

# Scovan Healthcare Limited - Taurima Rest 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:

<b>Legal entity:</b>	Scovan Healthcare Limited	
<b>Premises audited:</b>	Taurima Resthome	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 22 January 2026	End date: 23 January 2026
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	28	

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Taurima Rest Home provides rest home level of care for up to thirty residents. On the day of the audit, there were twenty-eight residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, staff, nurse practitioner, and management.

The facility nurse manager is experienced and is supported by a clinical manager, and a team of clinical and non-clinical staff. Interviews with residents, family/whānau and the nurse practitioner were all positive and complimented the management and staff for providing a resident-centred service for the community.

This certification audit identified that the service meets the standard.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Taurima Rest Home provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights are included in the information packs given to new or potential residents and family/whānau.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. Taurima Rest Home has a documented quality and risk management system. There is a clinical governance structure in place that is appropriate to the size and complexity of the service provision. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis.

There are human resources policies including recruitment, selection, orientation, staff training, and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. The staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The clinical manager efficiently manages the entry process to the service. Residents were assessed before entry to service to confirm eligibility. Registered nurses and the general practitioner or nurse practitioner complete all admission procedures within required timeframes. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care. The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

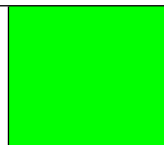
Medication policies reflect legislative requirements and guidelines. The clinical manager and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements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

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

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

## Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained.

The facility is fit for purpose and complies with legislation relevant to the services provided. The environment is inclusive of residents' cultures and supports cultural practices. The building holds a current warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are sufficient shared facilities to meet resident needs. There are communal shower rooms with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security of the facility is managed to ensure safety of residents and staff.

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

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

Subsections applicable to this service fully attained.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers, and visitors. The infection prevention control programme is implemented and meets the needs of Taurima Rest Home and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been outbreaks reported since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is restraint free. This is supported by the governing body. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The service maintains a proactive response to maintaining their restraint free stance. The service has no residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana Motuhake. Taurima Rest Home is committed to respecting self-determination, cultural values, and beliefs of Māori residents and whānau. There were residents who identified as Māori at the time of the audit. There are clear processes to include tikanga in everyday practice and training for staff. All staff have completed training around Te Tiriti o Waitangi.</p> <p>The facility nurse manager identifies as Māori with extensive links to local marae, kaumātua, kuia and other providers in the community. These established relationships ensure provision of guidance to Taurima Rest Home staff regarding cultural practices, providing interpreting support as required to meet the needs of the residents and their family/whānau as well as engagement for Māori residents in community cultural activities. Residents and family/whānau at Taurima Rest Home engage in providing input into the resident’s care planning, their activities, and their dietary needs. The service can also access kaumātua from Health New Zealand for support and guidance. Cultural assessments are completed for residents who identify as Māori when</p>

		<p>admitted.</p> <p>Taurima Rest Home focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents receiving care and support. The facility nurse manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities at Taurima Rest Home. At the time of the audit there were staff who identified as Māori. Taurima Rest Home evidence commitment to a culturally diverse workforce as demonstrated in the Māori health plan.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.</p> <p>Interviews with six staff (two caregivers, one activity coordinator [diversional therapist], maintenance officer, cleaner, and a kitchen manager) and two managers (facility nurse manager, clinical manager) and documentation reviewed described how care is based on the resident's individual values and beliefs. One director/owner (general manager) was also interviewed.</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>A Pacific health plan is documented that focuses on upholding the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. On admission all residents state their ethnicity. There were no residents identifying as Pasifika during the audit.</p> <p>Although there were no Pasifika residents at the time of the audit, the managers interviewed explained that family/whānau would be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Individual cultural beliefs are documented in the resident's care plan and</p>

		<p>activities plan. The facility nurse manager and clinical manager stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>The facility nurse manager described how Taurima Rest Home continues to provide equitable employment opportunities for the Pacific community. There were no staff that identified as Pasifika at the time of the audit. Taurima Rest Home has links with the local Pacific community and can be accessed as needed to ensure connectivity within the region. Copies of the Code are accessible in Tongan, Samoan, and other Pasifika languages when required.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility nurse manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, te reo Māori and sign language.</p> <p>Discussions relating to the Code are held during the resident meetings. Five residents and one family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Other formats are available online. There are links to spiritual support documented in the policy. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan that is in place.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and</p>	FA	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had</p>

<p>respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Taurima Rest Home education plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Interviews with residents and family/whānau confirmed that they are both treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education programme. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no couples receiving services at the time of the audit Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The facility nurse manager, clinical manager and staff have completed training related to te ao Māori as part of their orientation and ongoing as part of the roles. They were observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. The activity coordinator confirmed that the service actively supports Te ao Māori by identifying needs and aspirations which include the physical, spiritual, family/whānau, and psychological health of the resident.</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Taurima Rest Home policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. Policies guide staff on how to address the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias, and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff have been provided with education on how to identify abuse and neglect (last completed March 2025). All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances and protect their property. Professional boundaries are defined in job descriptions.</p> <p>Interviews with management and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes reviewed evidence a supportive working environment that promotes teamwork. Taurima Rest Home promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents including Māori.</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 about the facility and services offered is provided to residents and family/whānau on admission. The information pack reviewed that is provided to residents and family/whānau on admission includes information on the Code, advocacy services, and complaints. Resident and family/whānau meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or</p>

		<p>not) of an accident/incident; communication is also documented in the progress notes. All the accidents/incidents reviewed showed evidence that next of kin had been notified.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through meetings, telephone calls, and emails.</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</p>	<p>FA</p>	<p>There are policies around informed consent. Six resident files reviewed included informed consent forms signed by either the resident or their enduring power of attorney (EPOA). Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed there were appropriately signed resuscitation plans and advance directives completed. The service follows relevant best practice tikanga guidelines welcoming the involvement of whānau in decision making where the person receiving the services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all files sampled. Copies of EPOA's or welfare guardianship</p>

<p>to exercise independence, choice, and control.</p>		<p>were in resident files where applicable. Where the EPOAs are activated a medical letter of incapacity is on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code of Health and Disability Services Consumers' Rights and complaints process is visible and available in te reo Māori and English. A complaints register is being maintained which includes all complaints (verbal and written), dates and actions taken. There have been no internal or external complaints received since last audit. The facility nurse manager is responsible for the management of complaints. Interview with the facility nurse manager confirmed their awareness of complaints process in line with the guidelines set out by Health and Disability Commissioner (HDC).</p> <p>Family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility nurse manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational</p>	<p>FA</p>	<p>Taurima Rest Home, located in Taranaki, is one of two facilities owned and operated by Scovan Healthcare Limited. The service provides rest home level care for up to thirty beds. At the time of audit, there were twenty-eight residents including one on the long-term support-chronic health care contract (LTS-CHC). The remaining residents were under the age-related residential care (ARRC) agreement. There is one double room which was singly occupied at the time of the audit.</p>

<p>operational policies. 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>One of the directors/owners is the general manager who provides operational support for the service and the other is responsible for financial management and maintenance related issues. The facility nurse manager documents a monthly report, which includes commentary on all aspects of the quality programme and operations/clinical aspects of the service. This is discussed in the three-monthly management meetings held to allow a full review of progress. The facility nurse manager also provides the general manager with a weekly key performance indicator (KPI) report that keeps directors/owners updated with the day-to-day operations of the facility. The facility nurse manager is able to contact the general manager at any time and stated that they were responsive.</p> <p>The facility nurse manager identifies as Māori and brings an equity and focus on improving outcomes for Māori to the meetings. This includes analysis of internal processes (using the Māori Health Key Performance Indicator reporting), business planning, and service development to improve outcomes for residents. The service has processes in place to achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. This includes input from Māori staff and family/whanau into policies, procedures, and annual service reviews. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha and Māori. Collaboration with family/whānau who identify as Māori and/or tāngata whaikaha reflect their input for the provision of equitable delivery of care. The managers have completed cultural training and competence.</p> <p>Taurima Rest Home has a documented mission statement, philosophy and values that is focused on the provision of quality care where residents' independence is encouraged, and individual needs identified and met in order to enhance each resident's quality of life. The philosophy is about providing needs-based care and support for residents to lead an engaged and 'family focused' life. The business plan for 2025-2027 provides specific aims, and ambitions to be achieved with this reviewed on a quarterly and annual basis through management meetings attended by the directors/owners (general manager included) and the facility nurse manager. The 2025 plan has been reviewed.</p> <p>The general manager, interviewed on the day of the audit, was</p>
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		<p>knowledgeable around legislative and contractual requirements and is experienced in the aged care sector, having owned and managed aged care facilities for more than a decade. The general manager is a registered nurse as are the facility nurse manager and the clinical manager. Together with the nurse practitioner they all provide oversight with clinical governance appropriate to the size and scope of the service.</p> <p>The facility nurse manager, a registered nurse with over twelve years' experience in aged care, has been in the role for three and a half years. They hold a current practising certificate and have a post graduate qualification in health sciences. They are supported by a clinical manager who has been at Taurima Rest Home for over twenty years. The facility nurse manager and clinical manager have maintained the required hours of professional development activities related to managing an aged care facility, including (but not limited to) attendance at the regional aged care meetings, business management coaching, palliative care, challenging behaviour, resilience and burn out.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Taurima Rest Home has an established quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The quality management system benchmarks the quality data collated internally. Quality data is reported to the directors/owners in the monthly facility nurse manager report. There was documented evidence in the staff meetings of discussions held around quality data. Meeting minutes are made available to staff who were unable to attend the meeting. Facility meetings have been held according to schedule.</p> <p>Taurima Rest Home implements a continuous quality improvement approach with service delivery including critical review of clinical data, benchmarking and identifying opportunities for improvement. Quality improvement projects include those related to cultural awareness in relation to Māori accessing care and communication pathways employed by the service to keep family/whanau connected with what is</p>

	<p>happening within the facility and with the residents.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home level of care residents. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Management, staff, and the directors/owners have completed cultural training, including Te Tiriti o Waitangi, to ensure all residents are cared for in a culturally sensitive way.</p> <p>Resident and relative satisfaction surveys are conducted as per the resident and relative satisfaction survey results and food satisfaction have been collated and analysed. Outcome of the results showed an overwhelming satisfaction with all aspects of service delivery including satisfaction with food services. The survey results evidenced responses that showed respondents showing responses of 'agree' and 'strongly agree' across all the criteria assessed. Results from surveys have been shared with staff, residents, and family/whānau. Resident and family/whanau meetings occur monthly. Minutes reviewed demonstrated issues raised are followed up with actions being reported back to the meeting.</p> <p>Health and safety policies are implemented and monitored through the monthly staff meetings. Risk management, hazard control and emergency related policies and procedures are in place. The facility nurse manager has oversight with health and safety for the facility. The facility nurse manager was interviewed about the health and safety programme. The hazard register is maintained and was up to date as sighted on the day of the audit (last reviewed 14 December 2025). There is a risk register in place that is current and updated as new risks arise. The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and in the facility nurse manager's monthly report. Incident data was evidenced as discussed at the staff meetings and a summary kept in staff areas.</p>
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		<p>Discussions with the facility nurse manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission required to be completed since the last audit. There has been an outbreak appropriately documented and reported since last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The facility nurse manager, interviewed, confirmed staff needs and shortages are reported to directors/owners. The roster provides sufficient and appropriate coverage for the effective delivery of culturally and clinically safe care 24 hours a day seven days a week. The service adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced caregivers, with support from the facility nurse manager and clinical manager. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. There are dedicated activities, maintenance, kitchen, and cleaning staff supporting service delivery.</p> <p>The service contacts, own staff, and those on the casual pool to cover short notice absences. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and review of meeting minutes. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The managers (facility nurse manager, clinical manager) work full time Monday to Friday. There is shared on-call cover between the facility nurse manager and the clinical manager. Maintenance staff are rostered two days a week with on call cover by the maintenance officer as required.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete cultural awareness training at orientation and ongoing as part of the</p>

	<p>training schedule. External training opportunities for care staff include training through Health New Zealand and hospice. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The mandatory training delivered creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Taurima Rest Home supports all employees to transition through the (NZQA) Careerforce Certificate for Health and Wellbeing. There are ten caregivers employed in total. Seven caregivers have achieved level 4, and above qualification. A record of completion is maintained on electronic system and staff files.</p> <p>All staff are required to complete competency assessments as part of their orientation and maintain these annually. The facility nurse manager and clinical manager are the only two registered nurses for the service. They complete specific competencies that include (but not limited to ) medication administration, wound care, syringe driver and interRAI assessments. They are both interRAI trained and have current syringe driver competency. The facility nurse manager and clinical manager attend as well as facilitate in-service training. They also complete additional training related to critical thinking and clinical reasoning; infection prevention and control; identifying and assessing the unwell resident; and palliative care.</p> <p>All caregivers are required to complete annual competencies including (but not limited to), manual handling, cultural safety, and hand hygiene. A selection of caregivers have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic system and in staff files.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</p> <p>Taurima Rest Home environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and</p>
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		decision-making tools to achieve health equity for Māori.
<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>Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals including but not limited to registered nurses, nurse practitioner, podiatrist, pharmacists, and physiotherapist. There is a policy related to performance review process in place and a performance review schedule maintained by the facility nurse manager. All staff who have been employed for over a year have completed performance reviews on file.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and annually. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents. Documentation was sighted that confirmed debrief to ensure wellbeing support is provided. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	<p>There are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents and staff are retained and archived. Residents' information is</p>

<p>and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>held for the required period before being destroyed. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility nurse manager reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The facility nurse manager is the privacy officer and there is a pathway of communication and approval to release health information.</p> <p>The service is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau members and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The service openly communicates with potential residents and family/whānau and provide updates where delays are incurred during the admission process.</p>

		<p>The facility nurse manager and clinical manager are available to answer any questions regarding the admission process. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available or if the assessed needs of the residents surpass what the service can safely provide. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. This must include specific data for entry and decline rates for Māori. The facility has established links with local Māori who provide cultural advice and guidance around the admission process where required. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.</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>Six resident records were reviewed including one resident on the LTS-CHC contract. The clinical manager is responsible for all resident's assessments, care planning, and evaluation of care. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment.</p> <p>All LTCPs and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is</p>

	<p>evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the clinical manager. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates.</p> <p>Interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the general practitioner or nurse practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner or nurse practitioner within required timeframes and when their health status changes.</p> <p>There is one contracted medical practice who has most residents under their care. Medical documentation and records reviewed were current. When interviewed, the nurse practitioner stated the standard of care was good. After hours support is provided by the contracted medical practice. If a physiotherapist is required a referral is completed. A podiatrist visits regularly and a raft of medical/health specialists can be accessed through Health New Zealand. An adequate supply of wound care products was available at the facility. There were no wounds at the time of audit. A review of recent wound care plans that had been resolved, evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photographs were taken when this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure,</p>
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		<p>weight monitoring, and bowel records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified, and strategies to manage these are documented in the resident's care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>Staff interviews confirmed what processes are in place to ensure they have sufficient information regarding the residents needs and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift. This was sighted on day of audit and found to be comprehensive in nature.</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>There is a full-time activity coordinator (diversional therapist). The activity coordinator has a current first aid certificate. The activity programme is delivered Monday to Friday with weekend activities being supported by the caregivers. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The programme reviewed was written in te reo and English. Regular displays of resident outing/activities are shared with family/whānau and posted on the large notice board within the facility.</p> <p>The activity coordinator actively facilitates opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room have one-on-one visits and activities such as walks around the gardens, nail painting and book reading and letter writing. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Resident/whānau cultural needs are written with Te Whare Tapa Wha model. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance</p>

		<p>list is maintained for activities, entertainment, and outings. Activities include newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; bingo; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services.</p> <p>Scheduled resident and family/whānau meetings include a set agenda covering staff updates and news and events within the facility. Family/whānau are welcome to attend these. Residents are encouraged to provide feedback on activities at the meetings, six-monthly reviews and on an ad hoc basis with any staff member. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The clinical manager and facility nurse manager complete syringe driver training. Staff were observed to be safely administering medications. The clinical manager and caregivers interviewed could describe their role regarding medication administration.</p> <p>The facility uses blister packs for regular use and 'as required' medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were stored securely in the rest home. Medication trolley was locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner or nurse practitioner and charted on the electronic medication chart. Controlled drugs are stored appropriately, and weekly stock checks have occurred</p>

		<p>as scheduled. The six-monthly controlled drug physical check and reconciliation have been completed as scheduled.</p> <p>Twelve (12) electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner or nurse practitioner reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were no residents self-administering on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers sign when the medication has been administered. There are no vaccines kept on site. Standing orders are not used. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The clinical manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>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 on site. The kitchen was observed to be clean, well-organised and well equipped. A current food control plan was in place, expiring in July 2026. Where dry ingredients were decanted into containers for ease of access there is evidence of a decanting and/or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. There are three cooks supporting food service. Kitchen staff have completed safe food handling. There is a food services manual available in the kitchen/container area.</p> <p>The kitchen manager receives resident dietary information from the clinical manager and is notified of any changes to dietary requirements and/or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Residents’ profiles had been reviewed in line with their six-monthly reviews and</p>

		<p>updated if required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented.</p> <p>Staff interviewed could describe tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The cook maintains records for fridge, freezer, and chiller temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Evidence was provided of cleaning schedules being maintained.</p> <p>Meals are served directly from the kitchen. Residents were observed enjoying their meals. Staff were observed supporting residents with meals in the dining area as required. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident and family/whānau meetings, through resident surveys and on an ad hoc basis with any staff member. There is adequate food supply available for each resident for minimum of three days.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation including the "yellow envelope" checklist. Where residents need to be seen or choose to be referred to another health service a referral is completed. Residents attending an external appointment are encouraged to be accompanied by family/whānau.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires 29 June 2026. A maintenance officer (interviewed) addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked by the maintenance officer and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in August 2025). Resident equipment checks, call bell checks, and testing of hot water temperatures occur. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned.</p> <p>The building is a single level building with easy access to the garden. The maintenance officer maintains the gardens and grounds. There are outdoor ramps with handrails, outdoor seating, shaded areas, and garden beds. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The caregivers interviewed stated there was sufficient equipment to safely carry out the resident cares as documented in care plans.</p> <p>All toilet and bathroom facilities are shared. There are sufficient toilets and bathrooms throughout the facility. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms.</p> <p>There is one double room currently occupied by a single resident. All other bedrooms are single occupancy. The resident rooms have handbasins and are large enough to provide care and allow for the safe use and manoeuvring of mobility aids. All resident rooms are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit.</p> <p>Group activities occur in the lounge and residents interviewed stated they were able to use alternative spaces if they did not wish to participate in the group activities.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly with the last one completed 5 December 2025.</p> <p>Civil defence supplies are stored centrally and checked at regular intervals. In the event of a power outage, there is a back- up generator available (correspondence sighted) and gas cooking (portable gas cookers). There is adequate food and water supply available for each resident for minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan.</p> <p>A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and staff complete security checks.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Taurima Rest Home quality programme, which is linked to the business plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Health New Zealand and Public Health. Infection prevention and control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the infection control coordinator, the nurse practitioner, and the public health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the directors/owners. The infection control coordinator (clinical manager) is informed of any outbreaks, and these are reported immediately to the directors/owners.</p> <p>The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical manager holds the portfolio of infection control coordinator. They lead, oversee, and coordinate the implementation of the infection control programme and antimicrobial stewardship (AMS). Infection control coordinator responsibilities and reporting requirements are defined in the infection control job description. They have access to shared clinical records and diagnostic results of residents. The infection control coordinator has completed online external education in infection prevention and control for clinical staff.</p> <p>The management team and director/owners have approved the infection control programme. The infection control programme is discussed at staff meetings. Infection control data is included in the monthly facility nurse manager quality reports, which are discussed at management meetings.</p> <p>The infection prevention and control manual include a comprehensive range of policies, standards, and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak</p>

	<p>management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection control coordinator has access to support from the infection control specialist at Health New Zealand, the nurse practitioner and public health team.</p> <p>The infection control coordinator interviewed, described the pandemic plan, and confirmed the implementation of the plan proved to be successful at the times of outbreaks. Infection prevention and control resources were readily accessible to support the pandemic plan if required. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices. The infection prevention and control audits monitor the effectiveness of education and infection control practices.</p> <p>The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates.</p> <p>Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention and control information available in te reo Māori. The infection control coordinator and staff are aware of the need to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. There are procedures to check these are monitored through the internal audit system. The infection control coordinator described a clear process of involvement, should there be plans for development and ongoing refurbishments of the building. Infection prevention and control is part</p>
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		<p>of the staff and management meetings.</p> <p>The infection control coordinator is committed to the ongoing education of staff and residents, as described in infection control policies. Infection prevention and control is part of staff orientation and included within the mandatory staff training schedule. Staff have completed training related to hand hygiene, standard precautions, and personal protective equipment. Resident education occurs as part of the daily cares.</p> <p>Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</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>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff meetings and the nurse practitioner. Significant events are reported to the directors/owners immediately. Laboratory diagnostic testing reports are reviewed, and residents are prescribed appropriate antibiotics according to the sensitivity results. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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</p>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the infection control coordinator and is included in the facility nurse manager monthly report to the directors/owners. Infection prevention and control surveillance is</p>

<p>with an equity focus.</p>		<p>discussed at staff meetings, as confirmed by staff interviewed and review of staff meeting minutes.</p> <p>The infection control coordinator described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection. The service receives information from Health New Zealand services for any community concerns.</p> <p>There has been one outbreak since the previous audit - Covid-19 in May 2025. The outbreak was well documented with debrief meeting identifying what went well and areas of improvement for future outbreak management. The outbreak was well managed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept safely on the cleaning trolleys, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they performed their duties on the days of audit. There is a designated sluice room with a stainless-steel bench and separate handwashing facilities are available. Eye protection and other PPE are available. Staff have completed chemical safety training (last completed November 2025). A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by caregivers as part of the shift duties seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident in the well-ventilated laundry area. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There is one</p>

		<p>commercial washing machine and one commercial dryer. The washing machine and dryer are checked and serviced regularly. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. Resident clothes are delivered to residents' rooms each shift. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition.</p> <p>There are dedicated cleaners on seven days a week. Cleaning trolleys are attended to at all times and locked away in the cleaners' cupboard (located in the sluice room) when not in use. Cleaning schedules have been maintained for daily and periodic cleaning. All chemicals on the cleaning trolley were labelled. Appropriate personal protective clothing was readily available. The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. There were cleaning and laundry related audits completed by as part of the internal auditing system with results demonstrating compliance.</p> <p>The infection control coordinator provide support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit.</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 director/owner (interviewed) is committed to maintaining restraint-free services. The restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau, and the choice of device must be the least restrictive possible. Should restraint be considered, the facility nurse manager and clinical manager described the need to work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the staff meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p>

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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

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End of the report.