

# APPQ Limited - Freeling Holt House

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	APPQ Limited
<b>Premises audited:</b>	Freeling Holt House
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 17 February 2026      End date: 18 February 2026
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	32

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

## General overview of the audit

Freeling Holt House provides care for up to 35 residents at rest home, hospital (medical and geriatric), and residential disability (physical) levels of care. On the day of the audit there were 32 residents: all were requiring hospital level care.

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

The general manager has been in the role for several years. They are supported by a clinical manager and a team of registered nurses, healthcare assistants, and other staff.

There were no shortfalls identified at the previous certification audit.

This surveillance audit identified Freeling Holt House continues to meet the standard.

## 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.



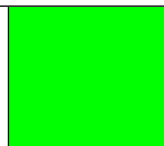
Subsections applicable to this service fully attained.

Freeling Holt House provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan implemented. The service aims to provide high-quality and effective services and care for all residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Freeling Holt House provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens 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. Complaints 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.



Subsections applicable to this service fully attained.

Freeling Holt house is privately owned, and the owner is onsite weekly and always available by telephone. The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify

and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated.

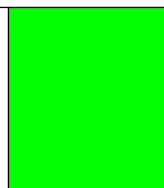
The service complies with statutory and regulatory reporting obligations. Clinical governance is overseen by the clinical manager, general and nurse practitioner, and gerontology nurse specialist.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented, and the general manager has overall responsibility for health and safety. Staff incidents, hazards, and risk information is reported to the owner each month.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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



Subsections applicable to this service fully attained.


Registered nurses assess residents on admission. An admission care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general or nurse practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. Dietary preferences, intolerances, allergies, and cultural needs are catered for. The service has a current food control plan.

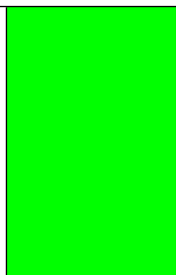
Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. Clinical and electrical equipment is checked for safety. Rooms are personalised.

## **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.
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The infection prevention and control programme is suitable for the size and scope of the service. There is a comprehensive pandemic plan. The infection prevention and control programme is implemented and provides information and resources to inform staff.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are collated and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings and education sessions. Outbreak response plans are in place, and the service has access to personal protective equipment supplies. There has been one outbreak of infection since the last audit, and this was effectively managed.

## 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 policy and procedures include processes for consent, approval, monitoring, and evaluation that are in accordance with the standard. The service is committed becoming restraint free. On the day of the audit there were two residents using a restraint.

Staff receive training during orientation and on an annual basis on the policy and procedures, alternatives to restraint and de-escalation.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	50	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is implemented. This document and the Freeling Holt House business plan acknowledge Te Tiriti o Waitangi as a founding document for New Zealand and aims at ensuring staff are trained in Te Tiriti o Waitangi, tikanga, Te Whare Tapa Whā model of care, that barriers for Māori are removed and mana motuhake is upheld. The service recruits and employs staff who identify as Māori. During the audit there were residents who identify as Māori. Staff receive ongoing training in Te Tiriti o Waitangi, cultural awareness, tikanga and culturally safe practice as part of the annual in-service education programme. There is signage throughout the facility in te reo Māori. Interviews with the facility manager, clinical manager, five healthcare assistants, one registered nurse, one administrator and one chef included examples of providing culturally safe services in relation to their roles.</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</p>	FA	<p>A Pacific health plan is in place. This is in accordance with the Ministry of Health Pacific Plan and acknowledges the importance of respectful relationships, valuing family/whānau and providing high quality healthcare for all people. During the audit there were no staff who identified as Pasifika. Staff receive ongoing training in cultural safety and awareness as part of the in-service education schedule that includes recognising the</p>

<p>achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>world view, cultural and spiritual beliefs of Pacific people. During the audit there were no residents who identify as Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Freeling Holt House policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their family/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Residents interviewed (one hospital and one young person disabled [YPD]) level) and four family/whānau (hospital level) understood their rights and expressed the service upholds their rights and the rights of their loved ones.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Freeling Holt House has policies and procedures that express a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code. Policies reflect acceptable and unacceptable behaviours. Staff receive ongoing training on elder abuse and prevention as part of the annual mandatory training programme and when interviewed could describe the process of reporting any suspected abuse or neglect.</p> <p>Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of residents' possessions within the resident's signed service agreement. The service implements a process to manage residents' comfort funds.</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>There is an informed consent policy in place. Five resident files reviewed included informed consent forms signed by either the resident, enduring power of attorney (EPOA) or welfare guardian. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a policy and procedures for complaints that are communicated to residents and family/whānau. The facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The facility manager maintains a complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Since the last audit there has been one internal complaint. This was just before the audit and was still in the process of resolution. The policy requires complaints to be acknowledged, investigated and resolved to the satisfaction of the complainant. Complainants are to be informed of the outcome of the investigation. Since the last audit there have been no external complaints received.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>Freeling Holt House is located in Torbay, Auckland, and provides care for up to 35 residents at rest home, hospital (medical and geriatric), and residential disability (physical) levels of care. On the day of the audit there were 32 residents: all were hospital level; 21 were under the aged-related residential care contract (ARRC); three were funded by ACC; and eight were funded as YPD. All beds are certified for dual purpose use. There are three double rooms; all of which were singly occupied during the audit.</p> <p>Freeling Holt House has a current business plan (2025 to 2026) in place with clear goals to support their documented vision, mission, and values. The values espouse compassion, quality, innovation, individuality, and respect. The model of care sits within this framework and incorporates the Māori concept of wellbeing, Te Whare Tapa Whā.</p> <p>Quality goals for 2026 have been defined as: collaborating with the pharmacist, gerontology nurse specialist, general practitioner and registered nurse to review medications for residents with the aim of reducing falls and polypharmacy; building a new building onsite with 24 additional beds; restructuring the management team in preparation for increased beds; review the pharmacy supplier; work with an information technology company to allow better analysis of adverse events and infections; and to reduce falls and skin infections. The facility manager reports to the owner on a monthly basis on progress of the goals, quality data, staffing, occupancy, maintenance of the building, grounds and equipment and staff training. The owner is also onsite several times per week.</p> <p>The facility manager confirmed the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. There are community links that provide advice to the owner in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Freeling Holt House are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community, as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha. The management team and owner have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is a strong relationship</p>
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		<p>with a cultural advisor who provides advice as required.</p> <p>Clinical governance is overseen by the clinical manager in collaboration with the general practitioner and gerontology nurse specialist. The clinical manager has achieved a post graduate certificate in gerontology nursing and is currently enrolled in a post graduate diploma.</p> <p>The facility manager and clinical manager have both maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training, specific to Te Whare Tapa Wha and te ao Māori.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>A quality and risk management programme is in place that allows Freeling Holt House to track their progress against the quality goals. Quality goals are documented and progress towards quality goals is reviewed regularly at staff meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors, and staff injuries.</p> <p>The service actively looks for opportunities to improve through quality initiatives and analysis of clinical indicator data. The service is currently focussing on falls reduction through staff training and development of strategies for individual residents, and exercises to improve strength (including upper body strength) and balance. The facility manager stated that the acuity of residents has increased since they have been in the role and the exercise programme has shown residents to be more settled in the afternoons; and deeper analysis of clinical data such as infections on a monthly, three-monthly, and annual basis to implement improvements as trends are identified.</p> <p>Meetings are held monthly for all staff, registered nurses, and the management team. There are regular resident and family/whānau meetings and residents and family/whānau interviewed stated they could approach the facility manager and clinical manager at any time to raise concerns. Staff meetings include (but are not limited to): tabling the previous minutes, matters outstanding, incidents and accidents, clinical indicators as above, internal audit reports, corrective actions, human resources, education, compliments and complaints, policy updates, results</p>

	<p>of satisfaction surveys, general business and actions going forward.</p> <p>Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are communicated to staff in the meetings. Resident and family/whānau surveys were completed in 2025 with overall a high degree of satisfaction with all aspects of the service.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The facility manager maintains oversight of the health and safety system and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are reported, collated, and categorised. Ten incident forms were reviewed and these evidenced immediate action taken and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. The adverse event reporting policy is in accordance with the National adverse event reporting policy.</p> <p>Discussion with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were no section 31 reports to HealthCERT since the last audit. There have been five notifications to the Health Quality and</p>
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		<p>Safety Commission since the last audit; three for falls with fracture and two for pressure injuries. Since the last audit there has been one outbreak. This was appropriately reported to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The facility manager stated they have recently increased staffing in the morning and afternoons to cover the current high acuity of residents. The facility manager and clinical manager are onsite five days per week either at Freeling Holt House or another facility owned by the same company which is in close proximity to Freeling Holt House. The facility manager and clinical manager share after-hours on call. There is always a registered nurse on duty. The maintenance person is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the facility manager and clinical manager provide good support.</p> <p>A review of the rosters showed any gaps in staffing due to absences were covered by casual or regular staff picking up extra shifts. Residents and family/whānau interviewed reported there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and is aligned with Ngā Paerewa. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All senior healthcare assistants and registered nurses have current medication competencies. Registered nurses, senior healthcare assistants, activities staff, and kitchen staff have a current first aid certificate.</p> <p>Healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 22 healthcare assistants in total and 19 have achieved NZQA level three or</p>

		<p>above.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, monitoring blood glucose levels, insulin competencies, and management of syringe drivers. At the time of the audit there were eight registered nurses including the clinical manager. Seven have completed interRAI training. Staff have completed training that covers equity/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing.</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> <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>	FA	<p>A register of current annual practicing certificates was sighted and included all registered nurses, podiatrists, physiotherapist, pharmacists, and general practitioner. The scope of practice for registered health professionals and healthcare assistants is validated prior to employment.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and new staff are buddied with experienced staff until they are confident and competent in their role.</p> <p>Five staff files were reviewed including a registered nurse, two healthcare assistants, diversional therapist and a cleaner. The files included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals.</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>	FA	<p>Five resident files were reviewed, all hospital level and including one YPD. Registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care</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>plans reviewed and six monthly multi-disciplinary reviews.</p> <p>The initial care plan is completed within 24 hours of admission. Ongoing interRAI assessments have been completed in the timeframes required and all outcome scores were identified on the long-term care plans. InterRAI assessments are completed for all residents including YPD. Outcomes of the interRAI assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provide guidance to staff around all medical and non-medical requirements. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. InterRAI re-assessments have been completed six monthly and when changes occurred earlier as indicated for long term residents. Care plans are reviewed on a six-monthly basis or when there are changes in the status of residents.</p> <p>The service contracts a local general practitioner and nurse practitioner from a medical centre for onsite visits once a week. They are available by phone or zoom when needed on other days of the week. Some residents choose to remain with their own general practitioner. The medical centre provides 24/7 on call services. The general or nurse practitioner sees and examines the residents within two to five working days of admission and completes monthly to three-monthly reviews as needed. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The nurse practitioner was interviewed and stated staff are competent and communicate with them in a timely manner when there are changes in the health status of residents.</p> <p>Resident files identify the integration of allied health professional input into care, and a team approach is evident. A physiotherapist is onsite four hours per week. A podiatrist visits regularly.</p> <p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. Progress notes are written every shift by healthcare assistants and the registered nurses documents daily and when there is an incident or changes in health status.</p> <p>Residents and family/whānau interviewed reported their needs and</p>
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		<p>expectations are being met. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiates a review with the general or nurse practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of 13 wounds including skin tears, chronic lesions, an abscess, and an abrasion. There were no pressure injuries. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Monitoring charts including vital signs, bowel charts, positioning charts, food and fluid charts and weight charts are utilised by staff according to the care plan. Neurological observations are completed as per the policy for unwitnessed falls or suspected head injuries. All incident reports reviewed evidenced timely nursing follow up.</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>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. There is one medication room. Medicines were seen to be stored in a locked trolley and locked medication room. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range.</p>

		<p>Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported on incident forms and appropriate investigation and follow up is done.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are two residents who self-administer their medication. One only self-administers inhaled medication, and this is kept with the resident at all times. The other resident stores their medications in the medication room. Both residents have been competency assessed by the general or nurse practitioner regularly.</p> <p>There are standing orders. These have been authorised by the nurse practitioner, and the standing orders specify the medication, form of medication, indication, dose, maximum dose, and contraindications.</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>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>The food control plan is current to 9 March 2026.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	FA	<p>Transition to a different level of care, transfer to another facility or hospital or discharge is a planned process that includes communication with the</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>		<p>resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents otherwise staff transport residents to appointments.</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>	<p>FA</p>	<p>The building warrant of fitness is current to 12 June 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the grounds. Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings as viewed on the day of audit.</p> <p>The planned maintenance schedule includes calibration and testing of clinical equipment, last completed in January 2026. Testing and tagging of all electrical appliances was completed on 5 February 2026. Hot water temperatures are tested monthly and are maintained below 45 degrees Celsius.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access</p>	<p>FA</p>	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme has been approved by the owner. There is external support from the general and nurse practitioners, laboratory, and Health New Zealand infection control nurse specialist. The programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and the antimicrobial stewardship</p>

<p>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>programmes are reviewed annually. The review for 2025 was sighted. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends on a monthly, quarterly, and annual basis. Infection control surveillance is discussed at staff meetings onsite and communicated to the owner in monthly reports. Ethnicity data is included in infection surveillance. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a healthcare acquired infection. Since the last audit there has been one outbreak of covid-19 in December 2024. This was effectively managed.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to becoming restraint-free. This is supported by the owner management, and staff. During the audit there were two residents using a restraint, one a bedrail and one occasional use of a lap belt. Both restraints had been approved by the nurse practitioner in consultation with the family/whānau and the restraint coordinator (clinical manager). Informed consent processes were completed according to the policy, and monitoring and review was occurring as per the policy and residents' care plans. Restraint related training which includes policies and procedures related to</p>

		restraint, cultural training, falls prevention and de-escalation strategies is completed as part of the mandatory training plan and orientation.
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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

No data to display
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End of the report.