data for individual residents, limiting their ability to ensure strategies were sufficiently identified to support residents to meet their own goals. There was no clear process in place to ensure long-term care plans were updated following interRAI assessments. The support of residents required to achieve their individually identified goals was not sufficiently documented, including early warning signs and associated risks.</p> | <p>Ensure InterRAI assessments are consistently used to inform the care planning process. Ensure care plans are updated and sufficiently detailed to include individual resident strengths and goals, including early warning signs and risks, and the support required to achieve these is clearly documented and communicated.</p> <p>90 days</p> |
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| <p>are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p> | | <p>Cultural assessments are completed by culturally competent staff. Residents have access to traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia.</p> | | |
| <p>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk</p> | <p>PA Moderate</p> | <p>A resident handover sheet describes all the residents' needs for the day, and any new/additional needs as they arise. Comprehensive verbal handovers occur between shifts.</p> <p>Wound care plans are in place for residents with wounds and these had been evaluated until noted as healed. Photographs were obtained of new wounds in applicable sampled files.</p> <p>Monthly weights were not consistently occurring for three out of four long-term care residents sampled. There is no process in place to monitor that these consistently occur.</p> <p>One sampled resident had had four unwitnessed falls since January 2025. While neurological monitoring occurred following each of these events, there was variation in frequency and duration for each event. A policy has been drafted to provide a clearer framework for what monitoring is required. This is set to be tabled at the next clinical governance board for discussion and approval.</p> | <p>The residents' care was not always consistent with the residents' assessed needs.</p> | <p>Ensure resident care is provided to residents that is consistent with their assessed needs, including:</p> <p>a) Residents who have unwitnessed falls have neurological observations assessed in a timely and consistent manner.</p> <p>b) A process is implemented to ensure the weight of long-term care residents is monitored appropriately.</p> <p>c) Ensure the vital signs of acute medical residents are consistently monitored at a frequency appropriate for the resident's clinical needs.</p> <p>90 days</p> |

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| <p>assessments are an ongoing process and that any changes are documented.</p> | | <p>There was variation in the frequency of monitoring the vital signs of a resident admitted for medical management, with three gaps of up to 48 hours (refer to subsection 3.2).</p> <p>Behaviour monitoring charts are used to record behaviours of concern, triggers, and de-escalation activities.</p> | | |
| <p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> | <p>PA Moderate</p> | <p>Evidence was sighted that the effectiveness of personal care treatments, the administration of pro re nata (PRN) medications, and wound-care treatments was being monitored. Effectiveness was recorded in the progress notes; however, any required changes were not consistently documented in the care plan. Five residents had long-term care plans in place; however, four of the five long-term care plans had not been sufficiently updated to reflect changes in residents' needs. These included changes relating to falls-prevention strategies and safe mobility, food and nutrition needs, weight loss, skin integrity, and behaviours. Refer also to subsection 3.2.</p> <p>In the event that a resident had an infection, this was escalated to the GP or NP and interventions initiated. However, any short-term changes in the residents' care needs were not sufficiently documented to guide care staff.</p> | <p>Care plans were not updated to reflect changing resident long-term care needs.</p> <p>Short-term changes in care needs were not consistently documented. For example, when residents had an infection.</p> <p>Activities are provided; however, it is difficult from records available to assess if these meet the residents' needs.</p> | <p>Ensure care plans are updated to reflect individual residents' changes in care.</p> <p>Implement a process to document short-term care needs for ARRC residents.</p> <p>Ensure documentation related to the activities programme enables evaluating whether individual resident needs are being met.</p> <p>90 days</p> |

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| <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p> | | <p>Activities are provided for residents. Records summarising/evaluating resident participation are not sufficiently documented.</p> | | |
| <p>Criterion 3.5.5 An approved food control plan shall be available as required.</p> | <p>PA Low</p> | <p>There is an approved food control plan expiry 10 October 2026. The last verification audit of food services occurred in September 2023. The next verification audit was due to occur within 18 months. This has not occurred. The head chef was contacting the Gisborne District Council on the last afternoon of audit to enquire on next steps.</p> | <p>The verification audit of the food control plan is overdue by nine months.</p> | <p>Ensure the food control plan verification audits occur within the required time frames.</p> <p>180 days</p> |
| <p>Criterion 5.2.1 There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall: (a) Be responsible for overseeing and coordinating implementation of the IP programme; (b) Have clearly defined responsibility for IP decision making;</p> | <p>PA Low</p> | <p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management or the governance group. The roles and responsibilities for this role have not been documented, as verified with the CNM and the medical director. The CNM/IPCC has access to shared clinical records and diagnostic results and undertakes relevant education. The CNM attended the three-day national infection control conference in August 2024 and has</p> | <p>The roles and responsibilities for the IPCC role have not been documented.</p> | <p>Document the role and responsibilities for the person responsible for facilitating the infection control programme.</p> <p>180 days</p> |

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| <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p> <p>(e) Receive continuing education in IP and AMS;</p> <p>(f) Have access to shared clinical records and diagnostic results of people.</p> | | <p>participated in some relevant online training.</p> | | |
| <p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p> | <p>PA Low</p> | <p>The infection control (IC) and AMS programme was developed with input from appropriate persons, reviewed and approved by the clinical board in March 2024 as verified in minutes sighted, and linked to the quality and risk programme. A process was not in place to ensure annual review of the IP programme occurs and is reported on.</p> | <p>An annual review of the infection control programme has not occurred.</p> | <p>Ensure that the infection prevention programme is reviewed at least annually.</p> <p>180 days</p> |
| <p>Criterion 5.2.8</p> <p>Service providers will</p> | <p>PA Low</p> | <p>The CNM/IPCC or medical director advised there was not a process in place to ensure IPC is consulted when</p> | <p>There was not a process in place to ensure IPC is consulted when significant changes occur to the</p> | <p>Ensure IPC is consulted when significant changes are planned</p> |

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| <p>demonstrate a clear process for early consultation and involvement from the IP personnel or committee during the design of any new building or when significant changes are proposed to an existing facility.</p> | | <p>significant changes are planned or occur to the facility/building.</p> | <p>facility/building.</p> | <p>or occur to the facility/building.</p> <p>180 days</p> |
| <p>Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include: (a) Methods, frequency, and materials used for cleaning processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p> | <p>PA Low</p> | <p>There are designated secure areas for the storage of cleaning trolleys and chemicals. Material safety data sheets were readily available for the products used. The cleaning schedule and frequency was documented in a schedule, and cleaning principles were outlined in the infection control manual. The internal audits, previously used to monitor/audit the effectiveness of the cleaning programme and provide feedback on performance to the cleaning team, have not been undertaken.</p> | <p>There is no current process in place to monitor/audit the effectiveness of the cleaning programme and provide feedback on performance to the cleaning team.</p> | <p>Implement a process to monitor/audit the effectiveness of the cleaning programme and provide feedback to applicable staff.</p> <p>180 days</p> |

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| <p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p> | <p>PA Low</p> | <p>All facility linen is transported to Health New Zealand – Te Whatu Ora Gisborne for laundering and then returned. There are sufficient supplies of clean laundry held on site. Residents' personal washing is laundered on site by care staff and returned to the residents usually on the same day. A separate washing machine and drier is used to launder cleaning related equipment. Policy describes the processes for safe handling of laundry and chemicals. A process was not being implemented to monitor the effectiveness of laundry processes.</p> | <p>A process was not being implemented to monitor the effectiveness of laundry processes.</p> | <p>Ensure a process is implemented to monitor the effectiveness of laundry processes.</p> <p>180 days</p> |
| <p>Criterion 6.1.6</p> <p>Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of</p> | <p>PA Low</p> | <p>The restraint policy and the restraint register were reviewed. No residents were using a restraint at the time of the audit. However, the education records for staff did not reflect that any restraint education had been provided to staff, and the review of restraint had not occurred or been recorded in the staff/quality meetings reviewed.</p> | <p>Restraint management and the restraint register had not been reviewed, and no training on the least restrictive practice, the use of restraint, alternative cultural-specific interventions, and de-escalation had been provided to staff since the previous audit.</p> | <p>Ensure restraint is reviewed annually and that staff receive the appropriate training required to meet this standard.</p> <p>180 days</p> |

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| continuous learning. | | | | |
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.