

Whitianga Lifecare Limited - Whitianga Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Whitianga Lifecare Limited
Premises audited:	Whitianga Lifecare
Services audited:	Hospital services – Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 January 2026 End date: 30 January 2026
Proposed changes to current services (if any):	Change of ownership.
Total beds occupied across all premises included in the audit on the first day of the audit:	52

Executive summary of the audit

Introduction

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

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

General overview of the audit

Whitianga Continuing Care facility can provide services for up to 54 residents requiring rest home and hospital levels of care. On the day of audit, there were 52 residents.

There is a sale and purchase agreement between Whitianga Lifecare Limited (New Zealand Aged Care Services Limited the prospective provider) and Oceania Care Company Limited (Oceania) for the ownership of Whitianga Continuing Care. Settlement is expected on 24 March 2026.

This provisional audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family members, the prospective provider's managing director, the current organisation's managers, staff, and a general practitioner.

There were no non-conformances identified at this audit.

Ō tātou motika | Our rights

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

Pacific peoples are provided with services that recognise their worldviews and are culturally safe when admitted to this service. Staff who identify as Pacific ensure the needs of residents are effectively and culturally considered at all stages of service delivery.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes the

collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

Residents are referred or transferred to other health services as required.

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

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

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

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

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

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

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

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Comprehensive assessment, approval and monitoring processes are available should restraint be required. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
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>	FA	<p>Whitianga Continuing Care has implemented policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. A Māori health care plan has been developed with input from cultural advisers and is used for residents who identify as Māori.</p> <p>On the days of audit, there were residents who identified as Māori. The resident and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there was a small number of staff who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</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>	FA	<p>Whitianga Continuing Care identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and</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>evaluation of services and outcomes.</p> <p>There were no Pacific residents at the facility on the day of the audit. Staff identified as Pacific people and at interview stated that they would ensure the needs of any Pacific people admitted to this facility would be well supported, and their worldview, cultural and spiritual beliefs would be embraced.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported, resulting in approximately five staff currently who identify as Pacific employed across roles.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The prospective provider interviewed had a good understanding of the Code and meeting the legal requirements of the standards and the obligations of the service agreement with Health New Zealand – Te Whatu Ora.</p> <p>Evidence was sighted of Māori mana motuhake, advocacy, and Code of Rights training being provided to staff. Opportunities to discuss and clarify residents' rights were provided during admission and at the six-monthly multidisciplinary meetings. Residents and whānau interviewed confirmed this practice.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents, whānau, and younger people with disabilities (YPDs) confirmed that they receive services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have their own room, providing a safe space for family</p>

<p>experiences.</p>		<p>meetings when required. This was confirmed by whānau, residents, and staff during interviews.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through the staff training provided and the cultural assessments completed on admission. Management and all staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that their property and finances are respected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā framework. Māori health and cultural training were confirmed in the education records reviewed and through staff interviews.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>During audit observations, staff supported communication with a resident who had communication challenges using an electronic tablet. A communication care plan was developed on strategies</p>

<p>them about their choices.</p>		<p>identified by the multidisciplinary team (MDT). This was clearly communicated in the care plan strategies, progress notes, and interviews with the nursing staff.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making, to ensure decisions were culturally responsive and aligned with individual preferences.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>The complaints register showed two in-house complaints had been received since the previous audit. One of these had been closed to the satisfaction of the complainant. One complaint recently received on the 19 January 2026 has been acknowledged and remains open.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation.</p>

		<p>The service assures the process works equitably for Māori through provision of a Māori advocate if required.</p> <p>There was one Health and Disability Commissioner (HDC) complaint received in 2024 from a family member, which remains open. The last communication from the HDC office was responded to on 17 June 2024. No additional complaints had been received from other external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The prospective provider, New Zealand Aged Care Services Limited (NZACS), currently operates ten aged care facilities and five retirement villages throughout New Zealand. Each care facility is its own legal entity with site-specific funding and employment agreements that the governing body/board assumes accountability for. The four-person board comprises the managing director (MD), who has long-term experience in owning and operating aged care services, and people who have demonstrated clinical experience in aged care and disabilities, business knowledge, and Māori representation. All board members have completed an e-learning session on Te Tiriti o Waitangi and module one of the Ngā Paerewa training, which includes information on health equity and cultural safety.</p> <p>Compliance with legislative, contractual, and regulatory requirements is overseen by a senior leadership team and monitored by the board, with external advice sought as required. The senior leadership team (MD, general manager operations and a national clinical manager, GM finance and a senior human resource person) meet weekly for discussions and review of service delivery and planning. There is a transition plan for this and two other Oceania age care facilities that are being purchased by NZACS, with goals, actions, and time frames.</p> <p>New Zealand Aged Care Service’s overall business plan describes its purpose, values, direction, scope and goals. Each care facility develops site-specific goals, which respond to organisational goals. Monitoring and review of each care facility’s performance occurs at monthly board meetings. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata</p>

	<p>whaikaha was evident in plans and monitoring documentation reviewed and through interview with the MD. Clinical key performance indicators (KPIs) provide the board with quality data to monitor service delivery, progress and risks. The board's commitment to quality and risk management processes is demonstrated in policies and monthly board reports. The organisation has a well-established approach to clinical governance, which is appropriate to the size and complexity of the organisation. One of the directors sits on the clinical governance group.</p> <p>The funder has been notified about the potential change of ownership.</p> <p>The current provider, Oceania Care Company Limited, has been delivering a high-quality service to the residents at Whitianga Continuing Care, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety.</p> <p>Oceania has a well-established leadership structure and employs experienced and suitably qualified people to manage the service. The current general manager (GM) has worked for Oceania for ten years and has been in the GM role for two years. The GM was well supported by the clinical manager, who has been in the role for three years. The quality business partner for Oceania was on site for the audit.</p> <p>People receiving services and their whānau participate in the planning and evaluation of services through bimonthly resident meetings, and six-monthly surveys.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for residential aged care rest home, hospital, primary care, respite care and younger persons disabled (YPD). Of the 52 residents on site, 24 were assessed as hospital-level care and 25 as rest home-level care, respite care – Nil, primary care - one resident (hospital-level five) and two YPD residents: one under 65 years of age (hospital-level care) and one over 65 years of age (rest home-level care). The one resident under 65 years of age is currently funded by Health New Zealand – Te Whatu Ora Capital Coast, and Hutt Valley until 30 June 2026, when funding will be transferred to Health New Zealand – Te Whatu Ora Waikato.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Oceania Care Company Limited, the current operator, has a planned quality and risk system that reflects the principles of continuous quality improvement. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy, critical incident/accident/sentinel event policy, and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed through records sighted and by staff at interview.</p> <p>The on-site quality and risk monitoring at Whitianga Continuing Care includes collecting, collating and analysing quality data (such as clinical incidents) to identify trends, and conducting regular internal audits to monitor compliance with procedures. Where internal audits, resident/family feedback, or analyses of quality data indicated the need for improvement, corrective action plans were developed, with actions implemented and evaluated before being closed out. Evidence that results of quality monitoring and adverse event analysis is shared with staff was sighted in the minutes of monthly quality/staff and RN meetings and confirmed through interviews.</p> <p>Residents, whānau and staff contribute to quality improvement using the six-monthly surveys, or by one-to-one or group meeting feedback. The May and November 2025 residents' and relatives' satisfaction survey did not reveal any significant issues, and the response rate was poor. Modifications to some of the survey questions is underway in order to improve the methodology of the surveys for 2026.</p> <p>Oceania conducts critical analysis of practices and systems, using ethnicity data, to identify possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Oceania has implemented processes for the identification, documentation, monitoring, review and reporting of risks, including</p>

		<p>health and safety risks, and development of mitigation strategies. Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Whitianga Continuing Care has complied with essential notification reporting requirements. Two infection outbreaks were reported 31 October 2025 under the Section 31 notifications. No other events had been reported since the previous audit.</p> <p>The prospective provider intends implementing its quality and risk management system, including policies/procedures and methods for performance monitoring. Transition from Oceania systems to NZACS systems has successfully occurred in two other aged care homes after change of ownership between the same parties.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is at least one RN on site 24/7.</p> <p>A sample of rosters sighted showed that two registered nurses (RNs) are allocated on AM and PM shifts, and one RN is rostered on each night. There are six care staff allocated on the morning shifts, five on the afternoon shifts, and three care staff are on night shifts. This is in addition to the RN clinical manager who is on site Monday to Friday, and on call after hours.</p> <p>There are two activities coordinators, one who is currently completing Level 4 diversional therapist training and is also a Level 4 HCA. There is, therefore, at least one activities person on site seven days a week. There are two van drivers for activities into the community who had current drivers' licences. There are two housekeepers and a laundry assistant who work seven days a week. The kitchen team consists of</p>

		<p>the cook and two kitchen hands on duty seven days a week. Relief staff are available.</p> <p>Continuing education supports equitable service delivery. This is planned on an annual basis, and all staff are expected to attend a study day (specific to either RNs, HCAs and non-clinical staff) once a year. The RN study days include assessment and care planning, medico-legal issues such as advance directives, advocacy and enduring power of attorney, and wound and pain management. Five of the 11 RNs are maintaining interRAI competencies. This also includes the clinical manager. All RNs have medicine competencies, and syringe driver competencies. The HCAs study days include consumer rights, informed consent, privacy, cultural safety and learning about Te Tiriti o Waitangi, infection control, restraint, health, and safety including manual handling, plus a range of essential resident care topics. For example, safe swallowing, pressure injuries, pain management, palliative care support, and the STOP and WATCH tool.</p> <p>All staff have attended specific education on equity and ensuring high-quality care for Māori. In addition to the study days, the clinical manager (CM) presents monthly toolbox talks on a variety of subjects and all staff are competency-assessed in areas related to their roles. All the eight staff records reviewed contained evidence that the required training and competency assessments had occurred in the past 12 months.</p> <p>The care staff have completed New Zealand Qualifications Authority education. Of the 30 part-time and full-time care staff, 17 have achieved Level 4 of the New Zealand Certificate in Health and Wellbeing, nine are at Level 3, one has Level 2, and three are awaiting outcomes of courses completed.</p> <p>Staff reported feeling well supported and safe in the workplace.</p> <p>New Zealand Age Care Services has no immediate plans to change the staffing configuration and ratios. No changes had been advised for Whitianga Continuing Care in relation to ongoing employment with the prospective purchaser.</p>
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<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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. All 11 RNs had valid annual practicing certificates (APCs) with the New Zealand Nursing Council. There was a process to monitor annually the APCs of all other contracted health professionals and records were maintained.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance is reviewed and discussed at regular intervals. Each of the staff files reviewed contained a recent performance appraisal.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>There have been no serious incidents or challenging situations that required debriefing since the previous audit. The staff interviewed stated that they understood they would be provided with opportunities for support to whatever extent they needed. Management also have authority to refer staff to an external counselling/support provider.</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</p>	<p>FA</p>	<p>Whitianga Continuing Care is maintaining quality records that comply with relevant legislation, health information standards, and professional guidelines. Most information was held electronically and password protected. Any paper-based records were held securely and only available to authorised users. Records can be easily retrieved when needed.</p> <p>Residents' files were integrated electronic and hard-copy files. Files</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>This aged care facility is not responsible for accessing the 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>Residents enter Whitianga Continuing Care when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori. There was evidence of clear communication and explanation provided to the NASC agency when a resident was declined entry.</p> <p>At the time of audit, there were Māori residents residing at Whitianga Continuing Care. Policies and procedures sighted confirmed that the service was able to provide culturally appropriate support for Māori residents and their whānau. This was also confirmed during staff and whānau interviews.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>The multidisciplinary team (MDT) work in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider’s model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan, and review timeframes meet contractual and policy requirements. The individual care plans for all residents, including YPD residents, were person-centred and developed with the person (where applicable) and include wellbeing, community participation as able, and meeting their physical needs and health needs where the service has a role to play.</p> <p>Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents’ records, and from interviews of clinical staff, people receiving services, and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. The service promotes access to family and friends and links with the community for all residents, including YPDs.</p> <p>Tāngata whaikaha participate in service development through meetings held monthly. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau can independently access information.</p>

<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme supports residents to maintain and develop their interests and is suitable for their age and stage of life. One activities coordinator and one activities assistant run the activities programme. The activities coordinator works Sunday to Thursday, while the activities assistant works Tuesday to Saturday.</p> <p>The activities programme is developed monthly and implemented weekly. It offers a wide range of activities and is displayed throughout the facility. The programme follows the Oceania 'Five Ways to Wellbeing Framework', which was displayed on the programme reviewed. Group and individual activities are planned inclusive of leisure, cultural, and community events included in the programme. Young people with disabilities can join in the activities on the calendar as desired, and are supported to access community activities of choice, and individual activities as agreed with residents.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflect residents' goals and interests, ordinary patterns of life, and include normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori. A church service is held monthly at the facility.</p> <p>Feedback on the programme is provided through the resident meetings and the annual resident/family survey. Those interviewed confirmed they found the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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 up to date and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required</p>

		<p>stock checks had been completed. The contracted pharmacist completed the last stock review on 28 October 2025. Medicines stored were within the recommended temperature range, with daily monitoring of the medication room and fridge temperatures.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP reviews were consistently recorded on the medicine charts by the GP who covers this service. Standing orders are not used. The GP interviewed stated that they work collaboratively with the contracted pharmacist.</p> <p>Self-administration of medication was facilitated and managed safely for residents who were self-administering medicine at the time of the audit. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Pro re rata (PRN) medicines were administered as prescribed, and outcome monitoring following PRN administration was consistently documented in the records reviewed.</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>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian on 13 October 2025. Recommendations made at that time have been implemented. The menus sighted complied with the Ministry of Health Guidelines for Older Adults, the Ngā Paerewa Standard, and the International Dysphagia Diet Standardisation Initiative.</p> <p>The service operates with an approved food safety plan and registration, which expires on 28 March 2026.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p>

		Evidence of resident satisfaction with meals was verified through resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained, and that they meet legislative requirements. The current building warrant of fitness expires on 03 September 2026.</p> <p>The prospective provider has completed building inspections and obtained a current property valuation. Interviews with maintenance staff confirmed that the building is in good repair and has been well maintained.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. There were plenty of internal and external spaces for younger people to access. Personalised equipment was available for residents with disabilities to meet their needs. Wheelchairs, hoists, electric beds, and medical equipment are visually checked by staff monthly and serviced annually by an external provider. The last medical equipment checks, and calibrations, occurred on 11 and 12 February 2025. Testing and</p>

		<p>tagging of electrical appliances last occurred on 24 February 2024 and records were reviewed.</p> <p>Twenty-two resident rooms have full ensuite bathrooms, and one wing of 16 rooms has shared bathroom facilities. All other resident rooms are located near to accessible bathroom and toilet facilities. All individual resident rooms have a hand basin. There are no shared rooms. Hot water temperatures are tested each month to ensure these do not exceed 45 degrees Celsius. The facility van is registered and has a current warrant of fitness. Two drivers are available to drive the facility van. This disability-accessible vehicle has been maintained to a good standard and records were reviewed.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. The GM stated that the prospective provider had consented to the installation of an additional three heat pumps for the lounge and dining areas.</p> <p>The current environment is inclusive of people’s cultures and supports cultural practices. There have been no new buildings, but management stated they would initiate a process that included consultation and co-design with Māori. The prospective provider has no plans to make any changes to the environment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. The six-monthly fire evacuation drills have reliably occurred, with the last drill and training being provided on 9 September 2025. Fire suppression systems are tested monthly.</p> <p>Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 1 March 2007, and no changes have been made to the building since then. An email from FENZ was received on the day of the audit to confirm the date provided on the last approved evacuation</p>

		<p>scheme.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Sufficient stores of food, water and civil defence equipment were sighted. Emergency lighting automatically switches on during a power outage or fire alarm. There are two small portable generators on site (purchased in 2024). Staff can provide a level of first aid relevant to the risks for the type of service provided. A spare 20,000 litre water tank was readily available, and the water was last recycled in September 2025. A new water pump has recently been installed.</p> <p>Call bells alert staff to residents requiring assistance. Oceania has a call bell escalation system in place; if a call bell isn't responded to within three minutes, the call is stepped up to another level. This very seldom happens, according to the management staff interviewed. Residents and whānau reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Staff wear name badges and visitors and contractors are identified when they sign in at reception. Management reported that there have been no security breaches. The main entry door is switched to closed after hours and exterior doors are locked at dusk. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing body. The organisation has an infection prevention lead who was present for the audit.</p> <p>The prospective provider has systems in place that ensure governance are kept informed about IP and AMS matters that impact</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>service delivery.</p> <p>Three infection outbreaks have been reported since the previous audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the NC&QM, who reports to the director of clinical services. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. No recent changes have occurred to the facility.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. The IP programme was last reviewed on 2 January 2026.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused. Shared equipment was effectively managed by staff, with routine decontamination undertaken as advised by the IPCC following a risk assessment process and agreement from the governing body.</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>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and the governance body, and where necessary, recommendations for improvement are identified. A summary report for the last infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>Communication between the clinical team and those residents experiencing a health care-associated infection (HAI) is culturally safe, as confirmed in interviews.</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</p>	FA	<p>A clean and hygienic environment at Whitianga Continuing Care supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. The IPCC maintained oversight of the environmental testing and monitoring programme.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>		<p>prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Staff interviewed demonstrated knowledge of procedures to follow in the event of any health and safety concerns.</p> <p>There are two cleaning staff on duty three days of the week and one cleaner on four days of the week. All laundry is completed on site. The laundry has clear demarcation of clean area and dirty areas.</p> <p>Chemicals were stored safely. Safety data sheets were readily accessible to staff, and a spills kit was available. Personal protective equipment (PPE) resources were readily accessible. Signage and PPE resources were available to all visitors and staff as needed to ensure safety and reduce the risk of transmission.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations and interview feedback.</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>Maintaining a restraint-free environment is the aim of the service. The Oceania executive leadership have demonstrated a commitment to this for several years. At the time of audit, there was no restraint in use, and this has been the case since 2022. The clinical manager ensures staff understand the restraint-free philosophy by attending education events, completing questionnaires, and maintaining restraint minimisation competencies. Any use of restraint is reported to the governing body.</p> <p>If a restraint is required, policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The prospective provider understood the requirements of this standard and has policies, systems and processes that aim to keep residents free from restrictions.</p> <p>Due to no restraint being used since 2022, subsections 6.2 and 6.3</p>

		have not been audited.
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.