

# Living Waters Medical Solutions Limited - Living Waters Rest Home

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## Introduction

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

The audit has been conducted by 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>	Living Waters Medical Solutions Limited	
<b>Premises audited:</b>	Living Waters Rest Home	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 14 January 2026	End date: 15 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>	19	

# 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

Living Waters Rest Home is part of Living Waters Medical Solutions Limited and is located in Whanganui. Living Waters Rest Home provides rest home level of care for up to 21 beds. There were 19 residents at the time of the audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a nurse prescriber.

The overall management is provided by a facility manager for both Living Waters and Medical Solutions Limited facilities in Whanganui. They are supported by a clinical manager. Living Waters also has an onsite, full time registered nurse.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

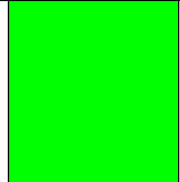
Seventeen of the eighteen shortfalls identified at the previous audit around: family communication, ensuring safe and effective care, governance involvement in the quality system, clinical governance, full implementation of the quality system, communication to staff around quality and review of the business plan, the roster and clinical oversight, staff orientation, staff appraisals, integration of resident records, time frames for completion of care plans, care plan documentation, documented activity plans, six monthly fire

drills, training for the infection control coordinator, annual review of the infection control programme and outbreak management have all been addressed.

There are shortfalls around neurological observations and registered nurse follow up post falls that have not been addressed.

This audit did not identify any new shortfalls.

## 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.
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There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Living Waters demonstrates their knowledge and understanding of resident’s rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers’ Rights, and complainants are kept fully informed.

## 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.

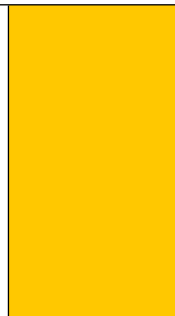
Living Waters has a governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The current business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. Regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.



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


The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files evidence a multidisciplinary team approach.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

All residents' transfers and referrals are coordinated with residents and family/whānau.

## 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.
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

## 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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There have been two outbreaks since the previous audit.

## 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 restraint coordinator is a registered nurse. The facility was restraint free at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## 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	21	0	0	1	0	0
Criteria	0	54	0	0	1	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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	A Māori Health Plan is documented for the service which provides recognition of Māori values and beliefs. 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.
<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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access and reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. At the time of the audit, there were Pacific staff and residents who confirmed that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced.

<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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed in English and te reo Māori. The facility manager and clinical manager demonstrated how the welcome packs are given in the language most appropriate for the resident, to ensure they are fully informed of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff have received education around and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff (two caregivers, one registered nurse, the cook, and maintenance officer), and management (the facility manager and the clinical manager) interviewed demonstrated an understanding of professional boundaries.</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>	FA	<p>Accident/incident forms have a section to indicate if the next of kin have been informed (or not). Any communication is documented in the progress notes as well. All ten accident/incident forms reviewed evidenced that family/whānau and next of kin were informed of the incidents as well as documentation in the resident progress notes. This is an improvement from the previous audit.</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 around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with three family/whānau and three residents confirmed their choices regarding decisions and their wellbeing is respected.</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 during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or 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. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken. There have been two complaints received year to date following the previous audit and no external complaints.</p> <p>Processes are well documented to ensure that follow-up letters and resolution can be managed in accordance with guidelines set by the Health and Disability Commissioner. 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 manager acknowledged their understanding that for Māori, there is a preference for face-to-face</p>

		communication and to include whānau participation.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Living Waters Rest Home is part of Living Waters Medical Solutions Limited and is located in Whanganui. There is one other aged care facility owned by the provider. Living Waters Rest Home provides rest home level of care for up to 21 beds. There were 19 residents at the time of the audit. One resident was funded through a respite contract. All other residents were funded through the aged related residential care services (ARRC) agreement. There are no double or shared rooms.</p> <p>The overall management is provided by a facility manager for both Living Waters and Medical Solutions Limited facilities in Whanganui. The manager has over 15 years of experience in the health care. The are supported by a clinical manager who has been managing the sister facility since December 2023 and is now the clinical manager for Living Waters Rest Home and the sister site. Living Waters also has an onsite, full time, registered nurse. On call support is provided by the RN and clinical nurse manager 24/7.</p> <p>The structure provides the organisational governance, management and clinical support needed to ensure safe and effective delivery of required service; the newly implemented SharePoint electronic quality system allows management and clinical staff to review all clinical, quality and business outcomes. This is an improvement from the previous audit.</p> <p>There is a director (owner) who oversees the operations of the two facilities. The director has extensive business experience and understands their responsibility in the implementation of health and disability services standard and the organisations commitment to Te Tiriti obligations. The director has completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is collaboration with mana whenua in business planning that supports outcomes to achieve equitable health care services for Māori. The Māori Health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>Living Waters Rest Home has a current business plan in place, which links to the Living Waters Medical Solutions Limited’s vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk. The goals include (but not limited to) finance,</p>

		<p>clinical, staffing and occupancy. The business goals are reviewed through management, clinical management meetings and through SharePoint; this is an improvement from the previous audit.</p> <p>The director is supported by and works closely with the facility manager and the clinical manager to ensure management of the service is in keeping with the relevant standards and legislation. Meeting minutes evidence that the director attends the quarterly clinical governance meetings and management meetings. This is an improvement from the previous audit. The clinical manager provides clinical oversight for Living Waters Rest Home and the sister facility. Discussions with the facility manager and clinical manager reflect their input in organisational operational policies and the provision of equitable delivery of care. There is a clear clinical governance process documented and implemented. This is an improvement from the previous audit.</p> <p>The working practices at Living Waters Rest Home are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community. There is a communication policy that addresses meeting requirements and communication between management, staff, residents and family/whānau.</p> <p>The facility manager and clinical manager have both completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person including cultural training.</p> <p>The quality programme includes a quality programme policy with quality goals (including site specific business goals) that are reviewed in meetings.</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</p>	<p>FA</p>	<p>Living Waters Rest Home has an implemented quality and risk management programme that includes performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff/quality and quarterly clinical (RN) meetings and the newly created quarterly management meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. All staff/quality meetings and registered nurses' meetings have been being held as scheduled. This is an improvement from the</p>

<p>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>previous audit. Resident and family/whanau meetings were documented as taking place.</p> <p>The clinical manager is responsible for collecting adverse event data. Quality data is collected around falls, skin tears, infections, and other adverse events. The quality data is collated and analysed each month. Analysis and trends of quality data is collected and documented to identify opportunities for improvement. The service collects data relating to adverse, unplanned, and untoward events. This includes incident and accident information reported by staff on a paper-based system. Incident reports are completed for each incident/accident. There is evidence that incident forms have been completed and meeting minutes include feedback and discussion around incidents and accidents. This is an improvement from the previous audit.</p> <p>An annual internal audit schedule was sighted for the service; internal audits have been completed as scheduled (or close to the time frame). Where completed, corrective actions are implemented when required and are signed off by the clinical nurse manager when completed. The recent residents and family/whānau (December 2025) documents a high level of satisfaction with the service. Internal audit and satisfaction surveys are now completed as per schedule, and this is an improvement from the previous audit.</p> <p>There are resident and family/whānau meetings held four times a year. Residents and family/whānau interviewed advised that they were very satisfied with the care and service they receive. There were no opportunities for improvement put forward by residents or family/whānau interviewed.</p> <p>There is an implemented health and safety and risk management system in place. A hazard and risk register is in place with this reviewed annually and as required. Health and safety is included in the orientation and annual staff training programme and staff interviewed confirmed they had completed training in 2025.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded and achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff. Ethnicities are documented as part of the resident's entry profile and can be critically analysed for comparisons and trends to improve</p>
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		<p>health equity.</p> <p>Discussions with the clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required to be reported. There have been two outbreaks since last audit, and these have been reported as per policy to relevant external authorities.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage of healthcare assistants for the effective delivery of care and support. The facility manager is not on site but available if required. The clinical manager works full time and provides clinical and operational oversight on a day-to-day basis shared between Living Waters Rest Home and the sister facility. The clinical nurse manager is on call 24/7 for any operational and clinical related issues. An RN is on site five days a week. The roster documents clinical leadership, documenting when the RN and/or clinical manager are on site. This is an improvement from the previous audit.</p> <p>There are sufficient numbers of healthcare assistants on morning, afternoon and nocte shifts to provide clinical and culturally safe care as confirmed by the healthcare assistants and residents interviewed. Healthcare assistants' complete laundry duties as part of their shift and cleaning duties two days a week. There are designated kitchen, cleaning, maintenance, and activities staff. Observation on the day of the audit and documentation reviewed evidence residents care needs are met.</p> <p>There is an annual education/training schedule completed for 2025 and being implemented for 2026. The education and training schedule lists compulsory training which includes in-service training, questionnaires, and competencies. A review of training identified that this has been provided. The training includes the provision of cultural safety and Te Tiriti o Waitangi along with competencies. External training opportunities for care staff include training days provided by Health New Zealand. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the nine healthcare assistants, four have completed level 4, four have completed level 3, and two have completed level 2 NZQA qualifications.</p>

		Living Waters Rest Home's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All healthcare assistants are required to complete annual competencies, including restraint and medication administration.
<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>Five staff files reviewed included evidence of completed training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</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; of the five staff files reviewed, two were for staff employed since the previous audit, and both had a full, completed orientation in file. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. All staff who have been employed for a year or more have a current performance appraisal on file.</p> <p>The orientation of new staff and the annual appraisal of longer serving staff are both an improvement from the previous audit.</p>
<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 files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed up and password protected. The resident files are appropriate to the service type and have been integrated since the previous audit. The resident files include the assessments and nursing care plans, progress notes and family/whānau communication. Clinical documentation from the general practitioner has been copied and filed within the resident files. Incident forms and corresponding observation charts were able to be located at the time of the audit. This is an improvement from the previous audit.</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>PA Moderate</p>	<p>Five resident files were reviewed: including a respite resident's file. The registered nurses (RN and clinical manager) are responsible for all residents' assessments, care planning, and evaluation of care.</p> <p>A range of clinical assessments, observations and the NASC assessments serve as a basis for long term care planning. Residents and a family/whānau representative confirmed they are involved in the assessment and care planning processes. The initial care plan is completed within 24 hours of admission, as reviewed in the files.</p> <p>All residents (except the respite resident) had an interRAI assessment completed. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. The LTCPs and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. The file for the resident using respite services has a comprehensive assessment and plan documented. Care plan interventions were resident centred and detailed enough to provide guidance to staff around all identified medical and non-medical needs. Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. Documentation of completion of neurological observations and post fall RN review continue to be a shortfall.</p> <p>There are policies and procedures to guide the use of short-term care plans. Short-term care plans are developed for acute problems, for example infections, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. 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 an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, six-monthly multidisciplinary reviews, and ongoing documented communication of health</p>
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		<p>status updates. Family/whānau 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.</p> <p>The contracted GP reviews all medicating charts three monthly as evidenced through ten medication charts reviewed. After hours on call service is provided as required. Medical assessments were completed by the GP within five working days of an admission. Routine medical reviews were completed by a nurse prescriber with oversight by the GP and more frequent reviews were completed if required as determined by the resident's needs. General practitioner and nurse prescriber reviews are copied in the resident files. Changes in residents' health were escalated to the general practitioner (GP) and referral to specialist services were completed, where required.</p> <p>There were no active wounds treated at the time of audit.</p> <p>This audit has evidenced that the previous shortfalls around: initial care plans information, the documentation of care plans, and dating of initial care plans have been rectified (#3.2.1)</p> <p>The previous shortfalls identified around: long term care plan interventions, updates to care plans with a change of condition, GP oversight of the nurse prescriber, and wound management have all been rectified (#3.2.3)</p> <p>Neurological observations and documented post fall follow up by a registered nurse following a fall remain as shortfalls.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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 service employs a diversional therapist five afternoons a week. There is an activity plan documented for the service and for the upcoming months. The activities on the programme include walks, exercises to music, happy hour, church services, newspaper reading, floor games, table games, outings, music, art, and craft. There are regular group outings once per month. Competent residents can go out of the facility independently as desired.</p> <p>Documentation of activity plans are an improvement from the previous audit.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management is in use. The system describes medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews consistently.</p> <p>A total of 10 medicine charts were reviewed. Medicines were prescribed by the GPs and specialists where applicable. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicine and supplements were documented on the medicine charts where applicable. Medicine allergies and sensitivities were documented on the resident's chart where applicable. Standing orders are not used.</p> <p>The service uses pre-packaged medication blister packs for regular medication and medication in original packaging for as needed medication. The medication and associated documentation were stored safely with restricted access. Medication reconciliation was conducted by the senior healthcare assistant when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled. Medicine sampled for review were within current use by dates. Clinical pharmacist input is provided on request. Unwanted medicine is returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and the medication room sampled were within the recommended range. Opened eyedrops were dated. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p> <p>A healthcare assistant was observed administering medications safely. There were no expired medications on the medication trolley.</p> <p>There were no residents self-administering medications on the day of the audit. Appropriate processes and a policy were in place to ensure this was managed in a safe manner, 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>There is a domestic style kitchen on site. The main meals are prepared at a close by sister facility. The meals are plated and transported to the service. Food temperatures on the day of audit evidenced that meals are of an appropriate temperature when served. The cook bakes on site and sends puddings and cakes to the sister site.</p> <p>The food control plan for both sites expire April 2026.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The cook reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori when requested.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure 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>As service providers: Our physical environment is safe, well</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people’s cultures and supports cultural practices.</p> <p>The building warrant of fitness expires June 2026. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and weekly testing of hot water temperatures. Essential contractors/tradespeople are available</p>

<p>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>24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place and was approved by the Fire and Emergency New Zealand, December 1999. Fire evacuation drills have been conducted every six months; the most recent fire drill was completed July 2025 and booked for January 2026. This is an improvement from the previous audit. The staff orientation programme includes fire, emergency, and security training.</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 infection control coordinator (clinical manager), oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The infection control coordinator has completed external education on infection prevention and control for clinical staff (Jan 2025). This is an improvement from the previous audit.</p> <p>The service has a clearly defined and documented infection control programme that was developed with input from external infection control services. The infection control programme was approved by the director and is linked to the quality improvement programme; the infection control programme has been reviewed annually (January 2026). This is an improvement from the previous audit.</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</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The healthcare associated infections being monitored include infections of</p>

<p>the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Staff reported that they are informed of infections during handovers. Results have been reported through to the directors.</p> <p>Records of monthly data sighted identified numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for interventions to be implemented. Surveillance of healthcare-associated infections includes ethnicity data. Family/whānau are advised of any infections identified in a culturally safe manner. This was confirmed in interviews with family/whānau.</p> <p>Two out breaks have been recorded; scabies May 2025 and a gastrointestinal outbreak October 2025. For the scabies outbreak there has been liaison with the GP and dermatologist. A review of both out-breaks and associated documentation evidenced that family/ whanau have been kept informed, staff have been informed including debriefs and an outbreak log maintained. The management of outbreaks is an improvement since the previous audit.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is supported by the governing body and policies and procedures. 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. At all times when restraint is considered, the facility will 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.</p> <p>The use of restraint (if any) would be reported in the staff/quality meetings. The annual quality review includes restraint use. The restraint coordinator interviewed described the focus on restraint elimination.</p> <p>Restraint minimisation and management of challenging behaviours are included in the mandatory training plan and orientation programme. Staff have completed the required training.</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 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>Policies and procedures are in place around post falls follow up; however, these are not consistently followed. Not all RN follow up was able to be evidenced on incident forms reviewed.</p>	<p>i). Three separate falls identified through incident forms do not document follow up by the RN on the incident form or through progress notes.</p> <p>ii). Neurological observations have not been recorded according to policy for these three falls</p>	<p>i). Ensure the RN documents post fall follow up either on the incident form or progress notes.</p> <p>ii). Ensure neurological observations are completed according to policy.</p> <p>30 days</p>

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

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

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

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

No data to display
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End of the report.