

# Experion Care NZ Limited - Woodfall Lodge Home and Hospital

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## Introduction

This report records the results of a Partial Provisional Audit; 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:** Experion Care NZ Limited

**Premises audited:** Woodfall Lodge Home and Hospital

**Services audited:** Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 20 January 2026      End date: 21 January 2026

**Proposed changes to current services (if any):** This audit includes a partial provisional audit which was conducted to assess the facility for preparedness to provide dementia level care for eight beds. This audit has also verified the suitability of the service to include hospital medical as part of the existing hospital certification. There will be no changes to total bed numbers.

**Total beds occupied across all premises included in the audit on the first day of the audit: 28**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Woodfall Lodge Home and Hospital (Woodfall Lodge) is certified to provide rest home, and hospital (geriatric) levels of care for up to 38 residents. There were 28 residents on the audit days.

The service is managed by a facility manager supported by registered nurses, care staff and the governing body.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management and staff. This audit includes a partial provisional audit which was conducted to assess the facility's preparedness to provide dementia level care for eight beds. This audit has also verified the suitability of the service to include hospital medical as part of the existing hospital certification. There will be no changes to total bed numbers.

The service has addressed seven of the previous ten audit shortfalls (across six criteria), related to cultural training, initial assessments, care plan timeframes, initial GP review time frames, management of medication, satisfaction surveys and resident meetings. Improvements continue to be required around the availability of registered nurses, completion of staff appraisals, and implementation of the internal audit programme.

This audit also identified shortfalls relating the partial provisional audit to verify an eight-bed dementia unit include: ensuring all furniture is in place, landscaping, the security of the dementia garden, upgrade to the nurses room, the safety of door locks and egress in the event of a fire and dementia specific training for staff.

## Ō tātou motika | Our rights

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Woodfall Lodge provides an environment that supports residents’ rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Woodfall Lodge provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

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

## 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. The facility manager has knowledge and expertise in Te Tiriti o Waitangi, health equity and cultural safety. The business plan includes a mission statement and outlines current objectives. There is a transition plan for the proposed dementia unit and staffing is in place for the proposed dementia unit.

There is a documented quality and risk system. Incidents are well managed; quality data is collated and analysed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented with evidence of regular reviews.

The management and staff have the required skills and experience to provide appropriate services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff performance is reviewed. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using integrated hard copy and electronic records.

## Ngā huarahi ki te orange | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

There is an admission package available prior to, or, on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files include medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. The menu is culturally diverse, and cultural needs are accommodated. The menu is designed and reviewed by a registered dietitian. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen.

Medication policies and procedures reflect legislative requirements and guidelines. Registered nurses and medication competent health care assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and were reviewed at least three-monthly by the general practitioner.

There is a proposed activity programme designed for residents in the dementia unit. The activity coordinator will be supported to implement an activity programme with support of the health care assistants working in the dementia unit.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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The building holds a current warrant of fitness. All equipment is well-maintained and tagged, tested, and calibrated as scheduled. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are personalised to their individual taste and reflect cultural preferences. External areas are safe and well-maintained with shade and seating available.

There are documented systems in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. Fire drills are held six-monthly. There is a call bell system that is responded to in a timely manner. Appropriate security measures are implemented.

Partial provisional;

The dementia unit courtyard is accessible for the residents.

There are handrails in ensuites and communal bathrooms. Most furniture and equipment is already in place. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal bathrooms. The dementia unit has a separate lounge/dining room. The communal area is spacious and allows for various activities.

The emergency and disaster management policies include (but not limited to) dealing with emergencies, fire, flood, civil defence, and disasters.

## 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 links to the business and documents the quality and risk plan. The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A registered nurse oversees the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There have been no out breaks since the previous audit.

The environment supports the prevention and mitigation of transmission of infections. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. There is one resident listed as using a restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	3	2	0	0
Criteria	0	67	0	4	2	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Woodfall Lodge has a Māori Health Care Plan. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were both residents and staff who identify as Māori. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori. Woodfall Lodge is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice.</p> <p>The facility manager reported that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. The facility manager and staff have completed training on Te Tiriti o Waitangi and health equity (December 2025), this is an improvement from the previous audit.</p> <p>Documentation and interviews with the facility manager, a registered nurse, three health care assistants [HCAs], the activities coordinator, administration person, maintenance person, and a cook), confirmed that the service delivers a service that is focused on the health, well-being, and cultural needs of its residents.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific health plan which aligns to Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The aim is on fostering Pacific community integration and collaboration to enable better planning, support interventions, and evaluations of the health and wellbeing of Pacific peoples to improve outcomes. At the time of the audit there were no residents or staff who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager demonstrated how it is also provided in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with two family/whānau (both hospital level), and four residents (two hospital level and two rest home level) confirmed they are informed of their rights and their choices are respected. Interactions observed between staff and residents during the audit were respectful.</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>	<p>FA</p>	<p>Woodfall Lodge policies provide guidelines that aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. A code of conduct is discussed and signed by staff during their induction to the service. The code of conduct addresses harassment, racism, and bullying.</p> <p>All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with a registered nurse and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>

		<p>Professional boundaries are covered as part of orientation.</p> <p>Interviews with staff, residents, family/whānau and documentation reviewed, confirmed that the staff are very caring, supportive, and respectful.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies to guide the informed consent process. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations, release of photographs and the use of comfort funds. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms are appropriately signed by the enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA, and activation is on file, as reviewed in the files of the residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Woodfall Lodge has a current complaints policy in place, which is understood by staff. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy aligns with and reflects the principles of the Code and is in accordance with the Code of Health and Disability Services Consumers' Rights.</p> <p>The service's complaints register was reviewed; there have been no complaints recorded. There were no external complaints received since the last audit. The facility manager reported that any issues are discussed promptly with the residents before they escalate into complaints.</p> <p>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 a</p>

		<p>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.</p> <p>Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation. Staff are informed of complaints (and any subsequent corrective actions) in the staff and registered nurse meetings as evidenced though the standing agenda.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Woodfall Home and Hospital is part of the Experion group of aged care facilities. Woodfall provides hospital and rest home level of care for up to 38 residents. There were 28 residents on the day of audit. The Experion group is an experienced aged care provider and there are procedures and responsibilities for the safe management of residents at all levels of care. There is a documented mission statement for the service 'To be the rest home of choice in the communities we serve and provide the highest standards of wellbeing for residents.' At the time of audit there were 15 residents at hospital level (including one funded through ACC and 13 rest home (including two younger disabled people under a Young Person with Disability (YPD) contract) All other residents were on the age-related residential care agreement (ARRC).</p> <p>The governance role is carried out by the director with the head office providing business support. The director owns six aged care facilities in New Zealand and has been in this role for eight years. Prior to this, they have held director positions in large multinational companies. A Māori cultural adviser position has been established and a clinical governance leader (an experienced registered nurse). The cultural advisor, clinical governance leader and director form the overall governance team with reports from the facility manager and a financial advisor discussed. All members have the required skills to support effective governance over operational, clinical services, quality of resident care. The director has completed cultural training and on interview was able to discuss Te Tiriti o Waitangi, health equity, and cultural safety. The director holds regular zoom calls with the facility manager to discuss issues and progress</p>

		<p>towards meeting the requirements of relevant standards.</p> <p>There is a quality and risk management programme and a business plan documented based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services.</p> <p>The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and meetings with the facility manager. The implementation of the quality programme includes regular site-specific clinical, quality, compliance and risk reports that are completed by the facility manager and are available to the governance team. These outcomes and corrective actions are discussed at meetings, but this is not consistent (link 2.2.2). The business plan describes specific and measurable goals that are reviewed annually and progress towards goals discussed monthly.</p> <p>The facility manager is an experienced RN and manager and has been in the role for three years. The facility manager has completed the required training hours related to the management of a care facility including attending meetings with the local Health New Zealand ARRC group.</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>PA Low</p>	<p>Woodfall Lodge has a documented quality and risk management programme. The quality and risk management systems include performance monitoring through the collection of clinical indicator data. Monthly staff meetings, registered nurse meetings and clinical governance hui with the governance team (head office) provide an avenue for discussions in relation to quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing and education. Internal audits are completed as per the internal audit schedule, but not always fully completed and corrective action plans are not always completed. All the meetings are completed as scheduled and include the internal audit outcomes (but not actions needed).</p> <p>Resident and family/whānau satisfaction surveys have been completed as scheduled and have been collated. The outcomes document a high level</p>

		<p>of satisfaction. The survey collation has been reported to the monthly resident meetings and staff meetings. Satisfaction surveys and resident meetings are an improvement on the previous audit.</p> <p>Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation, as and when required.</p> <p>Each incident/accident is documented electronically. Ten accident/incident forms reviewed indicated that the forms are completed in full and signed off by the facility manager; opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the facility meetings. Health safety goals have been evaluated for 2024/2025, with the new goals developed and shared with all staff for 2025/2026 through meetings and notice board notifications. Hazards and other risks are documented and addressed. Staff have received education related to hazard management and health and safety at orientation, and thereafter annually.</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been several Section 31 notifications relating to RN staff shortages. There have been no Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) reported. There have been no outbreaks since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. There are clear guidelines for an increase in staffing, depending on resident acuity. The facility manager works Monday to Friday and is available on call. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>The number of care staff on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. The rosters reviewed showed that not all shifts have an RN rostered on, this is a continued short fall from the previous audit. There are separate staff dedicated to recreation, cleaning, and laundry. Staff and residents are informed when there are changes to staffing levels,</p>

		<p>evidenced in staff interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner.</p> <p>The implemented education and training schedule lists compulsory training, which includes cultural awareness training. External training opportunities for care staff include training through Health New Zealand. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing.</p> <p>All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies that include syringe driver, first aid interRAI assessment competency. There are five RNs employed in total (including the facility manager) and two of those RNs are interRAI trained and four RNs have completed syringe driver and palliative care competencies. RN training includes: pain management, recognition and management of the deteriorating resident, and wound management.</p> <p>All HCAs are required to complete annual competencies including restraint, moving and handling, hand hygiene, and PPE donning and doffing. A selection of HCAs complete medication administration competencies and second checker competencies. A record of completion is maintained on an electronic system.</p> <p>Partial provisional.</p> <p>There are no changes to the RN roster. The roster (based on eight residents) documents an increase of HCAs for each shift; each shift will have an addition HCA based in the dementia unit. Staff will be available from the rest home / hospital to assist as needed (noting there will be five HCAs in the morning, four in the PM and two in the night for the rest home/ hospital wings). Training specific to dementia care is planned prior to the dementia unit opening and the facility manager has started the process of enrolling staff to NZQA dementia unit standards.</p>
Subsection 2.4: Health care and support workers	PA	Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where

<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>Moderate</p>	<p>required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, enrolled nurses, general practitioner, pharmacists, podiatrist, physiotherapist, and dietitian.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support registered nurses and caregivers to provide a culturally safe environment to Māori. Not all staff who have been employed for a year or more have a current performance appraisal on file, this is a continued short fall from the previous audit.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurses or the facility manager are responsible for all residents' assessments, care planning, and evaluation of care. Five resident files were reviewed. Two files were reviewed from rest home level of care and three hospital (including one funded through ACC). The initial care plans are developed in partnership with the residents or enduring power of attorney within the required timeframe. There is documented evidence of resident, enduring power of attorney or family/whānau involvement in care-planning. The initial medical assessment is undertaken by the general practitioner within five days following admission and subsequent reviews were undertaken every three months or sooner when their health status changes. Time frames for both the initial assessments and timely GP assessments are an improvement from the previous audit.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment (completed for all residents apart from the ACC resident and the younger person's contracts). The electronic care planning process ensures that a suite of assessments are undertaken to allow care planning for all residents as well as the interRAI. The long-term care plans and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning</p>

	<p>signs meet the residents' assessed needs. Short term care plans are developed for acute and immediate needs such as infections, wounds, bruises and have been evaluated and signed off once completed or transferred to the long-term care plan. All care plans reviewed had been regularly evaluated to ensure that needs and risks are an ongoing process, and that any changes were documented in the care plan.</p> <p>The general practitioner was not available for interview. Allied health interventions were documented and integrated into care plans. A podiatrist visits six to eight-weekly and a dietitian, physiotherapist, speech language therapist, occupational health therapist, continence advisor, hospice specialists, and wound care specialist nurse are available as required.</p> <p>The contact details for family are recorded in the clinical file. Resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds are assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Wounds included skin tears. There is a process in place to ensure that if wounds require additional specialist input, this can be initiated, and a wound nurse specialist consulted.</p> <p>The HCAs interviewed could describe a handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift by HCAs and as necessary by the registered nurse and/or by the facility manager. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurses initiate a review with the GP. There was evidence that registered nurses had added to the progress notes when there was an incident and or a change in health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Care staff complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid intake; repositioning charts; blood glucose levels; and toileting regime. Neurological observations have routinely and</p>
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		<p>comprehensively been completed for unwitnessed falls or where head injury was suspected as part of post falls management. Compliance with observation recordings and monitoring charts is discussed at the two monthly registered nurses' meetings.</p> <p>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 include the degree of achievement towards meeting desired goals and outcomes, are documented by the registered nurses.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Woodfall Home and Hospital employ an activities coordinator (currently training to gain a diversional therapist qualification) who has been working in this role at the facility for four years. They work Monday to Friday. The activities coordinator implements a varied weekly activities programme that caters for all resident needs. The service has developed a specific activity plan for the dementia unit. The programme reflects the physical and cognitive abilities of the resident groups. These include exercises; board games; newspaper; music; reminiscing; sensory activities; church services; craft; and van trips.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A safe electronic medication management system was observed on the day of audit, and ten electronic medication records were reviewed. The medication management policies and procedures identify all aspects of medicine management in line with relevant legislation and guidelines. Prescribing practices are in line with legislation, protocols, and guidelines. All electronic medication charts sampled had allergy status recorded, and three-monthly reviews documented by the GP.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by a registered nurse on delivery to the facility. All medications sighted were within current use by dates and, and eyedrops had been dated upon opening. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily.</p>

		<p>Medications are stored securely in accordance with requirements.</p> <p>The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures.</p> <p>There were no residents self-administering medication on the day of the audit; policy and procedures including assessment, review, and the provision of safe storage were in place where required. Standing orders are not used, and vaccines are not kept on site.</p> <p>Partial provisional.</p> <p>Medication will be stored in the existing secure medication room; there will be no changes to the current medication process.</p> <p>All staff who administer medications have current competencies in place. Registered nurses oversee the use of all pro re nata (PRN) medicines and effectiveness is consistently evaluated and documented in the electronic management system, this is an improvement from the previous audit. Current medication competencies were evident in staff files.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>A nutritional assessment is undertaken by the registered nurse for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and family/whānau interviewed stated that they are satisfied with the meals provided.</p> <p>The food control plan is current and expires 19 June 2026.</p> <p>Partial provisional.</p> <p>The lounge/ dining room is cosy, well heated and ventilated and can</p>

		easily accommodate eight residents with plenty of space. Food will be transported to the unit in hot boxes. Not all furniture in in place (link 4.2.1).
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Low	<p>Woodfall Lodge has a current building warrant of fitness displayed, which expires 25 May 2026. The buildings, plant, and equipment are fit for purpose at Woodfall Lodge and comply with legislation relevant to the services being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service employs a part time maintenance person who works three days a week. This role includes maintenance of the site, contractor management and oversight of gardening. Essential contractors, such as plumbers and electricians, are available as required. The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. The facility is maintained at comfortable air temperatures, with underfloor ventilation ducted air system, thermostatically controlled in resident rooms and communal areas, corridors and bathrooms.</p> <p>The service is on single level with the proposed eight bed secure dementia unit at the end of one corridor. There is a door with an electronic</p>

		<p>lock between the proposed unit and the main corridor (open on the day of audit). The lock has not yet been checked to ensure it disengages in the event of a fire. The proposed unit includes a good-sized lounge/dining area. This area has comfortable chairs, and a dining table. The dining chairs have been ordered but have not yet arrived. A kitchen area is planned to assist meals and drinks for the residents; this is not yet in place. There is a fridge.</p> <p>There is a nurses room within the proposed dementia unit, with plans to create a window between the nurses room and the lounge to allow for good visibility of residents. This is not yet in place.</p> <p>There are sliding doors that open out to an outdoor deck from the dining area and has a ramp access to the gardens which allow for a circular walking route. The garden has not yet been fully landscaped but this is planned. The garden is not yet secure with one gate not yet in place and another low gate allowing easy egress for residents. Both gates are planned to be compliant and in place.</p> <p>Residents can have personal items in their bedrooms. There is one communal bathrooms/shower and three toilets located close to the resident rooms with privacy signage. Bathrooms/showers have handrails, and call bells. Bathrooms are well lit, ventilated, and heated. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Toilet/shower facilities are easy to clean. All the washing areas have free-flowing soap and paper towels in the toilet areas.</p> <p>A variety of seating is provided to meet all resident's needs. Flooring is carpet tiles or vinyl and maintained in good condition. Installations, walls, and floorings are in good condition. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>Corridors are wide enough to promote safe mobility with the use of mobility aids.</p>
<p>Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service</p>	<p>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency.</p>

<p>provider will ensure I am safe.  Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.  As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 21 August 2002. Fire evacuation drills have been completed every six months since the last audit. Civil defence supplies are stored centrally and checked at regular intervals. New Zealand Fire Service have yet to confirm the electronic door to the unit will disengage during a fire alarm.</p> <p>In the event of a power outage, a barbeque is maintained with gas bottles, and a gas cooker is available in the kitchen. The service has a relationship with Fielding Fire and Emergency New Zealand and Health New Zealand - Mid Central Palmerston North, who will support access to a generator in case of an emergency. There are adequate supplies in the event of a civil defence emergency, including an equivalent of three litres of water per person (residents and staff) per day for three-days. Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. A minimum of one person trained in first aid is always available in the facility and for resident van outings.</p> <p>There are call bells in the residents' rooms, communal toilets, bathrooms, and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in the hallway to alert care staff to who requires assistance.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process for alerting staff when in need of access to the facility after hours. Staff complete regular security and safety checks overnight. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>The facility manager (RN) along with the governance committee oversee and coordinate the implementation of the infection control programme.</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.  Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.  As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Infection control responsibilities and reporting requirements are defined in a job description. The infection control coordinator (the facility manager) has completed training infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. They also receive additional support from the general practitioner, the laboratory and expertise at Health New Zealand</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. The infection control programme is linked to the quality system. Infection control is included in the internal audit schedule. The infection control programme is reviewed and reported on annually</p> <p>The infection control policy states that Woodfall Lodge is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the training plan. Staff have completed the required training.</p> <p>Partial provisional.</p> <p>The facility manager (the infection control coordinator) has had full input into the planning of the dementia unit ensuring infection control standards can continue to be maintained in the dementia unit.</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.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention and control programme. Infection control responsibilities and reporting requirements are defined in a job description.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register and surveillance of all infections (including organisms and resident ethnicity) is collated onto a monthly infection summary. Reports include antibiotic use and ethnicity of residents. This data is monitored and analysed for trends, monthly and annually.</p> <p>Infection control surveillance results are discussed at facility meetings. Meeting minutes and data are available for staff. Action plans are</p>

		<p>completed for any infection rates of concern.</p> <p>There have been no outbreaks since last audited. An interview with the infection control coordinator demonstrated that there are well documented processes to guide staff in the event of an outbreak, including documentation, debrief and reporting requirements. There were ample supplies of personal protective equipment stored and accessible to staff.</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Partial provisional.</p> <p>The infection control coordinator oversees the implementation of the cleaning, laundry, and audits. Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room with a sanitiser, a stainless-steel bench, and separate hand hygiene/washing facilities with flowing soap and paper towels in the hospital / rest home wing. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>Designated cleaners (housekeepers) are rostered over seven days. The housekeepers have attended training appropriate to their roles. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility manager has oversight of the testing and</p>

		<p>monitoring programme for the building and environment.</p> <p>All clothing and linen are laundered on site. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy confirms that restraint consideration and application must be completed in partnership with family/ whānau, and the choice of device must always be the least restrictive possible when restraint is considered.</p> <p>At the time of the audit, the facility had one resident requiring a restraint (bedrail). The resident has a history of frequent falls, sliding out of bed and the resident /whānau requested the bedrail to reduce risk of fall and injury. The facility manager (restraint coordinator) confirmed that Woodfall Lodge is committed to providing services to residents without use of restraint.</p> <p>Restraint management training includes reference to policies and procedures related to restraint, cultural practices, and de-escalation strategies.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	The service has a well-documented quality and risk programme. Internal audits are documented as being undertaken according to scheduled time frames. Not all audits have been fully completed, and not all audits have an action plan when a short fall has been evidenced.	<p>1.Although internal audits have been scheduled and partially completed, not all internal audits have been fully completed.</p> <p>2.Where a shortfall has been identified, a corrective action plan is not always documented.</p>	<p>1.Ensure internal audits are fully completed.</p> <p>2.Ensure that action plans are documented when a shortfall has been identified.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically</p>	PA Moderate	There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support for the day shifts however at times there is a shift that has no registered nurse	A review of the previous weeks roster and the current roster evidenced that there were six night shifts last week and one this week with no RN cover.	Ensure an RN is rostered for all shifts, as required by the ARRC contract,.

safe services.		allocated. The service is currently recruiting for an additional RN. Shifts with no RN have a senior HCA in a leadership role with the facility manager on call.		30 days
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	The implemented education and training schedule lists compulsory training, which includes cultural awareness training. External training opportunities for care staff include training through Health New Zealand. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. Training specific to dementia care is planned prior to the dementia unit opening and the facility manager has started the process of enrolling staff to NZQA dementia unit standards.	Training for staff specific to dementia care is planned but not yet provided.	<p>Ensure all staff have dementia care training.</p> <p>Prior to occupancy</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Moderate	There is a documented appraisal policy, however not all performance appraisals were being completed as per the appraisal schedule.	Of the five staff files reviewed; two did not evidence a staff appraisal completed within the last two years.	<p>Ensures staff appraisals are completed as per the policy.</p> <p>60 days</p>
<p>Criterion 4.1.1</p> <p>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.</p>	PA Low	The service has a current building warrant of fitness; plans are documented and have been commenced to convert one wing of eight beds to a secure dementia unit.	<p>1 Dining chairs are not yet in place.</p> <p>2.The kitchen station is not yet in place.</p> <p>3.Landscaping is not yet competed.</p> <p>4.The viewing window between the nurse's room</p>	<p>1 Ensure dining chairs are in place.</p> <p>2.Ensure the kitchen station is in place.</p> <p>3.Ensure landscaping is competed.</p> <p>4.Ensure the viewing</p>

			and the lounge is not yet in place. 5.The garden is not secure.	window between the nurse's room and the lounge is in place. 5.Ensure the garden is secure  Prior to occupancy
Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.	PA Low	A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 21 August 2002. Fire evacuation drills have been completed every six months since the last audit. Civil defence supplies are stored centrally and checked at regular intervals. New Zealand Fire Service have yet to confirm the electronic door to the unit will disengage during a fire alarm.	New Zealand Fire Service have yet to confirm the electronic door to the unit will disengage during a fire alarm.	Ensure the New Zealand Fire Service confirm the electronic door to the unit meets fire safety needs.  Prior to occupancy

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

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

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

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

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End of the report.