

Tamahere Country Club Care Centre Limited - Tamahere Country Club Care Centre

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Tamahere Country Club Care Centre Limited
Premises audited:	Tamahere Country Club Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 17 March 2026 End date: 18 March 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:	12



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

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

General overview of the audit

Tamahere Country Club Care Centre provides rest home and hospital-level care across 14 dual-purpose beds, and dementia-level care for up to 20 residents in the memory loss (dementia) unit. At the time of the audit, there were 12 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of residents' and staff files; observations; and interviews with residents, family/whānau, management, chief executive officer (one of the directors), staff, and a nurse practitioner.

The director of clinical operations/facility manager is supported by a clinical manager (registered nurse), senior management team, directors, and a team of experienced care support staff in their respective roles.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls identified at this certification audit.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Tamahere Country Club Care Centre provides an environment that upholds residents' rights and supports safe care. Staff demonstrated an understanding of residents' rights and associated responsibilities. A Māori health plan is in place, and the service works collaboratively to uphold a Māori worldview of health, supporting the delivery of equitable, high-quality care. The service also supports culturally safe care for Pacific peoples.

Residents receive services in a manner that respects their dignity, privacy, and independence. Care is delivered in an inclusive way that acknowledges residents' identity, culture, and lived experiences. Staff and management actively engage with residents, listen to their views, and communicate effectively regarding choices and preferences. Evidence confirmed that residents and family/whānau are kept well informed.

The right of residents and their family/whānau to raise concerns or make complaints is recognised and upheld. Complaint processes are implemented, and complaints are managed, documented, and responded to appropriately.

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.

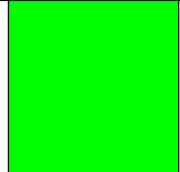
Tamahere Country Club Care Centre has a well-established organisational structure. Services are planned, coordinated, and delivered in a manner that is appropriate to residents' needs. The 2025–2027 business plan guides site-specific operational

objectives, which are regularly reviewed. A quality and risk management system is in place, with performance monitored and reported through scheduled meetings and to the organisation's management team.

The service collects and analyses clinical indicator data, with benchmarking undertaken. Human resource policies include recruitment, selection, orientation, and ongoing staff training and development. An orientation programme is in place to support safe work practices for new staff. An in-service education and training programme is provided, and access to external education is supported. Staff competencies are maintained. Health and safety systems are implemented, including hazard identification, reporting, and management of staff wellbeing. Staffing levels and skill mix align with contractual requirements, and residents and family/whānau reported that staffing levels are sufficient to meet residents' needs.

The service ensures that personal and health information for residents and staff is collected, stored, and managed in a manner that maintains security, accessibility, and confidentiality.

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.
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Entry into the service is managed in an equitable, safe and timely manner. Registered nurses are responsible for assessment, care planning and evaluation of care. Residents and family/whānau interviewed expressed that they are involved at all stages of service delivery. A nurse practitioner visits the facility weekly to complete medical assessments and medication reviews. Residents have their needs met in a manner that respects their cultural values and beliefs.

Activities are overseen by a diversional therapist. The formal activities programme is provided seven days per week. The activities programme includes physical exercise, activities that stimulate the mind, social activities, and activities that enhance overall

wellbeing. Residents have input into the activities programme. Residents in the dementia unit have activities that are tailored to their needs and interests.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed competencies and education. All medication charts were completed correctly and evidenced allergies and sensitivities.

All meals and baking are prepared and cooked on site. Nutritional needs and preferences of residents are identified on admission and during regular reviews. There is a current food control plan. The menu caters for cultural preferences and has been reviewed by a dietitian. Dietary needs, allergies, intolerances and preferences are catered for.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

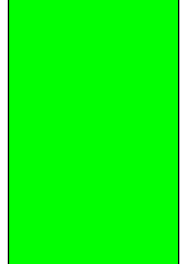
Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current certificate of public use. There is a preventative and reactive maintenance plan implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is adequate space throughout the facility for residents to move around freely with mobility aids. All rooms have a full ensuite. All communal areas and resident rooms have natural light. The dementia unit is secure, and residents have access to the secure grounds that are well-appointed and maintained.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including a pandemic. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times. There are appropriate security measures in place overnight.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The clinical manager oversees the programme.

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

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as needed. Infection outbreaks are managed in accordance with the Ministry of Health guidelines.

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

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The clinical manager is the restraint coordinator. Policies and procedures are in place to guide staff in remaining restraint free. Since opening, Tamahere Country Club Care Centre has not used restraint.

Staff receive training on the policy and procedures as part of orientation. Thereafter, staff will receive annual education on restraint minimisation and safe 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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service and acknowledges Te Tiriti o Waitangi as a founding document of New Zealand. Tamahere Country Club Care Centre (TCCCC) demonstrates a commitment to supporting tino rangatiratanga and respecting the cultural values, beliefs, and practices of Māori residents and their whānau. This is reflected in resident care planning where required, with processes in place to incorporate tikanga Māori into everyday practice. Staff have completed training in cultural safety, diversity, and equity. The service has established relationships with a local Māori organisation and a kaumātua/cultural advisor to provide cultural guidance and support.</p> <p>Tamahere Country Club Care Centre evidences its commitment to a culturally diverse workforce through its business plan, Māori health plan, and equitable recruitment practices. The organisational business plan includes partnering with Māori, government agencies, and other organisations to align service delivery with outcomes that benefit Māori. The service works collaboratively to uphold a Māori worldview of health and to deliver equitable, high-quality care. Residents and their family/whānau are actively involved in care planning, including input into activities and dietary preferences.</p>

		<p>At the time of the audit, there were no residents who identified as Māori; however, there were staff members who identified as Māori.</p> <p>The management and staff interviewed included the chief executive officer (CEO), who is also a director, the director of clinical and operations/facility manager, clinical manager (CM), village administration manager, executive chef, hotel services manager, two registered nurses, and six care support staff. Those interviewed described how equitable services are provided for Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health Plan and the Pacific Peoples' Health policy and procedure are documented. These outline a commitment to upholding Pacific values, including fostering respectful relationships, recognising the importance of family/whānau, and delivering high-quality care. At the time of the audit, there were staff who identified as Pasifika; however, there were no residents who identified as Pasifika.</p> <p>Recruitment procedures, the Pacific Peoples' Health policy and procedure state TCCCC's commitment to supporting Pacific residents and their family/whānau.</p> <p>The service has established links with a local organisation to support regional connectivity and to enhance knowledge and understanding of Pacific peoples' needs, with the aim of improving outcomes. Staff interviews and documentation reviewed evidenced the provision of person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Information relating to the Code of Health and Disability Services Consumers' Rights (the Code) is provided to residents and their family/whānau on admission. Management and staff discuss the Code with residents and their family/whānau during the admission process. The Code is displayed in multiple locations throughout the facility in English, and te reo Māori. Ongoing discussions regarding the Code occur at monthly resident meetings, which family/whānau are invited to attend. Residents and family/whānau interviewed confirmed that their rights are upheld, and observations during the audit demonstrated respectful interactions between staff and residents.</p>

		<p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the facility entrance and within admission information packs. Access to spiritual support is available. Staff have completed cultural training, including Māori rights, the Māori model of care, and health equity. The service acknowledges Māori mana motuhake, as reflected in the business plan.</p> <p>Staff receive education on the Code during orientation and as part of the annual education and training programme, which includes understanding advocacy services. Advocacy services are integrated within the complaints process. Residents (two hospital, three rest home) and family/whānau (two hospital, two with relatives in the memory loss [dementia] unit) interviewed confirmed that individual cultural values and beliefs are respected and that the service upholds residents' rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Tamahere Country Club Care Centre provides services in a manner that is inclusive and respectful of residents' individual identities, values, and lived experiences. Staff were observed using person-centred and respectful communication. A sexuality and intimacy policy is in place, and staff have completed training on sexuality and intimacy as part of the in-service education programme.</p> <p>Residents interviewed spoke positively about the service, reporting that their values and beliefs are respected and that they feel listened to. Privacy is maintained, and independence is promoted. Residents were supported to participate in activities of daily living, where appropriate, to enhance autonomy. The service promotes residents' wellbeing within a culturally safe environment that reflects their individual worldviews.</p> <p>Residents reported that they were supported to make choices, including the extent of family/whānau involvement in their care and participation in activities. Residents and family/whānau interviewed stated they feel respected and welcomed within the service.</p> <p>Staff confirmed completion of Te Tiriti o Waitangi training as part of the in-service education programme. Staff reported that care delivery</p>

		reflects the principles of Te Whare Tapa Whā. The service demonstrated awareness of tikanga Māori, with te reo Māori used in greetings and karakia prior to meals. Māori waiata are incorporated at times, and the activities programme supports participation in te ao Māori.
<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>All staff demonstrated an understanding of the service's policies on abuse and neglect, including required actions if concerns are identified. The staff induction programme includes education on professional boundaries, expected behaviours, and the code of conduct, which is also incorporated into employment agreements.</p> <p>Residents and family/whānau reported that their property and finances are respected and that professional boundaries are maintained. The director of clinical operations/facility manager and CM advised that the code of conduct guides staff practice to ensure a safe environment that is free from institutional and systemic racism. Family/whānau confirmed that residents are free from discrimination, harassment, abuse, or neglect, and reported feeling safe. Police vetting is completed as part of the recruitment process. Policies addressing harassment, discrimination, and bullying are in place and apply to staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy reflects a strengths-based, person-centred approach and supports positive health and wellbeing outcomes for Māori residents. Management and nursing staff reported that care planning and wellbeing outcomes are developed and documented in partnership with residents, enduring power of attorney (EPOA) or family/whānau, and Māori health providers where appropriate.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	FA	<p>Residents and family/whānau interviewed reported that communication is open, effective, and that they feel listened to. The EPOA and family/whānau confirmed they are kept informed of any changes in residents' health status and are notified in a timely manner of incidents, accidents, and the outcomes of routine and urgent medical reviews. This was verified through the documentation</p>

<p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>reviewed. Staff demonstrated an understanding of open disclosure, supported by relevant policies and procedures.</p> <p>Relevant personal, health, and medical information is obtained from allied health providers to support effective care delivery. Resident records include documented next of kin or family/whānau contact details. Residents and family/whānau reported they are given opportunities to participate in discussions and decision-making.</p> <p>No residents required interpreter services at the time of the audit; however, staff were aware of how to access interpreter services if required. Staff utilise a range of communication methods, including verbal and non-verbal strategies, communication aids, simple sign language, electronic devices, hearing aids, and support from EPOA or family/whānau where appropriate.</p> <p>The management team reported that residents who are not eligible for subsidised care are provided with written information regarding eligibility and the process to access subsidised services, should they choose to do so.</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>Policies and procedures relating to informed consent are in place. Informed consent processes are discussed with residents and their family/whānau on admission. Review of five electronic resident files confirmed that written general consents were obtained and signed at admission, including consent for outings, photographs, release of medical information, medication management, and medical care. Specific informed consent was also obtained for procedures such as vaccinations.</p> <p>Admission agreements were appropriately signed by the resident or their EPOA. The service supports the involvement of family/whānau in decision-making, in accordance with the resident's preferences. The EPOA documentation was held on file and activated where residents were assessed as lacking capacity, with supporting medical certification of incapacity evident.</p> <p>Advance directives, including resuscitation status, were completed for residents assessed as competent. Where residents were not</p>

		<p>competent to make resuscitation decisions, these were made by the nurse practitioner or general practitioner based on clinical judgement, with documented consultation with the EPOA. Family/whānau confirmed they are actively involved in decisions affecting their relative's care. Staff interviews confirmed an understanding of informed consent processes, including for personal care and accessing residents' rooms. Staff have received training on the Code, informed consent, and EPOA responsibilities.</p> <p>The service follows relevant tikanga best practice guidelines in relation to consent, supported by the Māori health plan, which guides culturally responsive care from a Māori perspective.</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>The service has a current complaints policy supported by relevant documentation, including incident forms, complaint forms, follow-up forms, and a complaints' register. The policy aligns with the Code and outlines processes to ensure complaints are managed in a fair, timely, and equitable manner, with respect for individual dignity, values, and beliefs.</p> <p>Review of the complaints register confirmed that no complaints were recorded in 2025 or 2026 (year to date) since the previous audit. The director of clinical operations/facility manager reported that concerns are typically addressed at an early stage to prevent escalation. Management confirmed that all concerns are acknowledged, investigated, and resolved in accordance with policy and legislative requirements, with outcomes used to inform quality improvement. No external complaints have been received since the last audit.</p> <p>Complaint forms and information regarding advocacy services are accessible within the service. Residents and family/whānau interviewed demonstrated awareness of their right to make a complaint, and the Code information was displayed in publicly accessible areas. Residents and family/whānau stated they would feel comfortable raising concerns and would be supported throughout the process, including having access to independent advocacy services if required. Staff confirmed they would support residents or family/whānau to document concerns and access advocacy services</p>

		<p>as needed.</p> <p>The complaints policy has been updated to support equitable processes for Māori, including access to interpreters and/or Māori advocates to provide culturally appropriate support where required.</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>Tamahere Country Club Care Centre is owned and managed by two co-directors and commenced operations in June 2025. The service is co-located with the Tamahere Country Club retirement village; however, both operate as separate entities under a shared ownership structure. The service is certified to provide dementia, rest home, and hospital (medical and geriatric) levels of care for up to 34 residents. The care centre includes 14 dual-purpose rooms, and a 20-bed secure dementia unit, under the Occupational Rights Agreements (ORA). All rooms were for single occupancy.</p> <p>Phase two is currently underway and includes the construction of 17 additional dual-purpose care rooms on the ground floor, and nine serviced apartments on the first floor. This stage will also incorporate shared amenities, including a library, cinema, gym, chapel and prayer room, and internal garden areas.</p> <p>On the day of the audit, there were 12 residents: three receiving hospital-level care; three in the secure dementia unit (including one under the Long-Term Support – Chronic Health Conditions [LTS-CHC] contract); and six receiving rest home-level care (including one under Accident Compensation Corporation (ACC) and two private respite residents).</p> <p>The service has a defined governance and leadership structure, including clinical governance, which is appropriate to its size and complexity. An external specialist reviews policies and procedures, and the director of clinical operations/facility manager and the CM offer clinical advice on all clinical matters. The two owner/directors have completed cultural training, te reo Māori, and Te Tiriti o Waitangi.</p> <p>The service is owned by two directors. One director has extensive experience in quantity surveying and property development and is a</p>

		<p>director and shareholder of three retirement villages. The second director is a registered nurse. The director interviewed demonstrated a strong commitment to delivering high-quality facilities and care services for residents. They maintain regular communication through at least weekly catch-up meetings and monthly executive governance meetings with the senior management team. The management team oversees compliance with legislative, contractual, and regulatory requirements, with external advice sought as required. Documentation reviewed included quality and risk management, compliance with standards and legislation, and other operational matters.</p> <p>The 2025–2027 business plan is current and outlines the organisation’s scope, strategic direction, goals, values, and mission. It includes defined annual and long-term objectives supported by operational plans. The plan reflects a commitment to partnering with Māori, aligns with Ministry of Health strategies, and identifies approaches to address barriers to equitable service delivery that improve outcomes and achieve equity for Māori.</p> <p>Service delivery is underpinned by a holistic model of care that recognises cultural identity, spirituality, and the importance of connections with family/whānau, and the wider community as integral to wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The director of clinical operations/facility manager reported that the service offers cultural assessments specific to Māori residents if admitted to the service to identify any unique requirements and encourage whanaungatanga through the exploration of pepeha, iwi, and hapū. The service ensures that families/whānau and residents are involved in planning, implementing, monitoring, and evaluating service delivery through satisfaction surveys, information packs, and resident meetings. The director of clinical operations/facility manager has established relationships with a local Māori organisation and a kaumātua/cultural advisor to provide cultural advice. The director of clinical operations/facility manager meets monthly with the cultural advisor.</p> <p>A quality and risk management plan is in place and is reviewed and updated as required and at least annually. A current health and safety plan is also documented. The clinical governance team undertakes an</p>
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		<p>annual review of all aspects of the quality programme.</p> <p>This director of clinical operations/facility manager has extensive experience in the health sector and is a nurse prescriber, and is supported by the CM, the senior management team and the directors. The management team is suitably qualified and experienced for their roles and within the aged care sector. The management team maintained at least eight hours of professional development activities related to managing an aged care facility, including completing cultural safety, Te Tiriti o Waitangi training, and attending aged care sector conferences.</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>Tamahere Country Club Care Centre has a range of documents that contribute to quality and risk management, reflecting the principles of quality improvement processes. All internal audits were completed according to the schedule. Benchmarking is performed using the data from the previous month.</p> <p>Quality data includes incidents and accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all of which are analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation revealed that when activities are monitored, risks and opportunities are identified and responded to. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. Results from the care centre resident experience survey, including the six-week post-admission survey in December 2025, were overall positive. Minor areas for improvement were identified, including occasional issues with pendant alarms, meal quality, and facility signage; these have since been addressed to the satisfaction of residents. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at monthly staff meetings. Residents and their family/whānau were informed of the survey results. Residents, their family/whānau, and staff contribute to quality improvement through staff meetings, resident meetings, and</p>

		<p>compliments.</p> <p>Policies and procedures meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs with appropriate follow-up and reporting. The director of clinical operations/facility manager described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. The management team was aware of the Severity Assessment Codes (SAC) reporting requirements, specifically SAC1 and SAC2.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications have been submitted to HealthCERT since the previous audit. These related to a change in clinical leadership, with the previous clinical manager appointed to the role of director of clinical operations/facility manager following the retirement of the incumbent, and a senior registered nurse promoted to the clinical manager role in December 2025. A Section 31 notification was also submitted following the Medi-Map outage in November 2025 and February 2026. There has been one outbreak (Covid 19) reported since the last audit. The outbreak was reported to public health and documented, with learnings discussed at the staff meeting.</p> <p>The management was aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of the importance of health and safety, infection prevention and control. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard register was in place, and evidence of completed environmental audits was sighted. Construction is still taking place, appropriately cordoned off, noise and dust is appropriately managed, and controlled by the construction</p>
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		<p>company. Residents can move freely and safely.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</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 for residents. Rosters implement the staffing rationale. The director of clinical operations/facility manager and CM work Monday to Friday. The management ensures there is seven-day-per-week clinical management on site. The management team share on call after hours for all clinical matters. The maintenance team 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 interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support.</p> <p>When required, additional staff are added to the roster to cover staff absences. Review of the rosters shows absences are covered by regular staff picking up extra shifts. Residents and family/whānau interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. All mandatory training relevant to dementia care, management of challenging behaviour, rest home and hospital-level care was completed, and incorporated into the annual training programme. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including in-services, competency questionnaires, online learning, and external professional development. A selection care support staff and all registered nurses have current medication competencies.</p>

		<p>All care support staff are encouraged to complete the New Zealand Qualification Authority (NZQA) through Careerforce. There are 21 care support staff in total; 15 have completed the dementia standards, three are in training, and three are new employees and will be enrolled in the near future to ensure completion achieved within the required timeframe.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses and care support staff related to specialised procedures or treatments, including (but not limited to), infection control, wound management, and medication. At the time of the audit, there were seven registered nurses, including the CM and director of clinical operations/facility manager, employed. Three have completed interRAI training (including the clinical manager). Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, and safety and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage the collection and sharing of high-quality Māori health information.</p> <p>Existing staff support systems, including peer support and the provision of education, promote health care and staff wellbeing. Staff interviewed report a positive work environment. Tamahere Country Club Care Centre, as an organisation, has several initiatives implemented around staff wellness, including the monthly recognition award programme.</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</p>	<p>FA</p>	<p>Comprehensive human resource policies are in place, including recruitment, selection, orientation, and staff training and development. Six staff files reviewed contained employment agreements, position descriptions, police vetting, completed application forms, reference checks, and orientation documentation relevant to their roles.</p> <p>Performance appraisals were evident for staff employed for more than six months. A register of registered nurses' practising certificates is maintained, and practising certificates for other health professionals are held to verify current registration.</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>An orientation and induction programme is in place and provides role-specific information to support safe practice. This is supported and monitored through an electronic learning platform. Staff information is securely stored and maintained. Ethnicity data is collected as part of the recruitment process.</p> <p>Following incidents or accidents, debriefing and follow-up actions are documented. Staff wellbeing is supported and promoted by the health and safety team, including access to employee assistance programmes and recognition through regular social events.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All required demographic, personal, clinical, and health information was completed in the resident records reviewed. Clinical documentation was current, integrated, legible, and met documentation standards. No personal or private resident information was observed to be publicly displayed during the audit. Archived records are securely stored on site, clearly labelled, and retained in accordance with legislative requirements prior to secure disposal.</p> <p>The service utilises both electronic and paper-based information management systems. Staff have individual logins for the electronic medication management system and the interRAI assessment tool. The nurse practitioners and allied health providers document relevant information within the resident records. Policies and procedures are in place to support effective information management. Management confirmed that staff have secure access to systems, and data backup is maintained by an external provider.</p> <p>A consent process is in place for the collection and use of personal information. Records reviewed were integrated across disciplines. Management reported that Enduring Power of Attorney (EPOA) representatives can access resident records in accordance with privacy legislation, and information can be provided in a format suitable for the recipient.</p> <p>The service is not responsible for National Health Index (NHI) registration.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies in place for entry and declining entry. Entry into the facility is managed in a competent, equitable, timely and respectful manner as confirmed by residents and family/whānau interviewed. Review of residents' files confirmed that entry to service complied with entry criteria. The service admission agreement reviewed aligns with all service requirements. Each of the five resident files reviewed included a signed admission agreement, signed by the resident, their enduring power of attorney (EPOA) or welfare guardian, where these were in place and had been activated. Exclusions from the service are included in the admission agreement. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>Accurate information about the service is available in an information pack and on the website. Prior to entry the director of clinical operations/facility manager or clinical manager visit prospective residents at home if they live in the adjacent village to provide verbal information, undertake an initial assessment and to answer any questions. Prospective residents and their family/whānau are able to visit the facility prior to entry, and to meet the staff on duty. To date there have been no delays to entry as there are vacant rooms. The service collects and collates ethnicity data for prospective residents if provided. Ethnicity information is collected at the time of admission and reports include specific data for entry and decline rates for Māori. Tamahere Country Club Care Centre is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumātua and Kaupapa Māori health providers.</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>FA</p>	<p>Five resident files were reviewed, including one rest home level on an Accident Compensation Corporation [ACC] contract, two hospital level and two dementia level of care (one on long-term support chronic health conditions [LTS-CHC]). Registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment, care planning and review processes and resident files</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>show evidence of resident and family/whānau involvement.</p> <p>Cultural assessments are completed for all residents by the diversional therapist who has been trained to do so. There are processes in place to ensure future Māori residents have personal profiles and individual care plans that include cultural preferences, whānau involvement, and tikanga considerations to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes. In future, when there are residents who identify as Pasifika, there are processes in place to ensure care plans address their cultural needs and aspirations. Registered nurses interviewed confirmed they have been trained in Te Tiriti o Waitangi, cultural awareness and tikanga best practice. The clinical manager reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files have up-to-date interRAI assessments completed. The residents on LTS-CHC and ACC funding do not have interRAI assessments, but registered nurses have completed comprehensive assessments using validated assessment tools. Resident files reviewed confirmed the initial interRAI assessments and initial and long-term care plans were completed in a timely manner and within the required timeframes. All long-term care plans reviewed included interventions to manage all risks, early warning signs and guide care delivery. The care plans are holistic and align with the service's model of person-centred care.</p> <p>InterRAI assessments and care plan evaluations are completed at least six-monthly, or when residents' needs change. Evaluations document the progress towards the individual's goals and if they are met or unmet. Short-term care plans for short-term needs, such as infections and wounds, were well utilised, with interventions transferred to the long-term care plans in a timely manner. The service actively reviews the interRAI outcome scores for each resident and compares with the previous interRAI in the case conference meeting. This meeting occurs six-monthly, and family/whānau and residents attend, or where family/whānau cannot attend, they are</p>
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		<p>involved via electronic means. The registered nurses use the case conference to discuss if there are any other interventions that might be helpful when a negative change in interRAI scores has been noticed.</p> <p>A nurse practitioner is on-site weekly and ensures residents are assessed within five working days of admission. The nurse practitioner reviews each resident at least three-monthly and more often when there are concerns. The general practice provides 24/7 on-call services. The clinical manager and director of clinical services/facility manager are available 24/7 for clinical advice and decision-making as required. When interviewed, the nurse practitioner expressed that the senior registered nurses have excellent clinical skills, and communicate with the nurse practitioner in a timely manner when there are concerns about residents. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The service has an independent physiotherapist contracted to work four hours per week. A dietitian is contacted as required. A continence advisor, hospice specialists, mental health team and district nurse (for complex wounds) are available as required. A podiatrist visits six-weekly.</p> <p>Care support staff and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are maintained. The electronic progress notes detail any new events (infections and incidents, for example) and follow-up for any interventions (wound dressings for example). The registered nurses further add to the progress notes following nurse practitioner visits, or changes in health status.</p> <p>Residents interviewed reported that their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the nurse practitioner. Family/whānau stated they are notified of all changes to health, including infections, accidents/incidents, nurse practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A diversional therapist leads the activities programme. The activity programme runs seven days a week. The diversional therapist works full-time (Monday to Friday) and has been in the role at Tamahere Country Club Care Centre since February 2026. The diversional therapist is supported by care support staff who implement the programme after hours and on weekends.</p> <p>The activities programme is posted on the wall throughout the facility, and residents in the hospital/rest home area are provided with copies. Staff remind residents of the day's activity programme throughout the day. The calendar is planned monthly in collaboration with residents who are invited to say what activities they would like to do. The calendar includes exercises (walking and an exercycle); art and craft; baking; quizzes; word puzzles; and themed events such as Mothers/Father's Day, Matariki, Diwali, Waitangi Day and St Patrick's Day. The diversional therapist stated that at the moment, none of the residents want a church service or other spiritual service. Entertainers visit the facility, including Irish dancers and a pet therapist, as observed on the days of the audit. Weekly van outings occur for all</p>

	<p>residents, including those in the dementia unit and include drives to the local parks, a car museum, café and a farm, as examples.</p> <p>In the dementia unit, several activity stations have been set up, including art and craft, games, dolls, a box with different textures and a Tover Tafel. The diversional therapist stated activities are tailored to the individual residents, their interests and how they are feeling on the day. Staff were observed taking residents from the dementia unit into the grounds of Tamahere Country Club to see the lake, fountain, and gardens.</p> <p>Each resident has an activities assessment completed. The assessment is completed with the resident and family/whānau and used to develop an individualised plan for all residents. The cultural, social, spiritual, and activities section of the long-term care plan is completed within three weeks of admission, and reviewed at least six-monthly at the same time as the long-term care plan is reviewed. Attendance/engagement records are maintained. The diversional therapist stated the resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. The activity programme provides opportunities to participate in te reo Māori, incorporating Māori language in regular activities, entertainment and singing, Māori art and craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as hand massage, hand pampering, book reading, and conversations.</p> <p>Residents are encouraged to provide input into the formation of the programme and partake in activities that are appropriate and meaningful. The activity programme sighted during the audit evidenced high attendance and resident engagement. There are regular family/whānau and resident meetings. Meeting minutes sighted evidenced high attendance. The diversional therapist stated that they get ongoing feedback from residents on a day-to-day basis. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility, and have an</p>
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		opportunity to provide feedback if necessary.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A medication management policy is implemented for safe medicine management, and this meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and care support staff interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Unused and expired medications are returned to the pharmacy.</p> <p>Medications were stored securely. There are two medication rooms. Medication trolleys are stored in the locked medication rooms. Medication trolleys were observed to be locked when not in use. The medication refrigerators are monitored continuously, and if the temperature falls out of the acceptable range, the registered nurse is notified electronically. Room temperatures in the medication rooms were documented and within an acceptable range. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per the manufacturer's instructions. All over-the-counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the nurse practitioner and charted on the electronic medication chart.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed that the nurse practitioner reviews all resident medication charts at least three-monthly, and each chart has photo identification and allergy status identified. Currently, there are no residents self-administering their medications. The policy includes a requirement for residents who wish to self-administer their medications, to be competency assessed by the nurse practitioner. There are lockable drawers in residents' rooms for the safe storage of medications.</p> <p>Pro re nata (prn) medications are administered as prescribed, and</p>

		<p>effectiveness is documented on the electronic medication system. Medication competent care support staff and registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and potential adverse reactions. This is documented in the progress notes.</p> <p>The registered nurses and clinical manager described the process to work in partnership with Māori residents and family/whānau, to ensure the appropriate support is in place, advice is timely, easily accessible, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications.</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>All meals are all prepared and cooked on site. The executive chef (interviewed) works full time. They are supported by another chef and three kitchen hands. A review of staff training records evidenced that all kitchen staff have completed a broad range of education/training sessions relating to food handling, including tikanga Māori tapu and noa, allergens and food hygiene (as examples).</p> <p>The kitchen was observed to be clean, well-organised and well-equipped. A current approved food control plan was evidenced, expiring 7 April 2026. The service is awaiting their next food control plan certificate. Dry ingredients remain in their original packaging and are placed in a plastic see-through box and dated on opening. The executive chef outlined they do not decant to other containers to prevent any mixing of old and new contents, they keep the original label, which outlines all ingredients, and if there is a product recall, they can return the packaging in its entirety. Where required, the packaging was enclosed in a container to maintain freshness.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian on 24 December 2024. The executive chef receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy-free, pureed foods), allergies or residents with weight loss. The executive chef is aware of</p>

		<p>residents' likes, dislikes, and special dietary requirements, and meets regularly with all residents to ensure residents are satisfied with their meals. Resident profiles are reviewed within the six-monthly resident review process, or as and when required. Two options are offered for main meals, and alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of the audit, meals were observed to be well presented.</p> <p>The executive chef demonstrated their understanding of tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The executive chef is familiar with dietary preferences for Māori residents and provides a boil-up style soup regularly and provided a stove-top hāngi on Waitangi Day, where residents could observe the cooking and serving process. The service uses an electronic system to record monitoring of temperatures. Daily records include fridge and freezer temperature recordings in the kitchen and storage areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen.</p> <p>Cleaning schedules are maintained, as evidenced by completed electronic records. Meals are served from a bain marie by kitchen staff to residents in the dining room or taken to residents in their rooms in a hotbox. Residents were observed enjoying their meals and expressed the meals are outstanding. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required.</p>
<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,</p>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies, if indicated or</p>

<p>transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>requested. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed. The registered nurse completes a set of transfer documents, and the nurse practitioner makes the referral to hospital. In urgent situations, the resident is transferred to hospital by ambulance after consultation with the family/whānau. Relevant documentation sent with the resident includes a printout of their current medications, care needs and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the referred health service by the registered nurse. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included referrals to the dietitian, speech language therapist, and specialist clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</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 certificate of public use was issued on 29 May 2025. Required checks for the building warrant of fitness are completed monthly by an external contractor. The director of clinical operations/facility manager maintains a register of required checks and when they have been completed, and by whom. The building, grounds and equipment are fit for purpose and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices. There is artwork displayed throughout that relates to te ao Māori and Pacific Peoples' cultures, and signage in te reo Māori. Residents were seen to display items of significance in their rooms.</p> <p>Maintenance is overseen by the director of clinical operations/facility manager and carried out by the Tamahere Country Club Village maintenance person. The maintenance person completes day-to-day repairs and planned maintenance. Essential contractors/tradespeople are available 24 hours per day and brought in when required. Staff phone the village maintenance person when repairs are needed, and this is signed off by the director of clinical operations/facility manager.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging, last completed in February 2026. Resident equipment</p>

		<p>checks, call bell checks, and monthly testing of hot water temperatures occur as per policy. Records reviewed evidenced acceptable temperatures. Calibration of medical equipment is planned to occur within one year of the facility's opening. Currently, all equipment is new and not due for servicing and calibration yet.</p> <p>The care centre is on a single level. There are two wings: Kaimai for rest home and hospital level residents; and Pirongia for dementia level residents. The facility is very spacious, and there are ample spaces for residents to meet with family/whānau and visitors in private. There is outdoor furniture and shade available throughout the garden areas. The gardens are well-maintained, and the pathways are safe for older people to mobilise. The facility has wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>There are adequate storage areas for mobility equipment. All resident rooms are single occupancy and are very spacious, allowing residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. There is ducted air conditioning, and residents can adjust the temperature of their room. All resident rooms have external windows and are well ventilated. Resident rooms have an external door into the grounds (secure grounds for residents in Pirongia). The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility and the environment. Furniture is arranged to create a homely and welcoming environment. All resident rooms have a full ensuite. There are toilet facilities for visitors and staff.</p> <p>Pirongia is secure with fob entry and exit. The wing is circular that supports purposeful walking. There is a dining room with a kitchenette, and a very large lounge with separate seating areas. The wing has soft lighting and plenty of natural lighting. An electronic security system is in place that can be set up for individual residents, for example, to alert the staff if a resident gets out of bed, or if they open an external door. This system is throughout the facility and includes a Global Positioning System (GPS) tracking system, should a resident abscond. There is an extensive secure outdoor area with a</p>
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		<p>water feature, curving path and gardens. A workbench has been set up displaying tools for residents to look at and touch safely.</p> <p>The facility has a car for transporting residents. This has a current registration and warrant of fitness. Staff hire a van for outings for groups of residents. Tamahere Country Club is currently building an additional wing. There has been consultation and co-design of the environments to reflect the aspirations and identity of Māori. The directors had sign off from Tainui Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies outline specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on 31 March 2025. Fire evacuation drills are held six-monthly and were last completed on 26 January 2026. High staff attendance was noted.</p> <p>Civil defence supplies are stored on site and checked regularly by the director of clinical operations/facility manager. In the event of a power outage, there is a generator on site. There are barbecues on site for cooking. There is an adequate food supply available for each resident for a minimum of three days. There are two bores in the Tamahere Country Club with tanks that automatically alert the director of clinical operations/facility manager if the level falls below 5000 litres. The water is tested monthly to ensure it is safe for drinking (records were sighted).</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. All registered nurses and care support staff have current first aid certificates. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Residents wear a pendant call bell which alerts staff. Call bells are tested monthly.</p> <p>Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The care centre is part of a gated</p>

		<p>community, and the gate is open from 7am to 6pm. Security personnel for the village checks all external doors and windows at night, and submits a security report to the director of clinical services/facility manager daily. Closed-circuit television cameras (CCTV) are in place in communal areas and externally.</p> <p>Family/whānau are informed of emergency procedures as part of the admission process for their relative.</p> <p>Staff confirmed an awareness of the process to follow, should an emergency event occur.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through the infection prevention, Public Health, and Health New Zealand. Infection control and AMS resources are accessible. There is a documented pathway for reporting infection control and AMS issues to the governance body. This was confirmed in an interview with the management team.</p> <p>Infection rates are presented and discussed at infection control and staff meetings. The CM has access to the facility's infection data. Any significant events are managed using a collaborative approach and involve the infection prevention control coordinator, the senior management team and nurse practitioners. There is a documented pathway for reporting infection prevention and control and AMS concerns to the governance body. Outbreaks are escalated in a timely manner.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and</p>	FA	<p>The CM oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator is experienced and has completed infection prevention and control training for clinical staff, and has access to shared clinical records and diagnostic results of</p>

<p>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>residents. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The CM has documented reporting lines to the directors and a mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed.</p> <p>There is a defined and documented infection prevention and control programme, and the programme was developed, approved and implemented with input from the director of clinical operations/facility manager and nurse practitioners. The infection control programme related to infection control activities at TCCC is linked to the quality programme. There was a current infection prevention and control programme in place, which is reviewed annually. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into other related clinical policies that impact the healthcare-associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education is completed when outbreaks do occur. Education with residents takes place on an individual basis and as a group in residents' meetings, and includes reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents. The infection control coordinator liaises with the director of clinical operations/facility manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand.</p> <p>The infection control coordinator confirmed that they continue to be involved in the ongoing construction of the building.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused. A decontamination and disinfection policy is in place to guide staff. Infection control audits were completed, and</p>
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		<p>where required, corrective actions were implemented. Care delivery, cleaning, laundry and kitchen staff were observed following appropriate infection control practices, such as use of hand-sanitisers, good hand hygiene technique, and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is laundered separately, and different/coloured face clothes are used for different parts of the body, and the same applies for white and coloured pillowcases.</p> <p>These were culturally safe practices observed and thus acknowledged the spirit of Te Tiriti o Waitangi. The infection control coordinator reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure, approved by the governance body. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Infection rates are monitored monthly, reported monthly and presented at staff meetings. The CM collates and analyses the electronic medication management system with pharmacy support. A monthly report on antibiotic use is completed and provided to the nurse practitioners for review, and to provide clinical consideration if improvements are required. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobials prescribed, effectiveness, isolated pathogens, and adverse effects.</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</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity information, is collated in the electronic record management system, and action</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>plans are implemented accordingly. The HAIs being monitored included infections of the skin, eyes, and respiratory tract. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, which are documented in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, with a comparison to the previous month, the reason for the increase or decrease, and the advised action. Any new infections are discussed during shift handovers for the implementation of early interventions. The CM completes benchmarking by comparing with the previous month's infection data. All infection data is reported monthly to the management and directors.</p> <p>Residents and family/whānau are advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There was an infection outbreak (Covid-19) in March 2026, reported since the previous audit. This was managed in accordance with the pandemic plan.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on site by staff, seven days</p>

		<p>a week. Care support staff complete cleaning and laundry seven days a week. There are designated areas for clean and dirty laundry, and a clear flow from dirty to clean was evident. Kitchen linen and mop heads are also done on site. There are sufficient washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys were attended to at all times and locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are regularly checked and serviced.</p> <p>The staff members interviewed demonstrated a good understanding of cleaning processes, infection prevention, and control requirements. Kitchen and laundry audits were completed, which evidenced compliance.</p> <p>The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Tamahere Country Club Care Centre is committed to maintaining a restraint-free environment, and policies and procedures guide staff in doing this. The policy requires that when restraint is considered, the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana-enhancing. To date, Tamahere Country Club Care Centre has not used restraint.</p> <p>The restraint coordinator is the clinical manager. A job description is in place for the restraint coordinator role. The restraint coordinator stated their commitment to least restrictive practices is through ensuring residents' needs are met through intentional rounding, regular toileting, implementing falls prevention strategies, use of equipment such as the electronic resident security system, effective communication with family/whānau, and educating staff on</p>

		<p>maintaining safety for individual residents.</p> <p>Although no restraint is in use, meeting minutes evidence strategies to maintain a restraint-free environment are shared with staff and reported to the director of clinical operations/facility manager.</p> <p>Training records demonstrate staff receive annual education on restraint minimisation, responding to distressed behaviour, and falls prevention.</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.

No data to display

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.

No data to display

End of the report.