Karaka Court Limited - Woodlands of Feilding

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:

Legal entity:	Karaka Court Limited
Premises audited:	Woodlands Of Feilding
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): None

Total beds occupied across all premises included in the audit on the first day of the audit: 78

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 haumaru │ 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
	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
	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

Woodlands of Feilding is certified to provide hospital (medial and geriatric), and rest home levels of care for up to 80 residents. There were 78 residents on the days of audit.

This unannounced surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability 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 general practitioner.

The service is managed by an appropriately qualified clinical nurse manager who is supported by an administration manager. A company director/owner is based at the facility and plays a role in management. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An orientation and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls identified at the previous audit.

This audit identified improvements relating to the facility and medication management.

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.

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

Woodlands of Feilding demonstrated their knowledge and understanding of resident's rights and ensures that residents are 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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code), 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.

Woodlands of Feilding has a well-established governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The 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.

Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe 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 low risk.

The clinical nurse manager and registered nurse assess, plan, and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Resident files including paper-based care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals. All staff responsible for administration of medication complete medication competency. The electronic medicine charts reviewed 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.

All residents' transfers and referrals occur in a coordinated manner.

Te aro ki te tangata me te taiao haumaru | 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.		Some subsections applicable to this service partially attained and of low risk.

The building is purpose built and there is a 52-week preventative maintenance schedule. 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.

The infection control programme has been developed and approved at clinical governance 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 recorded and reported on since the last 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.

There is governance commitment documented to eliminate restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. At the time of the audit, the facility has 16 residents using restraint. Strategies to eliminate restraint are included as part of the education and training plan.

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	16	0	2	0	0	0
Criteria	0	47	0	2	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
Subsection 1.1: Pae ora healthy futures 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.	FA	There is a Māori health plan and policy that describes Māori perspectives of health and a commitment to te Treaty of Waitangi. Woodlands of Feilding utilise these documents as part of their strategy to embed and enact te Tiriti o Waitangi in all aspects of service delivery. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. At the time of the audit the service had residents and staff who identified as Māori.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa 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.	FA	There is a Pacific people's health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family, and providing high quality healthcare. At the time of the audit there were staff who identified as Paskifka. There were no residents who identified as Pasifika. Nine staff interviewed (three healthcare assistants, three registered nurses, the clinical coordinator, cook, and laundry staff), and three managers (company director/ owner, administration manager and clinical nurse manager) could confirm that they had received training related to cultural safety, which informed them about Pacific peoples, their worldviews, cultural and spiritual

		beliefs and were equipped with knowledge on how to support residents who identify as Pasifika, should they be admitted.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	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 clinical nurse manager and administration manager when interviewed demonstrated how the Code is also provided within welcome packs to ensure residents and family/whānau are fully informed of their rights. Interviews with five family/whānau (three hospital, two rest home) and five residents (three rest home and two hospital level of care), confirmed they are informed of their rights and their choices are respected.
Subsection 1.5: I am protected from abuse 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.	FA	Woodlands of Feilding policies aim to prevent discrimination, coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect and acknowledge the impact of institutional racism on Māori wellbeing. There are established policies and protocols in place to ensure residents/whānau are protected from abuse and neglect, discrimination, coercion, or harassment. There processes in place in respect of resident's property, including an established process to manage and protect resident finances. Staff sign a code of conduct upon commencing employment. Staff interviewed demonstrated an understanding of what Te Tiriti o Waitangi means to their practice and an understanding of professional boundaries.
Subsection 1.7: I am informed and able to make choices 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. 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,	FA	Resident files reviewed included completed general consent forms, consents for vaccinations, and release of photographs. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA, and activation is on file.

keep well, and live well. 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.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Complaints forms are located at the entrance to the facility, or on request from staff. The Code and complaints process are visible, and available in te reo Māori, and English. A complaints register is being maintained, which includes complaints, dates, and actions taken. The are three complaints on the register received since the previous audit – one internal and two external. Documentation including follow-up letters and resolution demonstrates complaints are being managed in accordance with guidelines set by the HDC. Corrective actions resulting from complaints was observed to have been implemented for example completion of training relating to abdominal conditions and assessment in the elderly (May 2025). One external complaint received from the HDC November 2024 remains open, and one external complaint has been received from Health NZ just prior to the audit. This complaint related to cleaning and pest management. There was evidence that the company director/ owner had taken immediate action on receipt of the complaint including pest control strategies put in place and communication to residents and family/whānau. 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. 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 clinical nurse manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Woodlands of Feilding provides care for up to 80 residents assessed as requiring rest home or hospital level of care in two 40-bed units (Karaka and Totara). All beds are dual-purpose. All rooms are single occupancy. At the time of the audit there were a total of 78 residents. There were 48 rest home residents (including two respite and one resident funded by the Accident Compensation Corporation (ACC)), and 30 hospital level residents (including one younger person and one funded by ACC contract). Except for those mentioned, all other residents were under the aged related residential care contract (ARRC). Woodlands of Feilding is the trading name of Karaka Court Limited - a privately owned company with three company directors. One of the company directors works from Woodlands of Feilding. Karaka Court Limited has a 2026-27 business plan that includes a mission, philosophy, and objectives of the service. The business plan includes goals and reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The current business plan includes goals which relate to clinical effectiveness, risk management, and financial compliance. The 2025 goals have been evaluated and completed. Progress towards the 2026 goals is reported by the clinical nurse manager and administration manager who update the directors/owners around clinical risk and other areas of risk in a monthly ‘snapshot’ report. The company directors work with the clinical nurse manager and administration manager to ensure the necessary resources, systems and processes are in place that support effective governance including clinical governance. The overall management is provided by a clinical nurse manager (registered nurse), who has been in the role for ten years. The clinical nurse manager has just returned from a period of maternity leave. The clinical nurse manager is supported by an administration manager, with oversite and support from one of the company directors. The management team is supported by a clinical coordinator and a team of registered nurses and healthcare assistants.
Subsection 2.2: Quality and risk	FA	Woodlands of Feilding is implementing a quality and risk management

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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.		programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Bi-monthly staff/quality meetings, and registered nurse meetings provide an avenue for discussions in relation to (but not limited to) goals; quality data; health and safety; infection control; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, and corrective actions are discussed and signed off when completed. The resident and family/whānau satisfaction survey was completed in August 2025 and identified some opportunities for improvement including food quality, cleanliness and personal care and dignity. Corrective actions have been implemented and recorded as completed (sighted). Results have been communicated to residents and family/whānau at the resident bi-monthly meetings. A health and safety system is in place. Health and safety meetings occur as part of the staff/quality meetings. Hazards are documented and addressed, and an up-to-date hazard register is in place. Incidents/ accidents are reported in hard copy. Ten incident/accident forms were reviewed and evidenced that immediate action is documented with any follow-up action(s) required. Results are discussed in the quality/staff meetings and at handover. Incident and accident data is collated monthly and analysed. Discussions with the clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) required to be reported since the last audit. There have been two outbreaks since the previous audit. Outbreaks were reported appropriately.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is	FA	The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The clinical nurse manager works three days a week having just returned from leave and is supported by a clinical coordinator (registered nurse) who works Monday to Friday. The administration manager works full time from Monday to Friday. On-call support for clinical concerns is managed by the clinical nurse manager and

culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.		clinical coordinator. The company director (interviewed) is available for any operational issues. Any absences and sick leave are covered through extending working hours by mutual agreement with employees, or use of the casual pool of staff. The number of healthcare assistants on each shift is sufficient for the resident acuity and to provide safe and timely care on all shifts. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. There is an annual education and training schedule being implemented for 2026. The education and training schedule lists compulsory training, which includes cultural awareness training. Woodlands of Feilding supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 27 healthcare assistants employed, with nine having achieved a level 3 NZQA qualification or higher. All staff are required to complete competency assessments and quizzes as part of their orientation and annually. Registered nurses' complete specific competencies that include restraint, medication administration, and syringe driver. Four of seven registered nurses are interRAI trained. The clinical nurse manager is also interRAI trained. All registered nurses are encouraged to attend in-service training, and complete additional training. All healthcare assistants are required to complete annual competencies, including (but not limited to) restraint, moving and handling, and hand hygiene. These have been completed. A record of completion is maintained electronically.
Subsection 2.4: Health care and support workers 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. 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. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide	FA	Six staff files reviewed (three healthcare assistants, cook, registered nurse, and clinical coordinator) included evidence of completed orientation, 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. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports

clinically and culturally safe, respectful, quality care and services.		registered nurses 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.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Six resident files were reviewed: three rest home (including one on respite care) and three hospital level (including one funded though ACC). The clinical nurse manager, clinical coordinator and registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social and cultural history, and information from pre-entry assessments. All care plans are paper based. Initial assessments and care plans are completed, detailing the needs and preferences of a resident within twenty-four hours of admission. The individualised long-term care plans (LTCP) are developed following completion of the initial interRAI assessment within three weeks from admission for long term residents. InterRAI assessments and LTCPs reviewed are completed and developed respectively within the timeframe required from the date of admission. InterRAI reassessments followed by LTCP evaluations are completed every six months or sooner if there is a significant change in the health status of the resident. LTCP evaluations are documented by the clinical nurse manager or registered nurse 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. There are documented interventions, and early warning signs that meet the residents' assessed needs were recorded in the LTCP. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. There is evidence of family/whānau involvement in care planning and ongoing communication regarding (but not limited to): care plan reviews, GP visits, adverse events such as infection and falls, and health status updates. The initial medical assessments are undertaken by a GP within the required timeframe following admission. Residents' files reviewed have ongoing timely medical reviews every one to three months, and when acute or new health issues are reported by the clinical nurse manager and/or registered

		nurse. The GP interviewed stated that there is good communication with the service and that they are informed of medical concerns in a timely manner. The GP is also available after hours for the facility, A podiatrist visits regularly, and specialists are available as required through Health New Zealand including a physiotherapist. An adequate supply of wound care products is available at the facility. A sample of current wounds was reviewed at the time of audit. Wound care plans reviewed demonstrate comprehensive wound assessments, and are evaluated within the timeframe, with attached photos that are taken when this is required. Wounds included five pressure injuries; one unstageable (this was externally acquired and the referring hospital has sent the notification needed), three stage two and two stage one. The clinical nurse manager described access to a wound specialist to assist with wound care. Supplementary care plans are developed for acute problems, for example infections and wounds. Supplementary care plans were evaluated and closed off when the acute problems were resolved, and interventions were transferred to LTCPs if appropriate. The progress notes are recorded and maintained in the integrated records. 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. Monthly observations such as weight and blood pressure were completed and are current. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; blood glucose levels; fluid balance monitoring; and neurological observations monitoring post un-witnessed falls. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies, products, and equipment they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for	PA Low	There are policies available for safe medicine management that meet legislative requirements. The staff (clinical nurse manager, clinical coordinator, registered nurses, and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided

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.		as part of the competency process. The staff interviewed could describe their role regarding medication management and were observed to be safely administering medications. All medications delivered are checked against the medication chart when received, and any discrepancies are fed back to the supplying pharmacy. There are two secure medication rooms in the hospital and rest home. Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. Wound products stored within the medication rooms were not all in date. Twelve electronic medication charts were reviewed and met prescribing requirements. All medication charts have an updated photo identification, allergy status, and reviewed by the GP three-monthly. All medications charted have clear indications for use, including pro re nata (PRN) medications. The effectiveness of PRN medications administered were consistently documented in the resident management systems used. There were no residents administering their own medication. There are no standing orders in use.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Food preferences and cultural preferences are included in the menu. The cook interviewed is notified of any dietary changes by the clinical nurse manager, clinical coordinator, and/or registered nurses. Food preferences and cultural preferences are encompassed into the menu. Dislikes and special dietary requirements are accommodated, including food allergies. The cook confirmed the kitchen accommodates residents' requests and can prepare food that is specific to a culture of a resident. There is a verified food control plan which expires 10 May 2026.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they	FA	There are documented policies and procedures to ensure discharging or transferring of residents is coordinated with the management of appropriate

know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.		risks. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau, and other service providers to ensure continuity of care. The service uses a standardised transfer form that includes the resident`s profile, family/whānau contact numbers, and medication chart.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	PA Low	The buildings, plant, and equipment are fit for purpose; however, the building warrant of fitness was out of date. The environment is inclusive of people's cultures and supports cultural practices. Any maintenance requests are entered into the maintenance system. This is checked daily and signed off when repairs have been completed. There is a 52-week planned maintenance programme that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature recordings reviewed were not all within set ranges with corrective action not sighted. Essential contractors/tradespeople are available 24 hours a day as required.
Subsection 5.2: The infection prevention programme and implementation 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	FA	The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice and are being implemented. The infection prevention and control (IPC) programme links to the overarching quality programme. The IPC programme is reviewed, evaluated, and reported on annually (sighted). The IPC coordinator (the clinical nurse manager), leads, oversees, and coordinates the implementation of the infection control programme. The IPC coordinator's role, responsibilities, and reporting requirements are defined in the IPC coordinator's job description. The IPC coordinator has completed external education on infection prevention and control and has access to records

needs, size, and scope of our services.		including diagnostic results of residents. There is an outbreak response plan available for all staff. There is infection prevention and control staff education is provided at orientation and ongoing that includes (but is not limited to): standard precautions; isolation procedures; hand hygiene competencies; and donning and doffing personal protective equipment (PPE). Competencies related to IPC such as hand hygiene are maintained and completed annually. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of 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.	FA	Infection surveillance is part of the IPC programme. Standardised definition of infections and surveillance tools are used to collect infection data. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections is collated onto a monthly infection summary. Ethnicity data is incorporated into data captured around infections. Infections are discussed at the quality/staff meetings. Internal infection control audits are completed, with corrective actions for areas of improvement. There have been two COVID-19 outbreaks reported since the last audit. The outbreaks were well managed. Debriefing meetings were held.
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.	FA	Woodlands of Fielding is committed to providing service to residents without use of restraint. This is supported by the company director/ owner and documented in the restraint policy. At the time of the audit there were 16 residents with restraint, (all bedrails). This is a reduction since the previous audit (20). Policies and procedures meet the requirements of the standards and include the approved restraints for Woodlands of Fielding. The clinical nurse manager (restraint coordinator) is responsible for the elimination strategy and for monitoring restraint use in the facility. Restraint is discussed at the clinical, quality/staff meetings and management meetings with the company director/ owner. Monitoring and evaluation of current usage of restraint is

		taking place. Their aim is to continue to reduce the amount of restraint in use, and a plan is in place to achieve this.

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)
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Low	The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. Wound products stored within the medication rooms were not all in date.	Both wound trolleys in the two medication rooms contained out of date wound dressings including dressings with wound healing medication included as part of the product.	Ensure all wound care products are within the relevant date. 60 days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.	PA Low	The building warrant of fitness was sighted but is out of date (expires 9th January 2026). Hot water temperature recordings are taken as per schedule however those reviewed were not all within set ranges with corrective action not sighted to address any above the expected range.	1. The building warrant of fitness is out of date. 2. Hot water temperature were over 45 degrees in resident areas on numerous occasions with no documentation of actions taken to reduce the temperatures to acceptable	1. Ensure the building warrant of fitness is current. 2. Ensure water temperatures in the resident areas are within safe range as per policy.

			range. 60 days	

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, these 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.