

# Karaka Court Limited - Woodlands of Palmerston North

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Karaka Court Limited	
<b>Premises audited:</b>	Woodlands Of Palmerston North	
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care	
<b>Dates of audit:</b>	Start date: 3 February 2026	End date: 4 February 2026
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	24	

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Woodlands of Palmerston North is certified to provide rest home and secure dementia care for up to 42 residents. There were 24 residents on the days of audit.

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

The company director was appropriately qualified and supported by a clinical lead, administration manager and a team of experienced care and support staff. There are quality systems and processes being implemented. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

There have been no changes to the facility since the previous audit.

There were no shortfalls to address from the previous audit.

There were no shortfalls identified at this surveillance audit.

## Ō tātou motika | Our rights

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



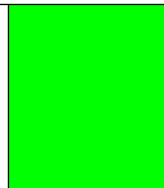
Subsections applicable to this service are fully attained.

There is a Māori health plan in place. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples embracing their worldviews, cultural, and spiritual beliefs. Staff demonstrated an understanding of resident's rights and obligations and ensures residents are well informed in respect of these.

There was no evidence of abuse, neglect, or discrimination. 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.

## 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 are fully attained.

The business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their staff. There is 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. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective action plans put in place as indicated.

There is a staffing and rostering guideline. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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The clinical lead assesses, plans, and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

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

All resident's transfers and referrals are coordinated with residents and families/whānau.

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

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

Subsections applicable to this service are fully attained.

The building holds a current building warrant of fitness. A maintenance plan is adhered to, and all equipment has been tested, tagged, and calibrated as scheduled. The facility provides a homelike atmosphere and building and grounds are well maintained. There have been no changes to the facility since the last audit.

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

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

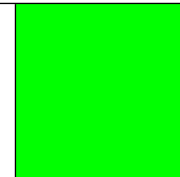
Subsections applicable to this service are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection prevention programme is implemented and meets the needs of the organisation and provides information and resources for staff. Documentation evidenced that relevant infection prevention education is provided to staff as part of their orientation and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements.

There has been an outbreak of Covid-19 since the previous audit.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service aims for a restraint free service, and this is supported by the governing body and policies and procedures. There were no residents using any restraints at time of audit. Elimination of restraint use is included as part of the education and training plan. Staff demonstrated sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative solutions.

## 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	18	0	0	0	0	0
Criteria	0	49	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>A Māori health plan is documented for the organisation, which Woodlands of Palmerston North utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At time of audit there were residents who identified as Māori. A review of the cultural aspect of care plan provided evidence of how mana Motuhake is recognised and care provided is based upon the principles of Te Tiriti o Waitangi. There were no Māori staff however the company director identifies as Māori and confirmed that services were delivered in a culturally supportive manner.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Woodlands of Palmerston North uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. At time of audit there were no residents residing in the facility who identified as Pasifika. There were no staff employed at time of audit who identified as Pacifica. However, staff confirmed an awareness of and understanding of Pacific culture, values, beliefs and were knowledgeable about how to access community support for Pacific individuals when required.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The Code is displayed in English and te reo Māori within posters and brochures available throughout the facility. All staff interviewed (the company director, administration manager, clinical lead, three HCAs, [including one of the health and safety representatives], and the cook), understood their responsibilities in relation to the Code. The residents interviewed (two rest home) outlined an awareness of their rights and that these were upheld by all staff at the service.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Woodlands of Palmerston North policies guide staff to prevent any form of discrimination, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at are trained in and are aware of professional boundaries as evidenced in review of orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.</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</p>	FA	<p>There are policies around informed choice and consent. Staff and management confirmed their understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making).</p> <p>Resident files reviewed included general consent forms and consents for influenza vaccinations. 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.</p> <p>Interviews with five resident's family/whānau (two rest home and three dementia) confirmed their choices regarding decisions and their wellbeing is respected.</p>

control.		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The service has a complaints policy/procedure in place that was available to staff, residents, family/whānau and visitors. The complaints policy provided information related to complaints information, processes and timeframes required to identify, manage, and respectfully respond to complaints in keeping with right 10 of the Code. There have not been any internal or external complaints received since the previous audit. A review of documentation and discussions with the administration manager confirmed that processes are well entrenched and all staff are cognisant of the importance of following up on and escalating any concerns or negative feedback received.</p> <p>Residents and family/whānau interviewed confirmed that the facility takes a reactive response to any issues raised and their response is swift. Complaint forms are located at the entrance and in visible places throughout the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services.</p> <p>The Code and complaints process is visible, and available in te reo Māori, and English. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The staff interviewed acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau.</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</p>	FA	<p>Woodlands of Palmerston North provides rest home services including secure dementia care for up to 42 residents. There are 30 beds in the rest home and 12 in the secure dementia unit. At the time of audit there were 24 residents, (13 residents using rest home level and 11 residents in the secure dementia). All residents were funded through the age-related residential care agreement (ARRC).</p> <p>Woodlands of Palmerston North is the trading name of Karaka Court Limited - a privately owned company with two directors. The directors are supported by a stable management team consisting of an administration manager and</p>

<p>for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>a clinical lead. The governance of the company is the responsibility of the two directors. The company director confirmed the company's compliance with legislative contractual and regulatory requirements. The vision and values are posted in visible locations throughout the facility and are reviewed annually. The directors receive progress updates on various topics, including staff and resident incidents, human resource matters, and escalated complaints.</p> <p>The business plan for 2026-2027 includes the mission and values of the service, reflects links with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities, and how these inequities plan to be addressed. Goals are regularly reviewed with evidence of sign off when met.</p> <p>Clinical governance is led by the clinical lead and is appropriate to the size and complexity of the service. There are weekly updates given at handover and these talks focus on current clinical focus areas and the implementation of core values within the service. Monthly reports and daily communication with the directors reflect evidence of communicating quality and risk activities.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Woodlands of Palmerston North is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The administration manager and clinical lead, in conjunction with the company director lead and implement the quality programme. The programme involves staff with all expected to be active in implementing a quality approach when at work and participating in the quality programme.</p> <p>The service is implementing the organisations internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any short falls. Progress against quality outcomes is evaluated. Reports are completed for each incident or accident with immediate action noted and any follow up action(s) required, evidenced in five accident/incident forms reviewed (behaviour, unwitnessed falls, skin tears, bruising). Each event involving a resident reflected a clinical</p>

		<p>assessment and follow up by the clinical lead. Opportunities to minimise future risks are identified by the clinical lead. Family/whānau are informed following incidents.</p> <p>The clinical lead collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings with meeting minutes displayed on staff notice boards. Monthly staff meetings provide an avenue for discussions in relation to quality data; health and safety; infection prevention; complaints received; staff; and education. Discussions with the administration manager and clinical lead, and review of documentation evidenced that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery. Meeting minutes sighted evidenced that meetings are occurring as scheduled.</p> <p>Resident and family/whānau meetings are occurring as per schedule with resident's and family/whānau interviewed stating they find the meetings helpful to find out what is happening within the home. They confirmed that there were opportunities to give feedback. The last resident and family/whānau satisfaction survey was completed in 2025, however the engagement was very low, and results were unable to be collated. The administration manager outlined how they proactively access feedback from residents and family/whānau and address any concerns when they arise.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and up-to-date register was reviewed. A health and safety representative (interviewed) outlined how health and safety is managed within the home. A review of staff meeting minutes evidenced that health and safety is a fixed agenda item in all staff meetings and discussed at hand over where required. Staff have completed training related to health and safety.</p> <p>Discussions with the senior team evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. No Section 31's or notifications to the Health Quality Safety Commission (HQSA) have been required to be completed since the previous audit. The outbreak was reported to Public Health appropriately.</p>
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<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>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The company director is in daily contact with the management team and has regular on-site visits to the facility. The clinical lead works full time Monday to Friday. They provide after hours clinical support 24/7. The administration manager provides support for non-clinical issues 24/7. The managing director is available 24/7. Senior HCAs are spread over the morning, afternoon, and night shifts. Care staff have housekeeping tasks allocated to their work schedules.</p> <p>Staff on duty on the days of the audit were visible and were attending to the needs of the residents. Staff interviewed stated that the staffing levels are adequate for the resident needs and that the management team provide good support. Residents and family/whānau interviewed reported that they believe that staff numbers were adequate.</p> <p>There is an annual education and training schedule completed for 2025 - 2026. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes the Code, informed consent, restraint, challenging behaviour, Pacific values, Māori health (values, beliefs, tapu, noa, and end of life), wound management, and medication management. There is an attendance register for each training session and an individual staff member record of training electronically.</p> <p>Educational courses offered include in-services, online, and competency questionnaires. All HCAs are supported and encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the current HCAs, 15% have achieved level four, and 23% have achieved level three. All but the newest staff employed to work within the dementia unit have completed dementia unit standards.</p> <p>The clinical lead is supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments medication, controlled drugs, restraint, and emergencies. Additional registered nurse specific competencies include an interRAI assessment competency. At the time of audit, the clinical lead had completed interRAI training.</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>Five staff records (three HCAs and two support staff) reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Professional qualifications are validated prior to employment, and a register of practising certificates is maintained for all health professionals. 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.</p> <p>The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment to Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, and the facility. A review of staff records, discussions with the administration manager, review of the staff appraisal schedule as well as discussions with staff evidenced that all staff who have been employed for a year or more have a current performance appraisal on record.</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>Five resident records were reviewed: two rest home, and three dementia level of care. The clinical lead is responsible for all resident's assessments, care planning, and evaluation of care. All initial assessments and long-term care plans (LTCP's) were completed for residents, detailing needs, and preferences. The individualised electronic LTCP are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility.</p> <p>The residents had an assessment completed including falls risk, communication (verbal and non-verbal), continence, mobility, nutrition, activities, and cultural assessments. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short term care plans (STCP's) are developed for acute problems, for</p>

	<p>example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the clinical lead. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the clinical lead and include the degree of achievement towards meeting the desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes.</p> <p>There is one general practitioner (who has most residents under their care) who visits weekly and as required. Medical documentation and records reviewed were current. When interviewed the general practitioner was complimentary regarding the standard of care and clinical/operational leadership. After hours care is provided by a neighbouring medical practice and the local public hospital when needed. If a physiotherapist is required a referral is completed. A podiatrist visits regularly. Other health professionals are available by referral when required.</p> <p>At time of audit there were no pressure injuries. Current wounds consisted of one skin tear and minor blisters. An adequate supply of wound care products was available at the facility. Where wounds require additional specialist input a wound nurse specialist is consulted. Monthly observations such as weight and blood pressure were completed and were up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, behaviour, and bowel records.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they</p>
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		require to meet those needs. Staff receive a written and verbal handover (witnessed) at the beginning of each shift.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Staff were observed to be safely administering medications. The medication competent HCAs interviewed could describe their role regarding medication administration.</p> <p>The service currently uses an electronic medicine system, and medications are supplied in plastic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in a locked cupboard and the medication trolleys in the medication room. The medication fridge temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten medication charts were reviewed. Each chart sampled had photographic identification and allergy status identified. Indications were used were noted for as required medications, and the effectiveness of as required medication was consistently documented in the electronic medication system and progress notes. There was one resident who was self-administering medications. Review of documentation, observation and discussion with the clinical lead evidenced that all policy and procedure had been followed. No vaccines are kept on site. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are</p>

<p>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.</p>		<p>accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents’ requests. There is a verified food control plan current to July 2026. The residents and family/whānau interviewed advised that the standard of the meals served was satisfactory. Nutritious snacks are available 24/7.</p>
<p>Subsection 3.6: Transition, transfer, and discharge  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.  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.</p>	<p>FA</p>	<p>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers are coordinated in collaboration with the resident, family/whānau, and other service providers to ensure continuity of care. Where residents request or need to be seen by another health professional including Kaupapa Māori agencies, a referral is made.</p>
<p>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.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people’s culture and supports cultural practices. The secure dementia unit provides a homelike atmosphere. The current building warrant of fitness (BWOF) expires April 2026.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is infection prevention, and antimicrobial policies and procedures that includes the pandemic plan. The programme is linked to the quality improvement programme and is approved by the company director. The clinical lead leads the infection prevention programme and has input into infection prevention policy development, and review. Policies were developed with input from infection prevention specialists, and these comply with relevant legislation and accepted best practice. The infection prevention programme is reviewed annually. The pandemic plan is available for all staff.</p> <p>Staff education in infection prevention is overseen by the clinical lead and is delivered to staff as a part of their orientation and is included within the annual training schedule. It includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE).</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>The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and to reinforce basic principles of infection prevention and control. Infection surveillance is the responsibility of the infection prevention coordinator (clinical lead). All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection prevention coordinator. Any trends are identified, and corrective actions implemented. The service has started incorporating ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at handovers when residents have infections, and at staff meetings.</p> <p>Staff have received infection prevention related training including outbreak management. Internal infection prevention audits are completed with corrective actions for areas of improvement. The service receives regular notifications from Health New Zealand. The last COVID-19 outbreak was in May 2025. This event was quickly contained, appropriately managed, and documented with a debrief and review of the outbreak put in place.</p>
<p>Subsection 6.1: A process of restraint</p>	FA	<p>Maintaining a restraint free environment is the aim of the service. Policies</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>and procedures meet the requirements of the standards and evidence that the governing body is committed to a restraint free environment. The clinical lead is responsible for the restraint elimination strategy and for monitoring restraint use in the service. The designated restraint coordinator is the clinical lead. Systems are in place to ensure restraint use will be reported to staff meetings, and to the company director. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau and the choice of device must be the least restrictive possible.</p> <p>There were no residents using any form of restraint at the time of the audit nor has there been for some years. Restraint is included as part of the orientation for staff and completed annually through the education plan.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

No data to display
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End of the report.