

Henrikwest Management Limited - Craigweil House

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

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

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

The specifics of this audit included:

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| Legal entity: | Henrikwest Management Limited | |
| Premises audited: | Craigweil House | |
| Services audited: | Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care | |
| Dates of audit: | Start date: 4 February 2026 | End date: 4 February 2026 |
| Proposed changes to current services (if any): | None | |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 50 | |

Executive summary of the audit

Introduction

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

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

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 |
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|  | 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 |
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| 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

Craigweil House Home and Hospital in Parakai West Auckland, provides rest home and hospital levels of care services for up to 68 residents. On the day of the audit, the occupancy was 50 residents.

This unannounced surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS: 8134:2021 and the service's contract held with Health New Zealand – Te Whatu Ora. It included review of relevant policies and procedures, review of residents' and staff files, observations, and interviews with residents, family members, members of the governance group, managers, staff, and a general practitioner. The owner was not available on the day of audit.

There were two areas of improvement required to be addressed from the previous audit one in relation to the quality framework being set in place and the other in relation to the updating of the care plans in a timely manner. Only one area of improvement has been fully addressed. As a result of this audit four improvements are required in relation to staffing the facility, the interRAI assessments and the updating of the long-term care plans not being completed in a timely manner (a previous area identified for improvement in the last audit), the checking of the controlled drug stocks not occurring as required, and the planned infection prevention audits not all completed as required.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Craigweil House works collaboratively to support and encourage a Māori world view of health in service delivery when residents who identified as Māori are admitted to the facility. Māori, when admitted for care, are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and family felt included when making decisions about care and treatment.

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

Hunga mahi me te hanganga | Workforce and structure

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| 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 low risk. |
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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| <p>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.</p> | | <p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p> |
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When people enter Craigweil House, a person-centred and whānau-centred approach is adopted. Relevant information is provided to potential residents and their whānau. Residents are welcomed in a manner that acknowledges their identity, culture, values, and preferences. Information is shared in a clear and respectful way to support understanding and decision-making during the admission process.

The service works in partnership with residents and their whānau to assess, plan, and evaluate care. Care plans are individualised, based on comprehensive information, and updated to accommodate any new problems that arise. Assessment and planning processes incorporate clinical risk tools, cultural assessments, and individual goals. Files reviewed demonstrated that care met the assessed needs of residents and whānau and was evaluated on a regular basis. Service coordination included input from the wider health team, when necessary, to ensure continuity and responsiveness.

Residents are supported to maintain and develop their interests and to participate in meaningful activities suitable to their age and stage of life. Activities are designed to promote engagement, wellbeing, and connection to culture and community.

Medicines are safely managed and administered by staff who are trained and competent to do so. Medication systems are consistent with the scope of the service and support safe prescribing, dispensing, and administration practices.

The food service meets the nutritional needs of residents, with cultural and personal preferences catered for. Food is safely managed, and menus have been reviewed by a qualified dietitian. Residents confirmed that mealtimes are enjoyable and culturally respectful.

Residents are referred or transferred to other health services as required. The service ensures timely coordination, with communication and consent processes followed.

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

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| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. | | Subsections applicable to this service fully attained. |
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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

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| 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. |
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

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| 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. |
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were three residents using restraints at the time of audit, as a last resort.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, and alternative interventions, and demonstrated effective practice.

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 | 14 | 0 | 2 | 2 | 0 | 0 |
| Criteria | 0 | 46 | 0 | 2 | 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) |
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| 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 |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>Craigweil House has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected and understood by staff. Partnerships have been established with Māori organisations to support service integration, planning, equity approaches, and support for Māori. There were no Māori residents at the time of audit or staff employed at this facility. The governance group is fully aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation, and this is identified in policy and procedures and encouraged in practice.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with</p> | FA | <p>Craigweil House has a cultural safety policy in place to assist staff to provide culturally safe care for any Pacific people admitted to this facility. There were residents who identified as Pacific on the day of the audit. Pacific residents interviewed felt their worldview, and cultural and spiritual beliefs were embraced. The service has a Pacific care plan adopted for implementation for Pacific residents. The 'Fonofale' model of care is currently in use and meets the needs of residents. Education is provided to all staff, as documented in the training records reviewed.</p> |

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| Pacific peoples for improved health outcomes. | | |
| <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>Craigweil House staff interviewed demonstrated an understanding of the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in line with their preferences and wishes.</p> <p>Whānau and legal representatives interviewed reported being informed about the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service). Evidence was sighted of Māori mana motuhake, advocacy, and Code of Rights training provided to staff.</p> <p>Opportunities to discuss and clarify residents' rights were given during admission and at six-monthly multidisciplinary meetings. Residents and whānau interviewed confirmed this practice.</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>Residents at Craigweil House receive services free from discrimination, coercion, harassment, exploitation, abuse, and neglect, as evidenced by relevant policies and ongoing staff education. This was confirmed through interviews with residents and their EPOA. Staff understood the service's policy on abuse and neglect, including the actions required should there be any signs of such behaviour. No instances of such concerns were identified during the audit, as confirmed through staff, resident and whānau interviews, as well as documentation reviewed.</p> <p>Residents reported that their personal property is respected. Belongings are labelled on admission, and residents' finances are securely managed. Any cash brought in by residents is stored in a locked safe, with access provided through a designated key person when required. A system is in place to ensure the residents' comfort fund is protected and securely managed. The accounts manager and facility manager, with support from the regional quality nurse manager (RQNM), reconcile the comfort fund weekly using a software system. Individual statements of account are available to residents or their legal representatives upon request, ensuring transparency.</p> <p>Professional boundaries were maintained by staff. Staff interviewed</p> |

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| | | <p>reported feeling comfortable raising concerns related to institutional and systemic racism and were confident that such concerns would be appropriately addressed. A strengths-based and holistic model of care was evident, incorporating Te Whare Tapa Whā framework. Evidence of Māori health and cultural training was confirmed through staff interviews</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | <p>FA</p> | <p>Residents and/or their legal representatives were provided with the information necessary to make informed decisions, in accordance with the Code. Interviews with residents, and where appropriate their whānau, indicated that they felt supported and empowered to actively participate in decision-making. With residents' consent, whānau were also included in the process, to ensure decisions were culturally responsive and aligned with individual preferences. Residents and EPOA representatives interviewed commended the management of Craigweil House for promptly addressing their concerns. This was evident in residents' meeting minutes and reports from the RQNM.</p> <p>Advance care planning, and the establishment and documentation of EPOA arrangements, were evident in the records reviewed. Activated EPOA documents were present where applicable, and informed consent forms and admission agreements were appropriately signed by either the resident or their legal representative.</p> <p>Registered nurses and care, laundry, and office staff interviewed demonstrated a sound understanding of the principles and practice of informed consent. This was supported by organisational policies aligned with the Code and reflective of tikanga guidelines. Staff confirmed they had received training on Te Tiriti o Waitangi, te reo Māori, and tikanga Māori. Evidence of this training was sighted in the staff training folder, consistent with the quality calendar, supporting culturally safe and informed care practices.</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</p> | <p>FA</p> | <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Information is included in the</p> |

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| <p>and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | | <p>information pack provided on entry to the service. The Code is displayed in te reo Māori and there are processes in place and policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion.</p> <p>There have been 16 minor complaints received since the last audit. One complaint was open at the time of the audit. This was a family complaint recently received on 17 January 2026, which has been acknowledged and recorded. A response has been forwarded to the complainant, and the facility manager interviewed is now awaiting the outcome.</p> <p>The complaints register is maintained by the facility manager and contains the required information, and the timeframes have been effectively met. When closed out the facility manager dates and signs each complaint.</p> <p>There have been no complaints received from external sources since the previous audit.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>The governing body assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and the owner, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed, and through the business plan and the continuous improvement plan for 2026 to 2027. These documents were approved by the group general manager (GGM) on 15 January 2026. Objectives for the service are clearly documented and are reviewed regularly.</p> <p>A commitment to the quality and risk management system was evident. The regional quality nurse manager (RQNM) was interviewed at audit and covers the quality and risk management processes and clinical management for all three sites that are owned and operated by Henrikwest Management Limited. The RQNM was well supported by the GGM. Members of the governance group interviewed felt well informed on</p> |

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| | | <p>progress and risks. This was confirmed in a sample of reports provided to the GGM as per the meeting schedule provided by the RQNM. The owners are always kept well informed.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to key roles and monitoring of resident safety and clinical indicators. The CM reports directly to the RQNM monthly. Senior RNs cover on the weekend, with the CM, FM and RQNM being on call as needed.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for the provision of age-related residential care (ARRC) rest home, hospital, long-term support – chronic health care (LTS-CHC) and respite levels of care. The service had 50 residents on the day of the audit. Residents receiving services under the contract included 36 hospital-level care, one respite-level care (RH), two LTS-CHC (RH)-level care and 11 rest home-level care.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, internal and external audit activities (except for the required infection prevention audits which had been omitted in 2024 and 2025 (refer to 5.4.4), a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint elimination.</p> <p>The CM is responsible for the implementation of the key performance indicators, and the FM is responsible for the implementation of the quality and risk system with input from staff. The CM reports to the RQNM monthly. Outcomes are provided to staff at the monthly staff meetings. Minutes of meetings were reviewed. Additional meetings for RNs, and monthly resident meetings, are also held. The FM reports to the GGM.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. This was identified as an area of improvement at the previous audit which has been effectively addressed.</p> <p>Policies reviewed covered all necessary aspects of the service and of</p> |

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| | | <p>contractual requirements and were current.</p> <p>The FM interviewed described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The CM and the FM understood and have complied with essential notification reporting requirements. Two adverse events were reported to Te Tāhū Hauora Health Quality & Safety Commission since the previous audit: one relating to a resident who fell and sustained a fracture, and the other relating to an unstageable pressure injury. Two Section 31 notifications were reported to HealthCERT, one for a gastroenteritis outbreak at the facility on 18 December 2025 and one in relation to a staff member with an infectious disease.</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 Low</p> | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. Staff were replaced for planned and unplanned leave.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. One month of documented rosters evidenced registered nurse coverage on the morning shift is adequate, with senior staff being present especially on Monday to Fridays. There is only one RN on duty on the afternoon and night shift for the total facility, with 36 hospital-level care residents and 14 rest home-level care residents on the day of the audit. The layout of the facility with two separate hospital wings has not been adequately considered. One wing has nine</p> |

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| | | <p>hospital-level residents (one patient was awaiting an assessment for psycho-geriatric care). This wing was totally separate, and not connected to the existing building. The other hospital wing had 27 residents. On night duty, there was the one RN and three health care assistants (HCAs). The wing with nine hospital-level care residents was covered by one of the three HCAs. This was identified as an area requiring improvement.</p> <p>There was adequate staff coverage for the provision of the food service, domestic duties (cleaning and laundry), maintenance/grounds, and the activities programme.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. The RNs have a wider list of training completed to enhance their clinical skills, including palliative care, wound care management, open communication, informed consent, privacy, and other topics. All staff have completed appropriate competencies, such as cultural safety, restraint elimination, and infection prevention.</p> <p>Care staff have either completed or commenced a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora Waitematā. There are 26 health care assistants in total, with 18 who have completed Level 4, four who have completed Level 3, and four who are currently completing Level 4. All education records were maintained by the regional manager who covers the organisation's three sites.</p> |
| <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> | FA | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration. All health professionals employed or contracted to the service have their annual practising certificates reviewed for currency and a record is maintained.</p> <p>Staff reported that the induction and orientation programme prepared them</p> |

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| <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>well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>PA Moderate</p> | <p>The multidisciplinary team, including mental health specialist services, older adult services, and facility staff, worked in partnership with residents and their whānau to support holistic wellbeing. Care plans were developed by registered nurses with support from the clinical manager, following a comprehensive assessment. These plans incorporated the resident's lived experience, cultural needs, values, and beliefs, and considered wider service integration where required.</p> <p>Assessments were based on a range of clinical tools and included input from the resident, and where appropriate, their whānau. Early warning signs identified risks, and strategies for prevention, escalation, and appropriate intervention were clearly documented. At the time of the audit, there were no Māori residents admitted; however, policies and a clear flowchart were in place to support Māori residents and their whānau to identify their own pae ora outcomes. This was verified through staff training records, interviews with staff, and confirmation from residents and whānau.</p> <p>Timeframes for general practitioner evaluations and review processes generally met contractual and policy requirements. Initial care plan assessments were completed within 24 hours as per policy. Long-term care plans and interRAI assessments were aligned, with evidence sighted. Short-term care plans addressed acute or temporary conditions.</p> <p>However, an opportunity for improvement was identified, as some initial interRAI assessments and associated long-term care plan assessments were not completed within the required contractual timeframes. This was an area of improvement identified in the previous audit which has not been fully addressed. Management of medical conditions was well documented, with evidence of systematic monitoring and regular evaluation using outcome-based measures. There is evidence of resident and whānau involvement in care planning. Care plans were developed in collaboration with the resident, their EPOA, and/or whānau. Residents and whānau confirmed that they were actively engaged in the care planning process.</p> |

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| | | <p>Behaviour management plans were in place where required, with documented triggers and strategies. Documentation confirmed that referrals to specialist services were made with appropriate consent from the resident's EPOA or legal representative. The general practitioner (GP) interviewed during the audit confirmed that referrals were timely, information was accurate, and EPOA involvement was appropriately documented. The GP verified that care delivery aligned with clinical standards, and that communication from the nursing team was consistent.</p> <p>Tāngata whaikaha were involved in service development and decision-making, with examples sighted of how choice and control over service delivery were respected. Staff, tāngata whaikaha, and whānau confirmed that individuals were supported to access information independently.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>PA Moderate</p> | <p>The medication management policy at Craigweil House was current and aligned with the Medicines Care Guide for Residential Aged Care and best practice guidelines. A safe and effective electronic medication management system was observed during the audit. A registered nurse was observed administering medicines in accordance with documented procedures and organisational policy.</p> <p>Medication reconciliation was completed by registered nurses on receipt of pharmacy supplies, with reconciliation processes clearly documented. All medications sighted were within current use-by dates. Medicines were stored safely and securely, including controlled drugs. Six-monthly pharmacist checks of controlled drugs had been completed. All staff authorised to administer medicines held current medication administration competencies. Daily monitoring confirmed medication room and fridge temperatures were maintained within recommended ranges. However, weekly controlled drug checks were not consistently completed as required by policy.</p> <p>Prescribing practices met legislative and best practice requirements. Allergies and sensitivities were documented in the electronic medication charts, and adverse events were managed appropriately. Over-the-counter medicines and supplements were reviewed by the prescriber as part of residents' medication management. Three-monthly general practitioner reviews were consistently documented. Standing orders were not used at</p> |

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| | | <p>Craigweil House.</p> <p>Although there were no Māori residents at the time of audit, the service demonstrated a culturally responsive approach to medication management. Processes were in place to ensure Māori residents and their whānau would be supported to understand their medicines, including culturally safe communication and access to Māori health advice where required.</p> <p>Pro re nata (PRN) medications were administered as prescribed, with documented outcome monitoring. At the time of audit, no residents were self-administering medicines. The service maintained a clear policy to support self-administration where appropriate, including registered nurse assessment, prescriber approval, and secure storage. Clinical staff interviewed confirmed understanding of this process.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The menu at Craigweil House is developed in accordance with recognised nutritional guidelines for older adults and reflects the food and cultural preferences of residents. The seasonal menu has been reviewed by a qualified dietitian within the past two years.</p> <p>Satisfaction with meals was confirmed through interviews with residents and whānau, satisfaction surveys, and residents' meeting minutes. Snacks and fluids are available at all times. Residents were observed being given sufficient time to eat their meals, with assistance provided where required.</p> <p>Each resident has a nutritional assessment completed on admission, with reviews undertaken as required. Special diets and modified texture needs are accommodated through the daily meal service. While no Māori residents were admitted at the time of the audit, the service has processes in place to provide culturally specific menu options aligned to te ao Māori if required.</p> <p>The service operates under an approved food safety plan, with current registration valid until 10 September 2026. All aspects of food management comply with food safety legislation and recognised guidelines. Kitchen staff hold food safety training, and food handling practices observed during the audit were consistent with hygiene and infection control requirements.</p> <p>Kitchen staff participate in wider clinical training, including infection control,</p> |

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| | | activities, and cultural competency. |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>Transfer or discharge from Craigweil House was planned and managed safely, with coordination between services and in collaboration with the resident and their whānau. There was evidence of appropriate handover of clinical documentation to the allied health team and the use of ISBAR assessment forms during referrals to the general practitioner (GP).</p> <p>The GP commended the service's procedure during interview, noting that concerns were reviewed by the facility manager with support from the RQNM before escalation to the GP. Interviews confirmed that detailed ISBAR forms were completed during referrals, which supported both the GP and ambulance staff during hospital transfers.</p> <p>Risks and current support needs were identified and managed. Options to access other health and disability services and social or cultural supports were discussed, where appropriate. Whānau interviewed reported being kept well informed during the transfer of their relatives.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | FA | <p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This includes a current building warrant of fitness (BWOFF), which expires on 8 February 2026. Electrical equipment testing had been completed by the trained maintenance person on 12 February 2025, and bio-medical testing and calibration had last been completed by a contracted service provider on 4 March 2025. The performance verification report was sighted, and an inventory of all equipment was maintained.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> | FA | <p>Craigweil House maintained a clearly defined and documented infection prevention and control (IPC) programme. A registered nurse was appointed</p> |

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| <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | | <p>as the Infection Prevention and Control Coordinator (IPCC), supported by the clinical manager, and responsible for implementation and oversight of the programme. The IPCC demonstrated appropriate knowledge and training relevant to the role, including completion of infection prevention education through Ko Awatea.</p> <p>The IPC programme was supported by reporting processes, with infection-related data analysed and reported to senior management and governance. Evidence confirmed the IPC programme was linked to the organisation's quality improvement programme through quality meeting documentation, including discussion of infection prevention activities and improvement initiatives. Annual review and reporting of the IPC programme were evidenced through governance reporting and quality meeting records.</p> <p>Infection prevention education was provided to staff through orientation and ongoing updates at defined intervals. Staff training records and interviews confirmed that education was relevant to the service being provided and supported staff understanding of infection prevention requirements. Residents and whānau were also provided with infection prevention information as appropriate.</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>Responsible antimicrobial use was promoted at Craigweil House. The facility manager and RQNM, supported by the Infection Prevention and Control Coordinator (IPCC) and national clinical leadership, worked collaboratively to support appropriate prescribing and safe antimicrobial practices.</p> <p>An antimicrobial stewardship (AMS) initiative focusing on the management of urinary tract infections was in place and monitored monthly. Monitoring of antimicrobial use informed clinical oversight and identified areas for improvement. The AMS programme was appropriate to the size and complexity of the service and supported by relevant policies and procedures.</p> <p>However, a related finding has been identified under (refer to 2.2.4) regarding gaps in the completion of required infection prevention and control audits.</p> |

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| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>FA</p> | <p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The RQNM monitors the use of restraint across the organisation. The restraint co-ordinator is a RN who is currently being overseen by the CM in this role. A job description for the role was reviewed. The co-ordinator interviewed has responsibility for ensuring that restraint minimisation is achieved.</p> <p>At the time of audit, there were three residents using a restraint. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> |
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Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p> | PA Low | <p>Meeting minutes and incident documentation reviewed confirmed that quality and risk processes were implemented, with corrective actions developed and monitored where required. External and internal audits were completed as per the audit schedule reviewed however it was observed that no required infection prevention audits had been completed in 2024 and 2025. Notifications to relevant external agencies had been completed in accordance with reporting requirements.</p> | <p>Required infection prevention and control audits had not been completed in 2024 and 2025, including audits for cleaning products, laundry services, infection control stocktake, and outbreak management requirements. Internal infection prevention risks and improvement opportunities were not consistently identified and addressed through the quality and risk management system, as required.</p> | <p>Ensure all required infection prevention and control surveillance audits are completed in accordance with policy.</p> <p>180 days</p> |
| <p>Criterion 2.3.1</p> <p>Service providers shall</p> | PA Low | <p>One month of weekly rosters were reviewed. There are four registered</p> | <p>There are insufficient registered nurses to ensure adequate cover of</p> | <p>To ensure there is adequate registered nurses to cover the</p> |

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| <p>ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p> | | <p>nurses plus the clinical nurse manager employed at this facility with 14 rest home level care residents and 36 hospital level care residents. There is one RN on the afternoon shift to cover the facility, and one RN on the night shift. There is one area designated as RH and two separate areas provide hospital level care. One wing had nine hospital level care residents (this wing is totally separate from the main building), and the other wing 27 hospital level care residents. There are five healthcare assistants rostered on the afternoon shift that cover the two hospital areas, with four HCAs finishing at 12 midnight and one HCA finishing at 10pm. Night duty two HCAs cover the wing with 27 hospital residents and the other separate wing, semi-detached, one healthcare assistant covers nine hospital residents.</p> | <p>the facility on the afternoon and night shifts currently due to the layout of the facility. In addition to this for the layout of the facility there are insufficient health care assistants on the night duty in particular, for the nine-bed hospital wing where two staff are required to complete the cares safely for the residents.</p> | <p>facility 24/7 on all shifts and adequate health care assistants on the night shift, taking into consideration the design and layout of the facility which has a rest home and two hospital designated areas, one totally detached from the main building.</p> <p>180 days</p> |
| <p>Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p> | <p>PA Moderate</p> | <p>Review of nine resident files showed systems for multidisciplinary input into assessment and care planning. Care plans included the initial care plans, individualised information reflecting residents' needs, preferences, and cultural considerations. Interviews with staff and whānau indicated participation in care planning, and documentation demonstrated collaboration with allied health and specialist services.</p> <p>Seven files were initially reviewed,</p> | <p>Not all files showed that initial interRAI assessments were completed within the 21 days after admission and the initial long-term care plans were not completed for new admissions, soon after the interRAI assessments were completed.</p> | <p>Ensure all initial interRAI and initial long term care plans are completed within the required contractual timeframes.</p> <p>90 days</p> |

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| | | with two additional files added for validation. In three of the nine files, the initial interRAI assessments were not completed within the required 21-day framework following admission. Subsequently the initial long-term care plans were not completed in a timely manner after the interRAI assessments were completed. | | |
| <p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p> | <p>PA</p> <p>Moderate</p> | <p>Review of medication management at Craigweil House showed safe systems for the prescribing, administration, and storage of medicines. Controlled drugs were securely stored, and six-monthly pharmacist checks had been completed. Staff administering medicines held current competencies, and medication storage temperatures were monitored and within acceptable ranges.</p> <p>Review of controlled drug records showed that weekly controlled drug checks were not consistently completed. Over the past nine months, each month contained at least one week where the required weekly check had not been carried out.</p> | <p>Weekly controlled drug checks were not completed consistently, with gaps identified in each month over the past nine months.</p> | <p>Ensure that weekly controlled drug checks are undertaken consistently each week, as required by policy and legislative standards.</p> <p>90 days</p> |

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.