

# Lister Home Incorporated - Lister Home

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Lister Home Incorporated

**Premises audited:** Lister Home

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 22 January 2026      End date: 23 January 2026

**Proposed changes to current services (if any):** The service has been verified at this audit as suitable for Residential Disability Services- persons with lifelong disabilities- physical and intellectual. A reconfiguration request was in progress at the time of the audit; a completed version was not sighted. The partial provisional audit required by the Ministry of Health (letter in November 2025) for adding dementia services was not undertaken as construction for that reconfiguration has not commenced.

**Total beds occupied across all premises included in the audit on the first day of the audit: 57**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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
	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

Lister Home Incorporated (Lister Home) is situated in Waimate. Lister Home is certified to provide rest home and hospital (medical and geriatric) level of care for up to 63 residents. There were 57 residents on the days of audit.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand Te Whatu Ora and Ministry of Social Development. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau management, staff, and a general practitioner. A consumer auditor participated remotely in the audit interview process.

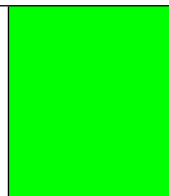
The day-to-day clinical operations of Lister Home is overseen by an experienced facility manager, who are supported by a Board of Trustees, a clinical manager, and experienced caregivers. Residents and family/whānau interviewed responded positively about the care and support.

The service was also verified at this audit as being suitable for providing residential based support services for people with lifelong disabilities (intellectual and physical).

This audit identified a shortfall related to the completion of staff competencies.

## 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.

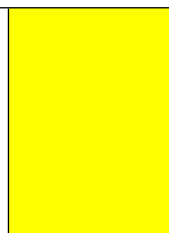


Subsections applicable to this service are fully attained.

Lister Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights according to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. The service has connections with local iwi through their Māori advocate and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. Policies are in place around the elimination of discrimination, harassment and bullying. The informed consent process is understood and implemented by staff. Complaint processes are equitable with complaints promptly resolved in collaboration with family/whānau.

## Hunga mahi me te hanganga | Workforce and structure

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



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

There is a documented business operation plan that includes a mission statement, philosophy and objectives of the service. There is an implemented quality and risk management system, with internal audits and meetings occurring as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses

relevant aspects of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Subsections applicable to this service are fully attained.</p>
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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission.

InterRAI assessments are used to identify residents' needs. The general practitioner completes a medical assessment and ongoing review in timeframes that meet the aged residential care contract. Residents have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies and processes that describe medication management and align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. The activity programme is managed by a diversional therapist. The activity team, and programme provide residents with a variety of individual, group activities, including outings in the van, and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. A dietitian reviews the menu plans. Residents and family/whānau confirmed satisfaction with meals provided. Nutritious snacks are always available.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

## **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.
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The building holds a current building warrant of fitness. There is a maintenance plan implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are spacious enough for residents to move freely with mobility aids and personalised with their own belongings.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

There are security measures to safeguard the residents, staff, and visitors. There is an approved evacuation in place.

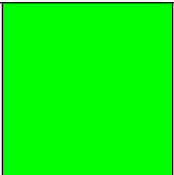
## **Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship**

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service are fully attained.
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The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the chair of the board, and integrated into the quality improvement system. There is a documented pandemic and outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained.

The registered nurse oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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Policies and procedures for restraint minimisation and safe practice align with the standard. On the days of the audit there was one resident using restraint. The restraint coordinator is the clinical manager. Staff have ongoing training in the least restrictive practice and in safe use of restraint.

Seclusion is not used.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	28	0	1	0	0	0
Criteria	0	179	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Lister Home has established connections with a local marae and iwi through their Māori advocate (previous Trustee) and facility manager. The facility manager reported during interview that they can also access cultural support and guidance through their external policy advisor.</p> <p>The business operations plan and Board meeting papers reviewed evidenced leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policy includes provision of an equitable recruitment process. The facility manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. At the time of the audit there were residents who identified as Māori. Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori.</p> <p>There were current staff members who identified as Māori at Lister Home. Self-determination, cultural values and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations within the</p>

		<p>facility. Interviews with management (clinical manager, facility manager and the chair of the Board) and 16 staff including four caregivers, administrator, four registered nurses [RNs], two cleaners, one laundry assistant, two diversional therapist (DT), one head of kitchen and maintenance manager confirmed that mana motuhake is respected and the employees and organisation are well-equipped to deliver equitable services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific health plan and Pacific Peoples Culture and General Ethnicity Awareness Policy in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is facilitated by Pacific staff members. Ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented on admission to the service. At the time of the audit there were no residents who identified as Pasifika.</p> <p>There were current staff members who identified as Pasifika at Lister Home. Interviews with the facility manager, clinical manager and staff confirmed that they understood the equity issues faced by Pacific peoples. The service partners with Etu Pasifika (Health, Wellbeing &amp; Whānau Ora Services) to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. There are equitable recruitment and education processes to recruit and upskill Pacific staff.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with four residents including three persons receiving residential disability services (one hospital psychiatric, one hospital-physical, one rest home intellectual), one rest home resident confirmed that staff are</p>

		<p>respectful and considerate of residents' rights in line with the Code. In addition, interviews with ten family/whānau including one rest home, four family/whānau with relatives receiving residential disability services and five hospital family/whānau stated that staff respected resident rights. Three family/whānau were remotely interviewed by a consumer auditor.</p> <p>The facility manager confirmed the involvement of independent advocacy when required. `Friends of Lister` is a community group that communicate with residents and provide advocacy for residents.</p> <p>The service actively supports and encourages family/whānau engagement and welcome visits. Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights. The facility manager and clinical manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake which was confirmed by staff interviewed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Resident file reviews and interviews with staff, residents and family/whānau confirmed that Lister Home is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. When interviewed, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work.</p> <p>Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language and mana motuhake. Māori cultural days are celebrated and include Matariki and Māori language week. The service continues to incorporate training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and</p>

		<p>awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p> <p>A sexuality and intimacy policy is in place with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified, church services are held, and spiritual support is available. The clinical manager and caregivers interviewed explained how the service meets the residents cultural and spiritual needs. Te reo Māori signage was visible throughout the facility and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.</p> <p>Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect, Interviews completed remotely with three families with relatives receiving residential disability services evidence staff develop and maintain a respectful and strengths-based understanding of disabled people. Staff confirmed they support residents to make choices.</p> <p>The consumer auditor verified the family/whānau they interviewed stated `there are private lounges where privacy can be found for families to spend time together`.</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 demonstrated a clear understanding of the service’s policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident and family/whānau interviews or in the reviewed documentation. Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. A Protection of Resident Finances and Property Policy is implemented. The service follows a process of managing residents’ finances through invoicing. All resident property is labelled at the time of admission and subsequent supply to ensure items are clearly identified as belonging to an individual. Internal audits of the code of</p>

		<p>rights and cultural values were conducted to ensure compliance.</p> <p>The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented ensuring wellbeing outcomes for Māori is achieved.</p> <p>Interviews completed remotely by the consumer auditor confirmed people with disabilities are supported in their right to control their own money unless it is otherwise stated.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information related to the service and what to expect when entering the service is provided to residents and family/whānau on admission. Residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective. A review of adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the enduring power of attorney (EPOA) are kept current.</p> <p>A general practitioner (GP) interviewed confirmed timely communication and appropriate follow ups. The clinical manager described an implemented process around providing family/whānau with time for discussion around care and opportunity for further discussion if required. The delivery of care includes a multidisciplinary team and family/whānau are communicated to regarding services involved. At the time of the audit all residents could speak and understand English. Lister Home has access to interpreter services when/if required.</p> <p>People with disabilities are supported to make themselves</p>

		<p>understood; their means of communication is documented in a care plan. They stated they receive monthly newsletters and are part of the regular residents and family/whānau meetings. The consumer auditor verified the family/ whānau interviewed stated staff are very patient in their communication with residents receiving disability services.</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>There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed. Specific consent has been signed by the resident or their enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain consent for entering rooms and providing personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on file.</p> <p>Advance Care Planning and Resuscitation Policy is in place and is implemented. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Training has been provided to staff around the Code,</p>

		<p>including informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The clinical manager has a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, using a complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been two complaints made since the previous audit in January 2025. A complaint made through the HDC in July 2024, which was reviewed at the previous surveillance audit remains open. The service is still waiting for a response from HDC. Staff are informed of any complaints (and any subsequent corrective actions) in staff meeting minutes sighted.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Service feedback forms are easily accessible at the entrance to the facility. The facility manager described their understanding that Māori prefer to have in person communications. There is a complaints/concerns form available for residents and family/whānau to make a complaint and express a concern. Residents are updated at the four monthly resident meeting. Residents confirmed this when interviewed, meeting minutes reflected discussions with residents around what is going well and what could be improved. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</p>
Subsection 2.1: Governance	FA	Lister Home is governed by a community trust board, comprised of

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>representatives from all local churches and the community in Waimate. The service provides care for up to 63 residents at hospital (geriatric and medical) and rest home level care. There are no shared/double rooms.</p> <p>The service was also verified at this audit as being suitable for providing residential based support services for people with lifelong disabilities (intellectual, and physical).</p> <p>On the day of the audit, there were 57 residents; 26 rest home residents on an aged related residential care agreement (ARRC) including one on respite care (in the Health New Zealand funded bed); 24 hospital level residents on ARRC. There were seven residents receiving residential disability services: three at hospital level care (two younger persons with physical disabilities and one on a mental health contract) and four at rest home level of care (one younger person with intellectual disabilities on respite care and three on a mental health contract).</p> <p>Lister Home has a Board of 10 volunteers with a range of backgrounds and experience including church representatives and Māori representation. The chairperson of the board and facility manager were knowledgeable around contractual and legislative requirements. The Board meet monthly, and the chairperson of the board meets with the facility manager twice a month. There is an annual business operations plan. The business operations plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. Clinical governance is provided by a member of the board (retired RN), the facility manager and clinical manager.</p> <p>The chair of the Board (interviewed) stated the Board is committed to supporting the strategies laid down by Manatū Hauora Ministry of Health's 'New Zealand Health Strategy.' Objectives listed in the business plan include (but are not limited to) a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific people; a belief in equity of access for all members of the community as a fundamental right in our society, and a belief in the benefits of early health interventions, proper integration of service, health education and the empowerment of people to</p>
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	<p>achieve better health care.</p> <p>The management team explained the philosophy of care is person and family/ whānau centred and this reflect in the annual business operations plan. The annual business operations plan includes the vision, mission statement, philosophy, and measurable goals. There is monthly facility manager and clinical manager reports to the board and include (but is not limited to) occupancy, finances, health and safety; staffing; infection; quality trend and analysis; benchmarking; complaints and restraint elimination. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. There is a community advocacy group `Friends of Lister` that meets monthly and provide feedback to the facility manager that will incorporate feedback into the board reports. Auditors observed the facility manager and clinical manager actively interacting with residents and family/whānau, demonstrating their understanding of the daily operations of the service. The quality improvement meetings are held monthly and are attended by the facility manager (who oversees the quality system), clinical manager, RNs and representatives from the caregivers. Staff reported a trustee of the board attends the full staff meetings twice a year.</p> <p>Interviews with the facility manager, clinical manager and administrator confirmed the management team analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers to provide equitable service delivery. Māori consultation ensures policies and procedure represents Te Tiriti partnership. There is a board member and staff employed who identify as Māori. The board member is working alongside the facility manager to offer expert support in te reo Māori and tikanga Māori. The management team and board members have completed Mauri Ora training to ensure cultural competency.</p> <p>The facility manager (FM) is a registered nurse and has been in the position for three years and was the clinical manager for three years previous to taking on the FM role. The clinical manager (RN) has been in the position for three years. They are supported by an administrator, receptionist, and a team of clinical and non-clinical</p>
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		<p>staff. They have completed training related to their roles, attended New Zealand Aged Care Association (NZACA) conference and forum meetings/training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Lister Home has implemented a quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. A meeting schedule is implemented and evidence staff participation in the quality programme. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. The internal audits schedule includes clinical audits and monitoring against policy and contractual requirements. Resolved issues are signed off and discussed at the monthly combined quality improvement (quality/health &amp; safety/infection control/management) meeting. There are six-monthly full staff meetings; monthly caregiver, kitchen, activities, support services meetings and clinical focussed meetings held by the head of departments (HOD). Quality data on infections, restraint use, incidents, and wounds is collected, analysed and reviewed at the monthly quality improvement meetings. Data is compared to previous months and plans are developed to respond to any areas of concern. Progress with the quality programme/goals has been monitored and reviewed through the combined quality improvement meetings.</p> <p>Family/whānau and resident satisfaction surveys are conducted annually with the November 2025 results indicating high levels of satisfaction with the service. A corrective action was implemented and completed relating to food service. Policies and procedures are current and reflect good practice; being embedded throughout service delivery and maintained in electronic format, and staff have confirmed they can access these documents as needed. Cultural safety is reflected within the quality programme with collation of ethnicity data related to adverse events and infections. The process provides for critical analysis of organisational practices to improve health equity. Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of</p>

	<p>addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori.</p> <p>People receiving residential disability services have input into quality improvements to the service, providing feedback through resident's meetings. The residents interviewed stated their satisfaction with choices, decision making, access to equipment and services that contribute to their quality of life.</p> <p>Each incident/accident is documented in the electronic quality management system. Adverse event forms reviewed indicated the forms are completed in full and signed off by a registered nurse (RN) or clinical manager. Incident and accident data is collated monthly and reported in the monthly quality meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a RN. Opportunities to minimise future risks are identified by the clinical manager and RNs. Health and safety meetings occur monthly as part of the quality improvement meetings as well as reported and discussed at the department and full staff meetings. There are health and safety representatives who monitor hazards and risks. Hazards are documented and addressed. There was a current hazard and risk register in place. Staff received education related to hazard management and health and safety at orientation and annually. The quality improvement meetings minutes evidence leadership commitment to health and safety and staff wellbeing.</p> <p>Discussions with the facility manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There were no events that required a section 31 notification for 2025 and year to date. There has been one severity assessment code (SAC) report required to the Health Quality and Safety Commission (HQSC) relating to a fracture. There has been one Covid outbreak (June 2025) reported since the last audit that was notified appropriately.</p> <p>The facility notified HealthCERT of their intention to convert 16 dual purpose beds into a 14-bed secure dementia unit; the construction has not commenced yet to perform a partial provisional audit as</p>
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		requested by the provider and their funder.
<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>	PA Low	<p>There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The clinical manager and facility manager are on-site fulltime from Monday to Friday. There is a RN on each shift 24/7. When the clinical manager is not on-site, the facility manager and a senior RN will provide clinical oversight. The facility manager and clinical manager share after hours on call service.</p> <p>The facility is divided in two areas (North and South); each with their own roster. Enough caregivers are allocated to ensure residents needs are met. Interviews with staff identified that staffing is adequate to meet the needs of residents. Staff and family/whānau are informed when there are changes to staffing levels, as evidenced in head of department (HOD) meetings and residents' meetings. Residents and family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs. The activities team provides activities Monday to Sunday. There are staff to perform nonclinical tasks, which include a 'bedmaker shift', kitchen, cleaning, laundry, gardening and maintenance.</p> <p>There is an annual education and training schedule in place, this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff completed Cognitive health- therapeutic and recreation approaches training to support staff to work in a way that enables each disabled person to make choices, and experience different activities which will enhances their lives and increases their ability to make choices.</p> <p>Staff confirmed to have relevant knowledge and skills about each disabled person's disabilities, medical conditions, and the management of these; the education plan evidence topics were provided and attended.</p> <p>Staff reported they are provided with training through formal study days and in-service training. The service supports and encourages</p>

		<p>caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 32 caregivers employed with 90 percent of caregivers having achieved level three and four qualifications. There are staff employed that are Careerforce assessors and preceptors.</p> <p>All staff are required to complete competency assessments as part of their orientation and include hand hygiene; restraint correct and manual handling and transfer competencies. In addition to the mentioned competencies RNs are required to complete wound care competencies. Not all competencies were completed as required.</p> <p>Staff who administer medication complete annual medicine competency and a record of completion is maintained. Staff training records showed that they completed training related to Māori health outcomes and disparities and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing. There are ten RNs employed (including the clinical manager), and seven are interRAI trained. Staff reported a positive work environment, and an employee assistance programme is available to them, when required.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Nine staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>Competencies are completed at orientation and then as part of the ongoing education plan (link 2.3.3). Lister Home demonstrated that the orientation programme supports the RN and caregivers to provide a culturally safe environment to Māori. Staff performance appraisals are scheduled and completed as they become due, as sighted in the staff files. All staff files were kept secure and</p>

		confidential. Staff ethnicity data is collected and recorded. Staff stated communication and teamwork are positive and the facility manager reported that debrief and discussion occur following any incidents.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident records are electronic, and staff files are paper based. The medication management is electronic. The medication management system is secure and require user identification and passwords to access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents and staff archived files are securely stored in a locked room and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and oversee all requests related to health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The service has a policy for managing enquiries and entry into the service. Entry criteria requires prospective residents to have a needs assessment completed for either rest home or hospital-level care, with placement documentation sighted. Signed copies of individual service authorisations for people with lifelong disabilities were also sighted.</p> <p>There is accurate information about the facility and services available on the website and in an information pack.</p> <p>Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers. Prospective residents and their family/whānau can visit or call any time and the facility manager will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial,</p>

		<p>and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty and where possible can choose their room. Residents and family/whānau interviewed confirmed the entry process was well explained, went smoothly and feel they are always treated with respect and dignity. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options, and referred back to the referring agency. Enquiry and admission information is entered into the electronic system where service monitors entry and decline rates. This includes ethnicity.</p> <p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight resident files were reviewed: four hospital level care (including files of persons with lifelong disabilities (one physical and one psychiatric) and four rest home level of care (including files of persons with lifelong disabilities (one intellectual and one psychiatric) and one resident on respite care funded by Health New Zealand.</p> <p>Registered nurses are responsible for completing all residents' assessments, developing care plans, and evaluating care. Care planning is informed by comprehensive initial nursing assessments, which include dietary requirements, pressure injury and falls risk, social history, and information from pre-entry assessments. All permanent residents, including persons with lifelong disabilities, have an interRAI assessment completed. For residents admitted for respite care, interRAI assessments are not required; however, a comprehensive suite of nursing assessments is completed to inform care planning and service delivery such as, but not limited to, skin integrity, pressure injury risk, dietary needs, communication requirements, and emotional, psychological, and behavioural support needs.</p> <p>Initial assessments and long-term care plans were completed within</p>

	<p>24 hours of admission. Individualised long-term care plans were developed using information gathered from initial nursing assessments and interRAI assessments. Sampled records confirmed that long-term care plans and interRAI assessments were completed within three weeks of admission.</p> <p>Care plans documented within the electronic resident management system were resident-focused and individualised, reflecting residents lived experiences, cultural needs, values, and beliefs. Care planning is undertaken using a supported decision-making approach, enabling residents with lifelong disabilities, including tāngata whaikaha, to self-determine their care preferences and goals, with support from whānau, enduring power of attorney, or advocates where required. Long-term care plans identified assessed support needs, resident strengths, goals, aspirations, and planned interventions to manage identified health conditions and risks. Validated assessment tools embedded within the interRAI system informed care planning, and interRAI triggers were reflected in care plans where specific needs were identified. Care plans provided clear guidance to care staff to support safe, consistent, and person-centred care delivery.</p> <p>Residents who have a lifelong psychiatric disability have comprehensive, individualised care plans informed by mental health assessments and multidisciplinary input. Care planning reflects supported decision-making, identifies early warning signs and triggers for deterioration, and includes clear strategies to support emotional wellbeing, manage behaviours of concern, and promote safety. Ongoing collaboration with mental health services, regular clinical review, and culturally responsive practice support residents to maintain wellbeing and achieve their personal goals.</p> <p>Assessments and care plans incorporated consideration of cultural needs, including for Māori and Pasifika residents. Cultural needs were identified and addressed within care plans, and residents and family/whānau were actively involved in care planning. Pae ora outcomes were identified where applicable, supporting culturally responsive and equitable care.</p> <p>Residents were supported to retain their general practitioner (GP) on admission, with medical services provided by two local general</p>
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	<p>practices. Medical initial assessments and three-monthly reviews were completed within required timeframes, with additional reviews undertaken as required. Integration of multidisciplinary input was evident. A physiotherapist is contracted for eight hours per week and has input into mobility and falls prevention, supported by activities coordinator team who assists with planned exercises. A podiatrist visits every second month, and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand. Residents with lifelong disabilities (mental health) have a key support person from the Mental Health Service for Older Persons (MHSOP).</p> <p>Short-term care plans are developed to manage acute needs such as infections, wounds, and weight loss. Resident care is evaluated each shift and communicated through handover and progress notes. Any changes in residents' condition are reported to the registered nurse, who undertakes further assessment and initiates additional interventions or medical review as required. Long-term care plans are formally evaluated at least six-monthly in conjunction with interRAI reassessments and earlier when residents' needs change. Evaluations are completed by registered nurses and include progress toward achieving identified goals and outcomes. Residents interviewed confirmed assessments and care planning are responsive to their needs.</p> <p>Adequate wound care supplies were available at the facility. A review of wound care plans confirmed wounds were assessed in a timely manner, reviewed at appropriate intervals, and documented using wound assessments, measurements, and photographs where required. Where wounds required additional expertise, referrals were made and a wound nurse specialist was consulted. At the time of the audit, residents with active wounds were receiving appropriate assessment and management.</p> <p>Progress notes are recorded and maintained within the integrated clinical record. Progress notes reviewed confirmed family/whānau are notified of changes in residents' health status, including infections, accidents and incidents, general practitioner visits, medication changes, and other significant events. This was</p>
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		<p>corroborated through interviews with family/whānau. Routine monitoring, including monthly weight and blood pressure measurements, was completed and up to date. Neurological observations following unwitnessed falls were completed in accordance with policy. Staff interviews confirmed effective handover processes and access to the clinical supplies and equipment required to meet residents' assessed needs.</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 team comprises four members, including two qualified diversional therapists (interviewed) and two staff members currently completing Level 4 qualifications. The team is supported by caregivers, Friends of Lister (a volunteer and advocacy group), various church groups, and other community volunteers. The diversional therapists have current first aid certificates.</p> <p>The diversional therapists develop and coordinate two structured activities programmes: one designed to meet the needs of residents living at Lister Home, including people with lifelong disabilities, and a separate programme for day services. Activities are offered concurrently, and residents are supported to choose which activities they wish to participate in. This flexible approach promotes individual choice, meaningful engagement, and increased connection with the wider community.</p> <p>A structured activities programme is in place and organised around a monthly theme, with all planned activities aligned to the selected theme. Themes are chosen by residents through group discussions and resident meetings and are often based on national holidays, cultural celebrations, or internationally recognised days. Examples include Easter, ANZAC Day, Matariki, King's Birthday, Christmas, and Māori Language Week.</p> <p>A weekly activities plan is developed and distributed to all residents in hard copy format and is also shared via the internal newsletter and displayed on notice boards throughout the facility to ensure accessibility. Resident profiles include documented preferences and choices for activities, which inform programme planning and individual engagement and individualized activities care plan.</p> <p>Review of the monthly and weekly activity schedules evidenced a</p>

		<p>broad and varied range of activities designed to meet residents' cognitive, physical, intellectual, emotional, and social needs, and to accommodate different age groups within the facility, including residents with lifelong disabilities. Physical activities include strength and balance exercises, chair-based exercises, and table and floor games. Cognitive activities include word games, quizzes, newspaper reading, and board games. Social activities include happy hour, weekly community outings, and themed group activities. Additional activities include gardening and planting, baking, pet therapy, creative activities, and regular performances by local entertainers.</p> <p>Activities are adapted to enable participation at all levels, with residents supported to engage in ways that align with their abilities and interests. For residents who prefer to remain in their rooms or are unable to participate in group activities, individualised one-on-one activities are provided and facilitated by "Friends of Lister." Cultural and spiritual needs are supported through the activities programme. Cultural events are celebrated, including Māori Language Week and cultural days where staff participate by wearing national costumes and sharing cultural experiences. Local church groups attend the facility on a rotating roster to provide weekly worship services, and pastoral support is available for residents who request it.</p> <p>The facility provides several lounges where residents and family/whānau can spend time together. These spaces offer access to television, newspapers, games, puzzles, and other resources to support social interaction, relaxation, and meaningful engagement outside of scheduled activities.</p> <p>Resident meetings are planned to occur every second month, and family/whānau are welcome to attend. Residents continue to have opportunities to provide feedback on the activities programme through regular resident surveys, informal discussions, and six-monthly reviews. Residents and family/whānau interviewed stated the activities programme is meaningful and engaging. Feedback gathered through surveys, interactions, and meetings is used to inform and guide ongoing development of the activities programme.</p>
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<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 service has a medication management system in place that is appropriate to the scope and complexity of services provided and complies with legislative and professional requirements. Policies and procedures guide all aspects of medication management, including prescribing, dispensing, reconciliation, administration, monitoring, storage, disposal, and return of medications to the supplying pharmacy.</p> <p>Registered nurses and medication-competent caregivers administer medications within their scope of practice and maintain current annual medication competencies. Education on safe medication administration is provided, and registered nurses complete additional role-specific training, including syringe driver management. Staff were observed administering medications safely, and those interviewed demonstrated a clear understanding of their responsibilities in relation to medication management.</p> <p>Medications are supplied in blister packs for regular and ‘as required’ use. All medications are checked on delivery against the medication chart, with any discrepancies promptly communicated to the supplying pharmacy. Medications are stored securely in the designated medication room located in the South Wing and within locked medication trolleys, with one trolley stored in the medication room and a second trolley located at the North Wing nurses’ station. Medication fridge and room temperatures are monitored daily, with records reviewed confirming temperatures were maintained within acceptable ranges. Monthly medication checks are completed, and eye drops are dated on opening and discarded in accordance with manufacturer instructions. Controlled drugs are stored and managed in accordance with legislative requirements, with routine stock checks and reconciliation completed.</p> <p>Sixteen electronic medication charts reviewed confirmed that medications are prescribed and reviewed by the general practitioner at least three-monthly, with photo identification and allergy status recorded for each resident. Processes are in place to identify, record, and communicate medication-related allergies or sensitivities, and to respond appropriately to adverse medication events. ‘As required’ medications are administered as prescribed, with effectiveness and outcomes documented in the electronic</p>
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		<p>medication system.</p> <p>Residents and family/whānau are informed of medication changes, including reasons for changes and potential side effects, and this communication is documented in progress notes. Over-the-counter medications, supplements, and alternative therapies are considered by the prescriber and are prescribed and charted prior to administration. Processes are in place to support safe self-administration of medications where appropriate; however, there were no residents self-administering medications at the time of audit. Standing orders are not used.</p> <p>Registered nurses and the clinical manager described processes to identify any difficulties residents may experience in accessing medications. Where barriers are identified, staff liaise with the general practitioner, pharmacy, and relevant health services to ensure timely access to prescribed treatments. Residents and family/whānau are supported to understand medication regimens, and assistance is provided to coordinate prescriptions and ongoing supply. Support is delivered in a culturally responsive manner, including for Māori residents and whānau, to ensure advice, treatment, and access to medications are appropriate and understood.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked onsite by a kitchen team led by a trained chef (head of kitchen), supported by an alternate cook and kitchen hands. The kitchen was observed to be clean, well-organised, and well equipped. A current approved food control plan is in place and available in the kitchen. Food services are guided by a food services manual, which includes food safety requirements and tikanga guidance to support culturally safe practice.</p> <p>Menu development considers residents’ food preferences, dietary needs, intolerances, allergies, texture modification requirements, and cultural and religious preferences. These are identified on admission and reviewed at least six-monthly as part of care plan reviews, or earlier if residents’ needs change. Residents are provided with menus in advance and are supported to select their</p>

		<p>meal preferences. Alternative meals are available when required. The four-weekly seasonal menu has been reviewed by an appropriately qualified dietitian, with the dietitian available to provide input into specific dietary requirements. Food is fortified where indicated, and prescribed nutritional supplements are provided.</p> <p>Residents and family/whānau interviewed were complimentary about the quality, variety, and choice of meals provided. Feedback on food services is obtained through resident meetings, surveys, and informal discussions, with residents able to speak directly with kitchen staff. The chef is visible to residents following meal service to discuss feedback and preferences.</p> <p>Meals are directly served in the main dining area and lounge, with meals transported safely to resident rooms in a hot box as required. Meal service was observed to be safe, well organised, and pleasant. Staff were observed assisting residents discreetly and respectfully, maintaining dignity. Modified plates and utensils are available to support residents' independence with eating. Nutritious morning tea, afternoon tea, supper, and beverages are provided daily, with additional snacks and drinks available 24 hours a day.</p> <p>Food safety practices are consistently implemented. Refrigerator and freezer temperatures are recorded daily and were within acceptable ranges. Hot food temperatures are monitored during preparation and service. Staff were observed wearing appropriate personal protective equipment, and cleaning schedules are maintained. Dry food is stored appropriately in closed, labelled containers.</p> <p>A holistic approach to menu development is evident. The food service respects and supports cultural beliefs, values, and protocols. Māori and Pacific menu options are available, and culturally specific meals can be provided on request. Residents may participate in food preparation activities as part of the activities programme, where appropriate to the service.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	Policies and procedures outline the process and required documentation to support safe, timely, and seamless transitions,

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>transfers, and discharges. Transfers and discharges are generally planned processes and are discussed and documented with residents and their family/whānau, including the reasons for transfer or discharge and any expressed concerns. Residents and family/whānau interviewed confirmed they are involved in decision-making and communication throughout the process.</p> <p>Residents and family/whānau are advised of available options to access other health and disability services, social supports, and kaupapa Māori or Māori health practitioners, where indicated or requested. Records reviewed evidenced support for residents to attend outpatient clinics, nurse specialist appointments, and allied health reviews, with family/whānau or advocates encouraged to attend appointments alongside residents where possible.</p> <p>When a transfer is planned, registered nurses complete a comprehensive verbal handover to the receiving service to communicate current care needs, identified risks, and required supports. A documented transfer or discharge plan is developed in collaboration with the resident, family/whānau, and the accepting service provider, and includes current needs, risk mitigation strategies, and required supports to ensure continuity of care.</p> <p>In the event of an acute deterioration, registered nurses initiate timely clinical escalation, including consultation with the general practitioner. Where urgent hospital transfer is required, ambulance services are contacted promptly and family/whānau are informed. Documentation reviewed confirmed that a summary of care needs, current medication chart, relevant legal documentation, and shared goals of care are provided to ambulance staff using the yellow envelope system to support safe transfer and continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	<p>FA</p>	<p>The building holds a current Building Warrant of Fitness. Buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The physical environment is inclusive of people's cultures and supports cultural practices.</p> <p>The maintenance manager (interviewed) is responsible for day-to-</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>day repairs and planned maintenance activities. A maintenance request book is located at the entrance and two nurses' stations, reviewed daily, with repairs prioritised and signed off on completion.</p> <p>An annual planned maintenance programme is in place and includes electrical testing and tagging, resident equipment checks, call bell testing, calibration of medical equipment, and monthly monitoring of hot water temperatures. Hot water temperature records reviewed confirmed temperatures were maintained within safe limits. Electrical testing and tagging is completed in accordance with the maintenance schedule. Calibration of clinical equipment, including hoists and scales, is managed through the planned maintenance programme to ensure ongoing safety and compliance. Essential contractors and tradespeople are available as required.</p> <p>The facility is a single-level building, supporting safe access and ease of movement for all residents. Corridors are sufficiently wide and fitted with handrails, enabling residents to mobilise safely using mobility aids, including wheelchairs and powered chairs. Residents were observed moving freely and safely throughout the facility. The physical environment promotes independence and minimises risk of harm.</p> <p>Communal areas are spacious and include lounges, dining areas, and alternative seating spaces to support relaxation, social interaction, and activities. Outdoor areas include gardens, seating, shaded spaces, ramps with handrails, and raised garden beds, providing safe and accessible access to outdoor environments. Gardens and grounds are well maintained.</p> <p>There are adequate numbers of toilets, showers, and bathing facilities to meet the needs of people receiving services. The north wing comprises 29 resident rooms, all of which have full ensuite bathroom facilities. The south wing comprises 31 resident rooms, each fitted with a handbasin, with shared shower, toilet, and bathing facilities provided. Shared bathroom facilities are conveniently located near resident rooms. All facilities are accessible, appropriately sized to accommodate shower chairs and commodes, fitted with privacy locks and vacant/in-use signage, and are designed to be easy to clean.</p>
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		<p>The clinical manager confirmed that residents with lifelong disabilities are accommodated in the South Wing. This placement is based on assessed needs and supports inclusion, independence, and participation. The South Wing is the location of the facility's main communal hub, including the principal lounge and dining areas, enabling residents to readily access social, recreational, and dining activities. This layout supports regular engagement, visibility, and timely staff support, while facilitating safe mobility and access to shared facilities in line with residents' individual care needs.</p> <p>Bedrooms provide adequate space for residents to move safely around their personal space and bed areas, including the safe use of mobility aids and hoists. Ceiling hoists are installed in several rooms to support residents with higher physical support needs. Caregivers interviewed confirmed there is sufficient space and appropriate equipment to safely provide care.</p> <p>All resident rooms have external windows providing natural light and ventilation. Heating throughout the facility includes underfloor heating in communal areas, supplemented by heat pumps and individual thermostats in resident rooms, ensuring a comfortable environment year-round. Residents and family/whānau interviewed confirmed they were satisfied with the temperature and comfort of the facility. Residents are encouraged to personalise their rooms, which was observed on the day of audit.</p> <p>The facility manager confirmed that the Board includes Māori representation and that Māori have been involved in consultation on previous building developments. The service is aware of the requirement to engage with Māori and whānau in any future building alterations or extensions to ensure environments reflect Māori aspirations and identity.</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>FA</p>	<p>Emergency and security arrangements are implemented to ensure the safety of residents, staff, and visitors during emergencies and unexpected events. Emergency management policies and procedures outline specific emergency response and evacuation requirements, including staff roles and responsibilities. A Fire and</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>Emergency New Zealand–approved evacuation plan is in place and was sighted. The building is divided into fire cells, with procedures directing evacuation to an adjacent fire cell where appropriate. Fire evacuation drills are completed six-monthly, with the most recent drill completed in December 2025.</p> <p>Emergency management plans address a range of scenarios, including fire, civil defence, and utility disruptions. Civil defence supplies, including food, water, and essential items, are available on site and checked at regular intervals in accordance with the emergency management plan. There are adequate supplies in the event of a civil defence to provide residents and staff with three litres per day for a minimum of three days. Alternative energy and utility arrangements are documented, including access to alternative power supply and gas cooking facilities to ensure continuity of services during outages.</p> <p>Emergency management, fire safety, and security procedures are included in staff orientation and ongoing education, with information also provided to external contractors where relevant. Staff first aid training ensures that a suitably trained person is always available on site. Call bell systems are installed in resident rooms, ensuites, communal toilets, and lounge and dining areas, with indicator lights and panels to alert staff. Call bells are tested monthly, with the most recent audit demonstrating full compliance. Residents were observed to have call bells within reach. Residents and family/whānau interviewed provided mixed feedback regarding response times.</p> <p>The facility is secured after hours, with staff completing routine night security checks. Security cameras are installed at entrances and throughout the facility. Emergency and security arrangements are explained to residents and family/whānau on admission and reinforced as required, supporting a planned and safe approach to care delivery during emergencies.</p>
<p>Subsection 5.1: Governance The people: I trust the service provider shows competent leadership</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship (AMS) programmes are appropriate to the size and</p>

<p>to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>complexity of the service, is approved by the facility manager and clinical manager in conjunction with the external consultant. The infection control programme and AMS programme links to the quality improvement plan and business operations plan. The infection control programme and AMS programme is developed by an external consultant that provides support to the facility manager and clinical manager.</p> <p>The board receives information via the facility manager and clinical manager monthly report where any significant events are reported. This was confirmed in an interview with the chair of the board. Furthermore, infection rates are presented and discussed at the monthly quality improvement meeting and full staff meetings. Documented evidence showed infections were reviewed with the GP and appropriately managed.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality improvement system and reported on annually. A senior RN is the infection prevention and control coordinator and oversees the infection control and prevention programme. There are clearly documented roles and responsibilities related to the infection control coordinator role.</p> <p>The infection prevention and control coordinator has completed external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. The infection prevention and control policies have been developed by an external consultant. The procedures and policies reflect the requirements of Ngā Paerewa NZS 8134:2021 and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that may impact on HAI risk.</p> <p>Staff became thoroughly familiar with policies through comprehensive training provided during orientation and ongoing</p>

		<p>education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs.</p> <p>Single use medical devices are not reused and were seen to be safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and this is audited to ensure its safe working state and regular decontamination. The infection prevention and control coordinator procures all equipment and consumables with support from the facility manager and clinical manager.</p> <p>The pandemic plan includes the management of unwell residents, management of staff and visitors, food, and laundry services. There is a framework for communicating significant events through the monthly quality improvement meeting. An outbreak response is documented, and the pandemic plan has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p> <p>The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control.</p> <p>The infection prevention and control coordinator understands the process of involvement, should there be plans for development and ongoing refurbishments of the building.</p>
<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>FA</p>	<p>The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The antimicrobial stewardship (AMS) programme had been approved by the facility manager and clinical manager.</p> <p>The infection prevention and control coordinator, clinical manager and general practitioner monitor compliance with antibiotic and</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. Action plans are developed when necessary to improve AMS activities.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto an infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at various meetings.</p> <p>The infection prevention and control coordinator oversees the infection surveillance programme. Infection prevention and control data, along with any relevant issues, and progression of infections are communicated to residents and family/whānau as needed. Interview with the infection prevention and control coordinator evidence communication processes are culturally safe.</p> <p>Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed.</p> <p>There has been one outbreak since the previous audit. Lister Home staff adhered to its outbreak management plan and processes to notify appropriately. There is sufficient PPE stored, and regular training sessions include outbreak management.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p>	<p>FA</p>	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management.</p>

<p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>There are laundry assistants employed to provide laundry related tasks seven days a week. Chemicals were stored securely, and a closed chemical dispensing system is used. Material safety and data sheets are available. All relevant staff have completed chemical training. Cleaners are allocated to the roster seven days week. The cleaners' trolleys are stored securely when not in use. The laundry assistant and cleaners interviewed stated they are equipped to perform their tasks.</p> <p>All linen, personals and kitchen items are laundered on site. Linen cupboards had enough good quality linen and towels. The laundry has a dirty to clean flow and folding occurs separately. There are five sluicing facilities within the service and three are equipped with sanitizers. All have appropriate PPE available and separate hand-washing facilities.</p> <p>The laundry assistant stated that they received training on operating the washing machines. Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility is consistently clean. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The organisation demonstrates a clear commitment to work towards restraint elimination, with restraint used only as a last resort where all alternative strategies have been explored and safety risks remain. This commitment is articulated through the Restraint Policy, which promotes least-restrictive practice, upholds residents' dignity, mana, and cultural values, and requires that restraint be time-limited, closely monitored, and regularly reviewed.</p> <p>At the time of the audit, one resident was using restraint (bed rail and lap belt). Review of the resident's file confirmed that comprehensive assessment, informed consent, family/whānau involvement, monitoring, and review processes were completed in</p>

	<p>accordance with policy requirements, and that restraint use was limited to the minimum duration necessary to ensure safety.</p> <p>Governance oversight of a process to eliminate restraint is evident. Restraint-related matters are monitored at service level and reported to the Community Trust Board, supporting organisational accountability and oversight. The Board further strengthens transparency and community voice through engagement with a local advocacy group, "Friends of Lister," which provides an avenue for community representation and advocacy for residents. These mechanisms support the inclusion of lived experience, Māori, and whānau perspectives in restraint oversight and continuous improvement processes.</p> <p>Executive leadership responsibility for restraint minimisation and elimination is clearly defined through the designated restraint coordinator role, held by the clinical manager. A formal job description outlines accountability for maintaining the restraint register, ensuring compliance with policy and standards, and overseeing monitoring and review processes. Staff interviewed demonstrated a clear understanding of the organisation's commitment to eliminating restraint and their responsibilities in applying least-restrictive practice.</p> <p>Policies and procedures related to restraint are comprehensive and underpinned by best practice. They outline holistic assessment processes designed to avoid restraint use, approval and consent requirements, de-escalation strategies, monitoring and documentation expectations, and regular review and evaluation. Alternative interventions are embedded within clinical and behavioural management practices, and approved restraint types are subject to periodic review to support ongoing restraint minimisation.</p> <p>Staff education and competence in restraint minimisation and safe practice are supported through orientation and the mandatory training programme. Training includes least-restrictive practice, informed consent, cultural considerations, alternative interventions, and de-escalation techniques. Staff have completed annual restraint competencies and were able to describe restraint minimisation principles and safe practice expectations during interview,</p>
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		demonstrating a culture of continuous learning.
<p><b>Subsection 6.2: Safe restraint</b></p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>The service demonstrates safe restraint practices that are consistent with least-restrictive principles and the restraint policy. At the time of the audit, one person with lifelong disability (hospital level care) was using bedrails and lap belt. Review of the resident’s clinical record and the restraint register confirmed that restraint was approved as a last resort, following assessment and trial of alternative interventions, including (but not limited to) intentional rounding, and falls prevention measures. Adequate time was taken for assessment and planning, and the environment was assessed as appropriate and safe. Written consent for restraint use was obtained from the resident, the enduring power of attorney, and the general practitioner, and restraint approval was reviewed three-monthly in accordance with policy requirements.</p> <p>The frequency and extent of monitoring during restraint are determined during the approval and review process and implemented in line with the resident’s care plan. Monitoring documentation reviewed confirmed observations were completed as scheduled. Bedrails are used only when the resident is in bed, primarily during night shift, and lap belt to stabilised when in wheelchair. Each episode of restraint is time limited. Monitoring considers the resident’s physical, psychological, spiritual, cultural, and psychosocial needs, including wairuatanga. Māori staff are available as required to provide advice regarding cultural considerations associated with restraint use, supporting culturally safe care.</p> <p>A restraint register is maintained, and restraint use is documented in sufficient detail within the resident’s clinical record. Documentation clearly records the type of restraint used, the rationale for restraint, alternative strategies trialed, consent processes, duration and frequency of use, monitoring undertaken, and outcomes. No injury, harm, or trauma associated with restraint use was identified. Restraint use is reviewed regularly as part of ongoing clinical review and is discussed at facility meetings. In addition, restraint practice is</p>

		<p>formally reviewed annually through the internal audit programme.</p> <p>The restraint policy stated, 'the registered nurse must provide written verification to the resident's health practitioner in the event of having to apply restraint in emergency situations prior to obtaining a completed restraint consent form for future use of restraint.' No emergency restraint events have occurred since the last audit.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service maintains a strong focus on quality review processes to support restraint minimisation and progression toward a restraint-free environment. Restraint practices are subject to ongoing monitoring and formal review processes that are underpinned by a human-rights-based approach, principles of enabling good lives, least-restrictive practice principles, and respect for residents' dignity, mana, and cultural identity. At the time of the audit, restraint use was limited to one resident using bedrails and lap belt, enabling meaningful and individualised review of restraint practice.</p> <p>Restraint data is collected through the restraint register, clinical documentation, and monitoring records, allowing the service to identify the type, frequency, duration, and rationale for restraint use. This information is reviewed as part of routine clinical oversight and facility meetings, with a focus on mitigating risk to residents and staff, assessing the ongoing necessity and safety of restraint, and identifying opportunities to further reduce or eliminate restraint use. Alternative strategies trialled, including least restrictive and de-escalation approaches, are reviewed to inform care planning and continuous improvement.</p> <p>Comprehensive reviews of restraint practice are undertaken at least six-monthly, with a formal annual review completed through the internal audit programme. The most recent review evaluated compliance with restraint policies and procedures, the appropriateness and duration of restraint use, consent processes, monitoring requirements, documentation standards, and alignment with current evidence-based practice. Reviews also considered whether care plans identified and implemented alternative strategies to restraint, and whether restraint remained necessary.</p>

		<p>The perspectives of residents and whānau are incorporated into restraint review processes through documented consultation, consent, monitoring feedback, and evaluation of restraint use. Advocate and whānau involvement is considered at both the initiation and review stages of restraint, supporting a person-centred and whānau-centred approach. Where applicable, cultural considerations are incorporated into review processes, and the service maintains a focus on reducing inequities in restraint use for Māori through culturally responsive practice, access to Māori staff support, and alignment with the Māori health plan.</p> <p>Outcomes of restraint reviews, including identified learnings and improvement opportunities, inform updates to care plans, staff education, and service practices. Restraint review findings (if any) are reported through established governance and quality pathways, supporting organisational oversight and accountability. The provider does not use seclusion.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	<p>The staff training policy documented for the service described the various competencies required for nursing staff and the caregivers. Staff reported they are provided with opportunities annually to complete the required competencies. The administrator keeps a schedule of competencies completed. All staff who required a medication administration competency has one on file.</p> <p>All staff are required to complete competency assessments as part of their orientation and include hand hygiene, restraint, manual handling and transfer competencies. In addition to the mentioned competencies RNs are required to complete wound care competencies. Not all staff have completed the required competencies.</p>	<p>(i). All caregivers hold a manual handling and transfer competency; however, four RNs have not completed a manual handling competency within the last 24 months.</p> <p>(ii). All registered nurses are expected to hold a wound care competency and six have not completed the required competency.</p> <p>(iii). All staff are required to complete a restraint competency; however, four RNs and 13 caregivers have not completed the competency in the last 12</p>	<p>(i)- (iv). Ensure all competencies are completed as required by the staff training policy.</p> <p>90 days</p>

			months... (iv). All staff are required to complete hand hygiene competencies; however, five RNs and 16 caregivers have not completed the competency in the last 12 months.	
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.