

Oceania Care Company Limited - Woodlands Rest Home and Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Woodlands Rest Home and Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 March 2026 End date: 11 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:	48

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

Woodlands Rest Home and Village is part of Oceania Healthcare Limited. The service is certified to provide services for up to 57 residents requiring rest home or hospital level of care. On the day of audit there were 48 residents.

This surveillance audit was conducted against a subset of 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 resident and staff records; observations; and interviews with residents, family/whānau, management, and staff.

The general manager is appropriately qualified and supported by a clinical manager, registered nurses, and a team of experienced care and support staff. There has been a change to the management team since the previous audit. There are quality systems and processes being implemented.

An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to provide services to the residents.

There were no shortfalls identified at previous audit. This audit identified a shortfall related to maintenance management.

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.

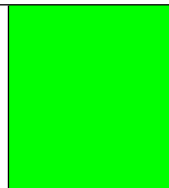
There is a Māori health plan in place. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples embracing their worldviews, cultural, and spiritual beliefs. Staff demonstrated an understanding of resident's rights and obligations and ensures residents are well informed in respect of these.

There was no evidence of abuse, neglect, or discrimination. Staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. Complaints are managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

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.

Woodlands Rest Home and Village business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their staff. There is process for following the National Adverse Event reporting policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

There are staffing and rostering policies. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family whānau input. Care plans demonstrate service integration. Resident records include medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The hard copy medicine charts reviewed met prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

All resident's transfers and referrals are coordinated with residents and families/whānau.

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

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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The building holds a current building warrant of fitness. All equipment has been tested, tagged and calibrated as schedule. The facility provides a homelike atmosphere.

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

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

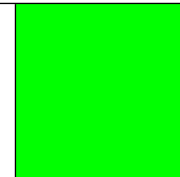
<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to 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 are fully attained.</p>
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Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection prevention programme is implemented and meets the needs of the organisation and provides information and resources for staff. Documentation evidenced that relevant infection prevention education is provided to staff as part of their orientation and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements.

There has been an outbreak reported since the previous audit.

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 for a restraint-free service, and this is supported by the governing body and policies and procedures. No residents were using any form of restraint at time of audit. Elimination of restraint use is included as part of the education and training plan. Staff demonstrated sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative solutions.

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	17	0	1	0	0	0
Criteria	0	48	0	1	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>A Māori health plan is documented for the organisation, which Woodlands Rest Home and Village utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At time of audit there were no residents who identified as Māori. However, there were Māori staff who confirm that services are delivered in a culturally supportive manner.</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>Woodlands Rest Home and Village use a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. At time of audit there were no residents residing in the facility who identified as Pasifika. There were no staff who identified as Pasifika employed at time of audit. All staff and management interviewed (the general manager, and clinical manager, and nine staff, the administrator, maintenance manager, kitchen manager, one registered nurse, one diversional therapist, and four healthcare assistants) confirmed an awareness of and understanding of Pacific culture, values, beliefs, and were knowledgeable about how to access community support for Pacific individuals when required.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The Code is displayed in English and te reo Māori within posters and brochures available throughout the facility. All staff interviewed and management understood their responsibilities in relation to the Code. The residents interviewed (four rest home) were aware of their rights and confirmed that staff upheld these.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Oceania policies guide staff in preventing any form of discrimination, harassment, or any other form of exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances, as outlined by the administrator. All staff at Woodlands Rest Home and Village are trained in and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.</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</p>	<p>FA</p>	<p>There are policies around informed choice and consent. Staff and management confirmed their understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Resident files reviewed included general consent forms and consents for influenza and COVID-19 vaccinations. Consent forms were appropriately signed by the enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file. Interviews with resident's family/whānau confirmed their choices regarding decisions and their wellbeing is respected.</p>

control.		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The service has a complaints policy/procedure in place that is available to staff, residents, family/whānau and visitors. The complaints policy provides information related to complaints information, processes and timeframes required to identify, manage and respectfully respond to complaints in keeping with Right 10 of Code. There have been two internal and no external complaints received since the previous audit. Concerns are also managed in the same way as a complaint. Review of the complaint register and discussion with the general manager confirms the complaints have been managed as per policy and procedure, and have been closed. Review of documentation and discussion with the general manager confirms that solid processes are well entrenched and all staff are cognisant of the importance of following up on and escalating any concerns or negative feedback received.</p> <p>Family/whānau (two hospital level) interviewed confirmed the facility takes a reactive response to any issues raised and their response is swift. Complaint forms are located at the entrance and in visible places throughout the facility, or on request from staff. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services.</p> <p>The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager acknowledged their understanding that for Māori, there is preference for face-to-face communication and to include whānau.</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</p>	FA	<p>Woodlands Rest Home and Village is part of the Oceania Group. The service is certified to provide rest home, and hospital (medical and geriatric) level of care for up to 57 residents. At the time of audit there were 48 residents. There were 27 rest home residents (including one funded through the Long-Term Chronic contract (LTS-CHC), and 21 hospital level residents</p>

<p>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>(including one resident funded though LTS-CHC and one younger person with disability (YPD) contract). The remaining residents were on the age-related residential care (ARRC) contract.</p> <p>There are two governance bodies within Oceania. One comprises of the Clinical Health and Safety Committee (Board sub-committee), plus the Clinical Governance Steering Group. The Clinical and Health Safety Committee mandate is to provide a specific focus on strategic and operational clinical and health and safety risks. The Clinical Governance Steering Group provides strategic oversight assurance, and leadership in the delivery of quality and safe clinical care. This group ensures clinical systems support continuous quality improvement and best practice. The Board of Directors consists of experienced professionals led by a Chair. A chief executive officer (CEO) is responsible for the overall leadership of the organisation. Confirmation of the Company’s compliance with legislative, contractual, and regulatory requirements was provided.</p> <p>Oceania has a strategic plan in place that outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The plan reflects links with Māori, aligns with Ministry of Health strategies, and addresses barriers to equitable service delivery. A local facility business plan supports the goals for Woodlands Rest Home and Village. The vision and values are posted in visible locations throughout the facility and are reviewed annually.</p> <p>The service has identified external and internal risks and opportunities that include addressing possible inequities, and how these inequities plan to be addressed. Goals are regularly reviewed, with evidence of sign off when met. The Clinical Governance Steering Group support all the care centres. Clinical governance is led by the national clinical manager.</p> <p>There are weekly updates given at handover, and these talks focus on current clinical focus areas and the implementation of core values within the service. Monthly reports reflect evidence of communicating quality and risk activities, staff and resident incidents, human resource matters, and escalated complaints.</p> <p>There has been a change in management since the previous audit. The general manager was appointed October 2024. This role was previously called the business manager. The general manager (non-clinical) comes to</p>
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		<p>the role with a varied background in health and social services. They are supported by a clinical manager who was in the role for the previous audit. They are supported by a team of experienced care and support staff, support office and a regional manager.</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>Woodlands Rest Home and Village is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The general manager and clinical manager lead and implement the quality programme. The programme involves all staff with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme.</p> <p>A registered nurse takes overall responsibility for the quality portfolio and for the internal audit programme. They work one day a week in this role. In 2025, in response to less-than-optimal engagement with the audit schedule, a corrective action plan was implemented to improve the team's compliance. Review of documentation and discussion with staff evidenced that the internal audit programme is undertaken as per schedule, and this covers all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Progress against quality outcomes is evaluated. Reports are completed for each incident or accident, with immediate action noted, and any follow up action(s) required, as evidenced in accident/incident forms reviewed (behaviour, unwitnessed falls, skin tears, bruising). Neurological observations are consistently recorded for unwitnessed falls or when head injury is suspected. Each event involving a resident reflects a clinical assessment and follow up by a registered nurse.</p> <p>Opportunities to minimise future risks are identified by the registered nurses. Relatives are informed following incidents. The clinical manager collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings, with meeting minutes displayed on staff noticeboards. Monthly staff, and clinical/quality meetings provide an avenue for discussions in relation to quality data; health and safety; infection prevention; benchmarking, complaints received; staff;</p>

		<p>and education. Discussion with staff and review of documentation evidence that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery. The outcomes of which are shared within the appropriate staff meetings. Meeting minutes sighted evidence that meetings are occurring as scheduled.</p> <p>Resident family/whānau meetings are occurring as per schedule, with resident's family/whānau interviewed stating they find the meetings helpful to find out what is happening within the home and have an opportunity to give feedback. The last resident and family/whānau satisfaction survey results were completed in August 2025. The results evidenced that respondents rated the service highly in most aspects of resident care. The food services results were less than optimal, and a small focus group was established to address the areas of concern. Feedback received since then has confirmed all areas that required improvement have been addressed.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and up-to-date register was reviewed. Health and safety are discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and staff meetings. Discussion with the general manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications.</p> <p>A S31 notification was completed for the appointment of the general manager, residents' events, registered nurse shortages, and pressure injuries. Evidence was provided that the Oceania Group have submitted an organisation wide S31 regarding the outage of the electronic medication system across all care facilities.</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>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The general manager works full time Monday to Friday. They take overall responsibility for the facility and provide after-hours support 24/7. The clinical manager works full time Monday to Friday. They provide after-hours support for clinical issues during this period. Senior registered nurses are rostered to provide after-hours support on the weekends. The regional managers are rostered to provide after-hours</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>support for all care facilities Monday to Sunday. Senior healthcare assistants are spread over the morning, afternoon and night shifts. Dedicated cleaning staff are rostered seven days per week. All laundry is managed off site. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs and that the management team provide good support. Residents and family/whānau members interviewed reported that they believe that staff numbers are adequate.</p> <p>There is an annual education and training schedule completed for 2025 – 2026. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes Code of Rights; informed consent; restraint; challenging behaviour; Pacific values; Māori health (values, beliefs, tapu, noa, and end of life); wound management; and medication management. There is an attendance register for each training session and an individual staff member record of training electronically. Educational courses offered include in-services, online, and competency questionnaires.</p> <p>All registered nurses and healthcare assistants who administer medications have current medication competencies. Only the registered nurses are administering medications whilst the electronic management system is down. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Review of the training records and discussion with the general manager evidenced all but the newest employed healthcare assistants have competed, or are completing level two to four New Zealand Qualifications Authority (NZQA). The registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments, medication, controlled drugs, restraint, and emergencies. Additional registered nurse specific competencies include an interRAI assessment competency. At the time of audit, there were nine registered nurses (including the clinical manager) who have current interRAI competency. All registered nurses have current competency with syringe driver management.</p>
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<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>Six staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Professional qualifications are validated prior to employment, and a register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice, and includes buddying when first employed. Competencies are completed at orientation.</p> <p>The service demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment to Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the facility, and the organisation. Review of staff records, discussion with the general manager, review of the staff appraisal schedule, and discussion with staff evidenced that all staff who have been employed for a year or more, have a current performance appraisal on record.</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>Five resident records were reviewed: three rest home and two hospital level (including one funded through LTS-CHC, and one funded through YPD). The registered nurses are responsible for all resident's assessments, care planning and evaluation of care. All residents are appointed a key worker on admission. All initial assessments and long-term care plans are completed for residents, detailing needs, strengths and preferences. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Residents who do not require a LTCP have a full suite of assessments, which then informs the short-term care plan (STCP) documented. The YPD care plan evidenced appropriate interventions to meet their younger age needs.</p> <p>Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment</p>

	<p>which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments, and when there is a change in the resident's condition. Evaluations are documented by the registered nurse and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidence that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes, and when their health status changes.</p> <p>There are two general practitioners from two contracted medical practices who are responsible for the medical support for the residents. Residents are seen acutely when referred by the registered nurses. All three-monthly assessments are booked, and family/whānau are invited to attend. Medical documentation and records are current. Neither of the general practitioners were available for interview. After-hours care is provided by the contracted medical practice and the local public hospital when needed. The provider has a contracted physiotherapist on site each week who runs two clinics. A physiotherapy assistant is employed by the organisation to support the resident exercise plans, and exercise classes. A podiatrist visits regularly. Other health professionals are available by referral when required.</p> <p>An adequate supply of wound care products is available at the facility. A review of the wound care plans evidence that wounds are assessed in a timely manner and reviewed at appropriate intervals. Where wounds require additional specialist input, a wound nurse specialist is consulted. At the time of audit, there was one stage I pressure injury, and a small number of minor</p>
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		<p>wounds. Wound specialists from Health New Zealand are available for advice when required. Photos of wounds are taken regularly to monitor progress or decline.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and were up to date. Neurological observations are recorded following un-witnessed falls as per policy, as evidenced by review of incident/accident forms. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure, weight monitoring, and bowel records. Staff interviews confirmed they are familiar with the needs of all residents in the facility, and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover (witnessed) at the beginning of each shift.</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>There are policies available for safe medicine management that meet legislative requirements. At time of audit the electronic medication system was experiencing a nationwide outage. The provider was following the Oceania back up system and using hard copy medication charts.</p> <p>All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Staff were observed to be safely administering medications. The registered nurses could describe their role regarding medication administration. At time of audit, only registered nurses were administering medications whilst the electronic system was not in operation.</p> <p>The service currently uses plastic rolls for medication. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in locked cupboards and the medication trolley in the medication room. The medication fridge temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications were documented for as required medications, and the effectiveness was consistently documented in the progress notes, and outlined in the hard copy handover documentation. There were two residents self-administering medications.</p>

		<p>Review of documentation, observation and discussion with staff evidenced that all policy and procedure had been followed. No vaccines are kept on site. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up by the clinical manager.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents' requests. There is a verified food control plan current to March 2026. The general manager confirmed the process in place to renew this prior to expiry. The residents and family/whānau interviewed were complimentary regarding the standard of the meals served. Nutritious snacks are available 24/7.</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>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care. Residents are referred to other health professionals when required or requested.</p>
Subsection 4.1: The facility	PA Low	The buildings, plant, and equipment comply with legislation relevant to the

<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>health and disability services being provided, however; wall linings in two resident bathrooms requires repair. The environment is inclusive of people's culture and supports cultural practices. The current building warrant of fitness (BWOFF) expires March 31 2026; external contractors were on site during the audit checking compliance for the new certification period. This was on track to be finished prior to the BWOFF expiry date.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</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>There is infection prevention, and antimicrobial policies and procedures that includes the pandemic plan. The programme is linked to the quality improvement programme and is approved by the governing body. A registered nurse leads the infection prevention programme and has input into infection prevention policy development, and review. The clinical manager was interviewed for infection prevention, as the infection prevention coordinator was unavailable.</p> <p>Policies were developed with input from infection prevention specialists, and these comply with relevant legislation and accepted best practice. The infection prevention programme is reviewed annually. The pandemic plan is available for all staff.</p> <p>The infection prevention coordinator is responsible for staff education in tandem with the clinical manager. The education programme includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE).</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>	FA	<p>The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility, and reinforce basic principles of infection prevention. Infection surveillance is the responsibility of the infection prevention coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>completed by the infection prevention coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at handovers when residents have infections, and staff meetings.</p> <p>Staff have received infection prevention related training, including outbreak management. Internal infection audits are completed, with corrective actions for areas of improvement. The service receives regular notifications from Health New Zealand. The last outbreak was respiratory syncytial virus (RSV) in November 2025. Two residents and no staff were affected. This event was quickly contained, appropriately managed and reported.</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>	FA	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards and document the governance bodies commitment towards eliminating restraint. The Clinical Governance Steering Group is responsible for the restraint elimination strategy and for monitoring restraint use in the organisation. The designated restraint coordinator is the clinical nurse manager. Policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau, and the choice of device must be the least restrictive possible.</p> <p>Restraint is included as part of the orientation for staff and completed annually through the education plan.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>A preventative maintenance plan is implemented for the facility, and the buildings, plant, equipment and grounds were noted to have been maintained to a high standard. However, observation, and discussion with the maintenance manager evidenced two resident bathrooms needed repair.</p>	<p>Bathroom number three had a metal plate fitted to two walls of the shower just above the floor. This had come away from the wall in places, allowing water to seep underneath and affect the wall linings. Black mould was present on all wall linings and was no longer able to be cleaned. Bathroom number four had worn shower wall linings allowing water to seep through. Black mould was present and was no longer able to be cleaned appropriately.</p>	<p>Ensure the bathrooms are repaired and preventative maintenance is maintained to prevent any surface/wall lining breakdown.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.