

Te Ata Resthome Limited - Te Ata Rest Home

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

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

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

The specifics of this audit included:

Legal entity: Te Ata Resthome Limited

Premises audited: Te Ata Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 March 2026 End date: 27 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: 29

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

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

General overview of the audit

Te Ata Rest Home provides rest home-level care for up to 29 residents. On the audit day, there were 29 residents receiving care across the four wings of the facility.

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

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contract held with Health New Zealand – Te Whatu Ora. The audit process included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents, whānau, staff, and management. Residents and whānau were complimentary about the care provided.

The owner/manager is supported by a clinical nurse manager, a registered nurse, and an office manager.

Strengths of the service, resulting in continuous improvement ratings, included: the resident information management system, falls prevention and management, bowel management, and infection prevention and control.

The certification audit identified that the service not only meets the Standards but has exceeded them, as evidenced by continuous improvement initiatives.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Te Ata Rest Home Limited works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

Residents' information is accurately recorded, securely stored, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service are fully attained.
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The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

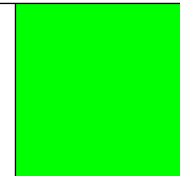
The infection control coordinator is involved in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service aims to be a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

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	4	165	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Te Ata Rest Home has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. A Māori health plan has been developed with input from cultural advisers/local iwi and is used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of the audit, there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</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</p>	FA	<p>Te Ata Rest Home identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing</p>

<p>as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>planning and evaluation of services and outcomes.</p> <p>Staff interviewed demonstrated an awareness of, and commitment to, supporting Pacific residents' cultural and spiritual beliefs.</p> <p>Active recruitment, training, and actions to retain a Pacific workforce are supported through targeted workforce development strategies, culturally responsive recruitment practices, and ongoing professional development opportunities, which result in Pacific staff being employed across a range of roles.</p> <p>At the time of the audit, there were staff employed who identified as Pacific peoples; however, there were no residents who identified as Pacific peoples. Staff ethnicity data is documented on recruitment and trended.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Staff have received education on the Code at orientation and in ongoing mandatory training. Posters of the Code in English, te reo Māori and New Zealand sign languages were posted round the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their 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>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. Some residents have a private room, and others share a room with</p>

		<p>another resident or other residents with their consent.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through the activities programme and information in te reo posted around the facility. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that their property is respected. There is a comfort account used to store residents' money safely. This is managed by the administrator.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.</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> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during the management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p>

<p>their choices.</p>		
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Consent for sharing rooms was obtained as part of the admission. Signed admission agreements were available in residents' records sampled.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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>A fair, transparent and equitable system was in place to receive and resolve complaints, leading to improvements. This met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There were no complaints received in 2025, or in 2026 (year to date). The owner/manager reported that complaints are managed within required timeframes, with service improvements implemented as appropriate, and all complaints are addressed in accordance with the guidelines of the Health and Disability Commissioner.</p> <p>Discussions with residents and whānau confirmed they were provided with information on the complaints process and that any concerns or issues were promptly addressed. Whānau and residents making a complaint can, if they choose, involve an independent support person. The complaints process was linked to advocacy services. The Code was visible and available in te reo Māori and English. Residents and whānau expressed satisfaction with the complaint process. In the event of a complaint from a Māori</p>

		<p>resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor, if needed.</p> <p>There had been no external complaints received since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The owner/manager and clinical nurse manager (CNM) assume accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti o Waitangi, health equity, and cultural safety.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation. The owner/manager has extensive experience in corporate management, quality and risk management, and the aged residential care sector.</p> <p>The purpose, values, direction, scope, and goals are documented in the 2025–2026 strategic business plan. Performance is monitored and reviewed through regular reporting at planned intervals. There was evidence within planning and monitoring documentation of a focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha, including enabling choice and control over supports.</p> <p>Barriers to accessing information were addressed through the provision of information in multiple languages, including for the Code of Rights, complaints processes, and infection prevention and control. A commitment to the quality and risk management system was evident. The owner/manager reported being well informed of organisational progress and risks, which was supported by a sample of reports reviewed.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the owner/manager, with external advice sought as required.</p> <p>Residents and their whānau participate in planning and evaluation of services through annual satisfaction surveys, residents’</p>

		<p>meetings, and care plan evaluation processes.</p> <p>Te Ata Rest Home provides Age-Related Residential Care (ARRC) services under contract with Health New Zealand for rest home and respite levels of care. On the day of the audit, 29 residents were receiving rest home-level care, including one resident receiving respite care. The service is certified for a maximum of 29 beds.</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>Te Ata Rest Home has an established quality and risk management system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, scheduled audit activities, regular resident satisfaction surveys, and the monitoring of key resident safety and quality indicators (eg, falls, skin tears, bruising, and infections). Policies and procedures, clinical incidents, and quality improvement initiatives were also incorporated within the system.</p> <p>Corrective actions were developed and implemented in response to identified shortfalls from internal audit activities. Data was analysed to identify trends and inform ongoing evaluation and improvement of service quality outcomes, with benchmarking undertaken through comparison with previous months' results.</p> <p>Residents and whānau contribute to quality improvement through participation in satisfaction surveys and residents' meetings. Staff contribute through the review of data at regular staff meetings, management review meetings, quality and health and safety meetings, and through audit activities.</p> <p>Staff meeting agendas and minutes reviewed demonstrated satisfactory attendance and comprehensive coverage of quality and safety measures and activities. The outcomes of the 2025 family satisfaction survey and the 2026 resident satisfaction survey were favourable, with minimal corrective actions identified and implemented. The owner/manager has reviewed and updated policies and procedures to align with the requirements of Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021).</p> <p>The management team, comprising the owner/director, clinical</p>

		<p>nurse manager, and office manager, reported that the collection, collation, and review of resident and staff ethnicity data had been implemented to support health equity through the critical analysis of data and organisational practices.</p> <p>The management team described established processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, with mitigation strategies developed and discussed within relevant meetings.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Events Reporting Policy. A sample of 10 incident forms reviewed demonstrated that these were completed in full, with incidents investigated, action plans developed, and follow-up actions implemented within required timeframes.</p> <p>The CNM, registered nurse, and owner/manager were aware of the Severity Assessment Code (SAC) 1 and SAC 2 event reporting processes. Two SAC 2 events were reported: one relating to a resident's fall resulting in a fracture, and the other relating to a resident who sustained an injury that required hospitalisation.</p> <p>The service demonstrated compliance with statutory and regulatory reporting requirements. A Section 31 notification was completed in relation to COVID-19 in January 2025. The management team interviewed demonstrated an understanding of essential notification reporting obligations.</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 documented and implemented process for determining staffing levels and skill mix to ensure the provision of safe care, 24 hours a day, seven days a week. Staffing levels are adjusted to meet the changing needs of residents, and a team-based approach supports the delivery of all aspects of care. Staff reported that there are sufficient personnel to complete allocated duties, which was confirmed by residents and whānau interviewed. Most staff on duty across the service held current first aid certificates.</p> <p>The service employs a clinical nurse manager and a registered nurse, who work from Monday to Friday, 9.00 am to 5.00 pm and on</p>

		<p>call after hours.</p> <p>The employment process includes job descriptions that define the required skills, qualifications, and attributes for each role, ensuring that services are delivered to meet the needs of residents.</p> <p>Continuing education was planned on an annual basis and covers a comprehensive range of topics, including infection prevention and control, medication management, manual handling, cultural safety, wound care, palliative care, emergency evacuation, falls prevention, skin integrity, and fire safety. Relevant competencies were assessed to support safe practice. High-quality Māori health information is accessed and utilised to inform staff training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreement with Health New Zealand. Of the 12 caregivers employed, five had achieved Level 4, three had achieved Level 3 and were progressing towards Level 4, one was at Level 2, and three were at Level 0.</p> <p>The reviewed records demonstrated that the required training and competency assessments had been completed. Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Current practising certificates (APCs) for all health professionals, including both employed and contracted staff, were verified as current at the time of the audit.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance</p>

		<p>occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance is reviewed and discussed at regular intervals. Current annual performance reviews were available in staff records sampled for review.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>Opportunities to be involved in a debrief and discussions following any serious incidents or challenging situations were provided, as confirmed by staff interviewed.</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 necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. A paper-based and electronic system for managing records was in place. Clinical notes were current, integrated and legible, and met current documentation standards. Information is accessible for all those who need it.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Policies and procedures guide staff in the management of information. The owner/manager reported that staff had their own logins to the record management system and the electronic medication management system used. An external provider held backup database systems.</p> <p>The service is not responsible for the National Health Index registration of people receiving services.</p> <p>A continuous improvement rating was awarded for the resident information management system.</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>Residents enter Te Ata Rest Home when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed monthly, including entry and decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by registered nurses (RNs) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, and review timeframes meet contractual and policy requirements. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, residents and whānau. Allied health care providers including dentists, audiologist, and physiotherapists are involved when required.</p>

		<p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. A quality improvement initiative in relation to pain management using a new pain assessment tool has been implemented within the past six months. The assessment tool supports proactive rather than reactive pain management. The improvement plan is demonstrating measurable positive impact within three months of implementation and is yet to be fully rolled out and evaluated.</p> <p>Tāngata whaikaha participate in service development through the assessment, care planning, multidisciplinary reviews, and satisfaction surveys. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha, and whānau. Tāngata whaikaha/whānau can independently access information or can be supported to access information.</p> <p>The GP expressed satisfaction with care provided to residents.</p> <p>Appropriate equipment has been provided including electronic hospital-level beds for all residents. A continuous improvement rating was awarded for successfully implementing the falls prevention and management plan.</p>
<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>	FA	<p>Two qualified diversional therapists run the activities programme. The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Two activities groups run concurrently, one for residents who are more active and enjoy large groups, and the other is for residents who have cognitive impairment or are diagnosed with dementia and are unable to</p>

		<p>participate in large group activities. One-on-one activities are offered as needed. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori. National and cultural events celebrated include Waitangi Day, Matariki, ANZAC Day, and St Patrick's Day, with culturally specific food, for example, hangi or boil up and cupcakes prepared for residents.</p> <p>Feedback on the programme is provided through multidisciplinary review meetings and satisfaction surveys. Those interviewed confirmed they found the programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of the audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are used, were current, and complied with guidelines.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>A continuous improvement rating was awarded for bowel</p>

		management.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a qualified dietitian on 31 March 2025. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration that is valid until 3 October 2026.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. There is a kitchenette where residents can prepare hot drinks for themselves as desired. Māori and their whānau have menu options that are culturally specific to te ao Māori. The cook stated that residents can request culturally specific food options if desired.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews and satisfaction surveys. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</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, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. The transfer and discharge policies guide staff practice. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</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>There is a current building warrant of fitness, which expires on 17 June 2026. The physical environment supports resident independence, with corridors fitted with handrails to promote safe mobility, including the use of mobility aids. Residents were observed mobilising safely and independently within their respective areas.</p> <p>The facility provides comfortable communal lounges for activities and social interaction. Quiet spaces are available for residents and their whānau within lounge and dining areas, as well as in outdoor deck spaces.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, routine checks of resident equipment, and calibration of weighing scales and clinical equipment. Weighing scales are calibrated annually. Monthly hot water temperature monitoring is completed in accordance with policy requirements.</p> <p>The service employs a part-time maintenance officer who also undertakes gardening duties, and certified tradespeople are engaged to carry out reactive maintenance as required. Environmental temperatures are monitored, with processes in place to manage significant temperature variations.</p> <p>The service is divided into four wings. The A wing comprises eight rooms, some with a toilet and hand basin, with one room without ensuite facilities, and access to one shared shower and two toilets. The B wing includes three shared rooms and one single room with its own toilet and hand basin, with a communal toilet and shower available.</p> <p>The C wing consists of three shared rooms and one single room, supported by two communal toilets and one shower. The D wing includes two single rooms and one large, shared room accommodating four beds, with access to two toilets and one shower.</p> <p>Additional toilet facilities are available for staff and visitors. A system is in place to indicate whether shared toilet and shower</p>

		<p>facilities are occupied or vacant. All washing areas are equipped with liquid soap and paper towels. All areas of the facility are accessible to residents, and furnishings and seating are appropriate for the resident group.</p> <p>Residents interviewed reported that they can move freely throughout the facility, with staff assistance provided as required. Residents' rooms are personalised according to individual preferences. All rooms have external windows providing natural light, ventilation, and heating. The grounds and external areas are well maintained, with safe and independent access for residents. Outdoor areas include appropriate seating and shaded spaces, and there is safe access to all communal areas.</p> <p>The owner/manager and office manager reported that any planned building developments would involve consultation and co-design to ensure environments reflect the aspirations and identity of Māori. Caregivers interviewed confirmed that they have access to adequate equipment to safely deliver care to residents.</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 direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. In the event of a civil defence emergency, essential resources are available, including emergency lighting, heating, alternative communication devices, and an alternative source of power where oxygen concentrators or other electrical equipment is in use. The service has its own generator and battery-operated emergency lighting systems to ensure continuity of essential services during power outages. Staff can provide a level of first aid relevant to the risks for the type of service provided.</p>

		<p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells. Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p> <p>There was a closed-circuit television and video (CCTV) system monitoring the entrance, garden areas, and communal areas. CCTV signage was displayed around the facility. There are a visitors' policy and guidelines available to ensure that resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of the visitors' registers.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate for the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The CNM is the infection prevention and control coordinator (IPCC) who is responsible for overseeing and implementing the IP programme, with reporting lines to the owner/manager. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted</p>

		<p>good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for the decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</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>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. A continuous improvement rating has been awarded for the AMS programme.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>programme are shared with staff and the governance body, and where necessary, recommendations for improvement are identified. An infection outbreak reported since the previous audit has been managed effectively. Learnings from the event have now been incorporated into practice.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) is culturally safe.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Documented policies and procedures for laundry and cleaning guide staff practice.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. The service has reduced usage of traditional bucket and mop cleaning and the introduction of mechanical floor cleaning, resulting in improved environmental hygiene outcomes, as evidenced by the environmental swabbing results from the laboratory. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</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</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by the owner/manager at the operational level. At the time of the audit, there was no restraint in use, and this has been the case since the previous audit. Any use of restraint is reported to the</p>

<p>services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>governing body.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The management review team meets every month to discuss whether restraint is to be used. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations and evaluation, and they would ensure that the correct equipment was used. Whānau/EPOA are involved in decision-making.</p> <p>Restraint protocols were covered in the orientation programme of the facility and included in the education programme (which includes annual restraint competency), and restraint use was identified as part of the quality programme and reported at all levels of the organisation.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.5.1</p> <p>Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p>	CI	<p>A quality improvement initiative was implemented in 2025, focusing on the resident electronic information management system, following a review that identified variability in the quality, timeliness, and alignment of progress notes with care plan interventions. The project aimed to improve the accuracy, consistency, and efficiency of documentation while reducing administrative burden and increasing caregiver time available for direct resident care. Key actions included streamlining care plan interventions to remove duplication, introducing structured progress note templates with prompts, providing staff education and documentation guidance (including support for staff with English as a second language), and reinforcing expectations for real-time documentation.</p> <p>Evaluation through staff and clinical surveys</p>	<p>The implementation of the electronic documentation improvements has resulted in measurable improvements in documentation quality, efficiency, and alignment with care planning, supported by 100% positive staff (n=8) and clinical (n=2) survey responses. Staff reported reduced documentation time and increased availability for resident care, while clinical oversight and audit readiness have been strengthened. This initiative demonstrates effective and sustainable quality improvement aligned with the standard requirements.</p>

		<p>(January–February 2026), audits, and feedback demonstrated strong positive outcomes. A staff survey (n=8) reported 100% of respondents found the system easier to use, spent less time completing documentation, and preferred the new template over the previous method. Clinical leadership survey results (n=2) also showed 100% agreement that documentation structure, readability, and alignment with care planning had improved. Qualitative feedback identified reduced administrative burden, improved efficiency, clearer and more consistent documentation, and increased time available for resident care. The structured format improved clinical oversight, lowered the chance of missing interventions, and made audit readiness and governance reporting stronger. Ongoing monitoring has identified opportunities for continued staff training and template refinement to maintain consistency and optimise outcomes.</p>	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p>	<p>CI</p>	<p>Analysis of incident data from January to July 2025 identified 65 falls, with a high proportion occurring unwitnessed during routine resident activities such as transfers and independent mobility. A defined cohort of high-risk residents accounted for recurrent incidents, and injuries, including head impacts, skin tears, and fractures, reinforced the need for targeted intervention.</p> <p>In response, a structured quality improvement initiative was implemented from August 2025, focusing on increased clinical oversight, targeted strategies for high-risk residents, and strengthened incident review processes. Environmental risks were addressed through the</p>	<p>The service demonstrates a clear, continuous improvement trajectory in relation to falls prevention and management. The service has shown the ability to critically analyse data, implement evidence-based strategies, and achieve measurable, sustained improvements. The proactive identification and management of high-risk residents is a key strength and reflects a risk-based, person-centred approach. This supports a rating of continuous improvement awarded, with outcomes indicating not only reduced incidence but also minimised harm associated with falls.</p>

<p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>introduction of low-moisture cleaning methods, reduction in manual mopping, consistent use of wet floor signage, and rescheduling of cleaning to avoid peak movement times. Staff education in falls prevention was enhanced, and sensor technology was introduced for residents identified as high risk.</p> <p>Outcome data showed that while falls peaked in June and remained elevated through July and August, a sustained reduction was achieved from September through December 2025. From August 2025 to February 2026, total falls reduced to 33, with no major injuries reported. Ongoing analysis confirmed that most incidents occurred in resident rooms, bathrooms, and communal areas, often unwitnessed, with overall rates influenced by a small group of recurrent fallers rather than systemic care issues. Interviewed whanau and residents expressed satisfaction with the measures implemented to reduce falls.</p>	
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>CI</p>	<p>A quality improvement project was initiated in response to a high reliance on prescribed aperients as first-resort PRN interventions for bowel management. Baseline data indicated increasing usage trends, with limited use of preventative or non-pharmacological strategies.</p> <p>The initiative aimed to:</p> <ul style="list-style-type: none"> • Reduce usage levels of prescribed aperients as first-line PRN interventions • Implement natural aperient options as the default initial intervention • Reduce unnecessary pharmacological 	<p>The actions implemented have resulted in significant progress toward the identified objectives and there has been a clear and sustained reduction in the number of residents requiring prescribed aperients. A continuous improvement rating has been awarded as the initiative has demonstrated strong measurable improvement, with ongoing monitoring in place to support full and sustained achievement of safer, preventative bowel management practices for residents.</p>

		<p>exposure while maintaining safe bowel outcomes</p> <p>Interventions Implemented</p> <p>A multifaceted approach was undertaken to address both clinical practice and system processes:</p> <ul style="list-style-type: none"> • Completion of a dietitian audit of the menu, followed by implementation of recommendations. • Increased fibre intake opportunities across the menu cycle. • Introduction and integration of natural aperients (including Kiwicrush) into daily practice. • Update of PRN policies and procedures to reflect the use of Kiwicrush as a first-line intervention. • Identification of high-risk residents, with implementation of daily natural aperient support. • Daily bowel chart monitoring to identify trends and enable early intervention. • Staff education on updated protocols, with reinforcement through champion oversight. • Ongoing monitoring of compliance with procedural changes. • Tracking of bowel outcomes, medication usage trends, and resident responses. <p>Evaluation (as of February 2026)</p> <p>Review of bowel management trends and PRN medicine usage reports demonstrates a significant reduction in the number of residents</p>	
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		<p>requiring prescribed aperients following implementation of this initiative.</p> <p>Baseline data from January 2025 recorded 7 residents using prescribed aperients, with a peak of 10 residents in February 2025. Following implementation of the improvement strategies in August 2025, a sustained downward trend was observed:</p> <ul style="list-style-type: none"> • March 2025: 6 residents • November 2025: 0 residents • December 2025: 1 resident <p>Early 2026 data continues to demonstrate sustained improvement:</p> <ul style="list-style-type: none"> • January 2026: 0 residents • February 2026: 2 residents <p>This represents a substantial overall reduction from the early 2025 peak and demonstrates a clear shift away from routine pharmacological reliance toward preventative and nutritional bowel management strategies.</p>	
<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	<p>CI</p>	<p>The service identified a gap relating to previous antimicrobial practices, where antibiotics were frequently initiated empirically by nursing staff (RN-initiated antibiotics) without consistent use of diagnostic testing or adherence to AMS guidelines. This contributed to variation in prescribing practices, potential overtreatment (including asymptomatic bacteriuria), and limited utilisation of microbiology results to guide therapy.</p>	<p>Monthly antimicrobial surveillance demonstrates a sustained reduction in antibiotic use following implementation of targeted antimicrobial stewardship (AMS) interventions. A continuous improvement rating has been awarded, as the AMS programme is assessed as effective and embedded, demonstrating measurable and sustained improvement in clinical practice and resident outcomes.</p>

		<p>A quality improvement project was implemented to address the identified gap. Targeted antimicrobial stewardship (AMS) interventions implemented included staff education in management of urinary tract infection, collection of specimen and competency assessment, implementation of clinical decision support tools, and improved documentation practices that have strengthened assessment and management of suspected UTIs. In parallel, proactive strategies addressing hydration, hygiene, continence, and bowel management have contributed to a reduction and stabilisation of UTI incidence, particularly among high-risk residents.</p> <p>Antibiotic use numbers peaked in May and June 2025 (9 and 8 users respectively). Following the implementation of strengthened AMS interventions—including increased microscopy, culture and sensitivity (MC&S) testing, structured review of RN-initiated antibiotics, and improved clinical decision-making—a consistent downward trend is evident from July 2025 onward. The rolling average peaked mid-2025 and progressively declined through late 2025, reaching significantly lower levels by January and February 2026. By early 2026, monthly antibiotic use numbers reduced to 2 in January and 1 in February, representing a substantial reduction compared with mid-2025 levels. This improvement is supported by increased use of microscopy, culture and sensitivity (MC&S) testing prior to antibiotic initiation, reduced RN-initiated antibiotic use, improved clinical decision-making, and strengthened governance oversight. The use of rolling averages confirmed that these changes reflect embedded and sustained improvements in prescribing behaviour, rather</p>	
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		<p>than short-term variation. Monthly antimicrobial surveillance demonstrates a sustained reduction in antibiotic use.</p> <p>Surveillance data is now consistently collected, analysed, and reviewed at the governance level, supporting informed clinical oversight. Compliance with MC&S testing prior to antibiotic initiation has significantly increased, and there has been a marked reduction in antibiotics commenced without testing or continued despite negative results.</p>	
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End of the report.