

Masonic Care Limited - Woburn Waipukurau

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Masonic Care Limited
Premises audited:	Woburn Waipukurau
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 24 February 2026 End date: 25 February 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	30

Executive summary of the audit

Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

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

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

General overview of the audit

Woburn Waipukurau is part of the Masonic Care Group and provides rest home and dementia level of care for up to 33 residents. At the time of the audit there were 30 residents.

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

The facility manager is experienced and supported by the Board of Trustees, a general manager, and by an experienced team of clinical and non-clinical staff. Interviews with residents, family/whānau and the general practitioner were all positive and complimented the management and staff for providing a resident-centred service for the community.

This certification audit identified shortfalls around care planning and dementia standards qualification.

Ō tātou motika | Our rights

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



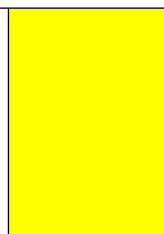
Subsections applicable to this service fully attained.

Woburn Waipukurau provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights are included in the information packs given to new or potential residents and family/whānau.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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.



Some subsections applicable to this service partially attained and of low risk.

The service is governed by a Board of Trustees. Services are planned, coordinated, and are appropriate to the needs of the residents. Woburn Waipukurau has a documented quality and risk management system. A robust health and safety programme is

implemented, and hazards are reviewed on a regular basis. There are human resources policies including recruitment, selection, orientation, staff training and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
--	--	--

There is an admission package available prior to or on entry to the service. The facility manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. The service has a current food control plan.

There is an activities programme implemented.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies.

Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
---	--	--

The building holds a current warrant of fitness. There is an annual maintenance plan documented and implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single occupancy. There are sufficient toilets/bathrooms for residents, staff, visitors, and contractors. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells, which are within easy access of residents.

The dementia unit is secure. The building is secure after hours, and staff complete security checks at night.

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


Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
---	--	--

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of Woburn Waipukurau and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines. Antimicrobial usage is monitored and reported on.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There has been one outbreak since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these 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 fully attained.
---	---	--

Restraint minimisation and safe practice policies and procedures are in place. Woburn Waipukurau is committed to providing services to residents without use of restraint. The designated restraint coordinator is the facility manager. There were no residents using any restraints at the time of the audit. A restraint register is maintained on the electronic resident management system. Restraint minimisation, de-escalation, and challenging behaviour is included as part of the mandatory training plan.

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	25	0	2	0	0	0
Criteria	0	166	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services, ensuring Māori have the same level of health as non-Māori, while safeguarding Māori cultural concepts, values, and beliefs. At the time of the audit there were no residents who identified as Māori.</p> <p>The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake. The service has links with local Māori providers including Te Taiwhenua o Heretaunga, Tamatea Taiwhenua, and Te Ara Wairoa who help to provide guidance and support for Māori people.</p> <p>Woburn Waipukurau is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. Staff have completed training around cultural safety and Te Tiriti o Waitangi. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their cultural beliefs.</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>	<p>FA</p>	<p>Ola Manuia – Pacific Health and Wellbeing Action Plan 2020 – 2025 is the basis of the Masonic Care Pacific Peoples Health Plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture, and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>On admission all residents state their ethnicity. There were no residents or staff identifying as Pasifika at the time of the audit and the facility manager confirmed that the residents’ family/whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pasifika languages.</p> <p>The service continues to actively recruit new staff. The facility manager described how Woburn Waipukurau increases the capacity and capability of the Pacific workforce as described in the Pacific Peoples Health Plan.</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>Policies and procedures are being implemented at Woburn Waipukurau and align with the requirements of the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Other formats are available online. Regular resident meetings provide a forum for residents to discuss any concerns. Staff have received</p>

		<p>education in relation to the Code at orientation and through the annual training programme, which includes understanding the role of advocacy services.</p> <p>The facility manager, general manager and eleven staff (four registered nurses (RN), four caregivers, one kitchen manager, one activities coordinator, and one maintenance person) interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff completed training on advocacy services in 2026.</p> <p>Five rest home residents and four family/whānau (three dementia and one rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Staff confirmed Māori mana motuhake is recognised, as described in the Māori health plan. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on resident rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling, and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the HDC. Caregivers and registered nurses (RNs) interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs.</p> <p>Staff are trained around the Code at orientation and through regular in-services. The service recognises Māori mana motuhake, as evidenced in the policy and Māori health plan. Woburn Waipukurau delivers training that is responsive to the diverse needs of people accessing services.</p> <p>Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are</p>

		<p>identified, and church services are held. Care staff interviewed described how they support residents to choose what they want to do, and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The abuse and neglect policy is being implemented. Woburn Waipukurau policies guide staff in how to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities, and cultural days are held to celebrate diversity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. Staff are educated on how to value the older person, showing them respect and dignity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for any Māori residents when required.</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</p>	FA	<p>An information pack is provided to residents and family/whānau on admission, which includes information on the Code, advocacy services, complaints and information around service provision. Residents interviewed stated they were comfortable discussing any</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>issues with staff. Residents' and family/whānau satisfaction survey showed overall satisfaction with communication. Family/whānau interviewed felt they are promptly informed of any changes and general practitioner (GP) consultations.</p> <p>There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure, that inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, all residents spoke English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The management team and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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</p>	<p>FA</p>	<p>Resuscitation care and informed consent policies guide staff around informed consent processes. Admission agreements had been signed and sighted for all the six resident files reviewed. The resident files reviewed included signed general consent forms. Other consent forms include photographs and vaccinations. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable, where an EPOA has been activated for residents assessed as incompetent to make an informed decision, as with the residents in the dementia unit.</p> <p>In the resident files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Staff have received training related to informed consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager maintains a complaint/compliment register and documents all verbal and written complaints. There have been no complaints made since the last audit. One complaint made through HDC in 2025 remains open, and the service is awaiting a response from HDC. This complaint was reviewed at the previous audit.</p> <p>The complaints reviewed evidenced that complaints are managed within the timeframes set out by the HDC. Review of documentation and interview with the facility manager confirmed that complaints are discussed at Board level and shared with staff during staff meetings. Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at reception.</p> <p>Residents and family/whānau have a variety of avenues they can choose from to make a complaint, including involving an independent support person in the process if they choose. The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and family/whānau all reported that any issues residents and family/whānau have, are discussed with the facility manager directly. The facility manager has an 'open door' policy, which was confirmed during interviews with staff, residents and family/whānau. Woburn Waipukurau has a resident advocate who runs the resident meetings. During interviews, the advocate provided examples of issues raised by residents at meetings that were taken to the management team. There was evidence in resident</p>

		meetings that actions were taken to address issues raised.
<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>	FA	<p>Woburn Waipukurau is certified to provide dementia and rest home level of care for up to 33 residents. The service has 22 dedicated rest home beds and 11 dementia care beds within the secure dementia unit. At the time of the audit there were 30 residents in total: 22 rest home residents, including one resident on accident compensation corporation (ACC) funding, and eight dementia level residents, including one on ACC funding. All other residents were under the age-related residential care (ARRC) agreement. There were no married couples or double/shared rooms at the time of the audit.</p> <p>The general manager provides support to the team for the audit and was knowledgeable around contractual and legislative requirements. The Board meets monthly. The general manager meets with the facility manager fortnightly. There is a five-year strategic plan, which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings.</p> <p>Masonic Care has a clinical governance group that meets monthly and signs off on the clinical outcome report, that is sent to the Board from each Masonic Care facility, including Woburn Waipukurau. At a facility level, clinical governance is overseen by the facility manager, quality coordinator and RNs holding portfolios, such as infection control and restraint.</p> <p>The Board is committed to supporting the strategies laid down by Manatū Hauora Ministry of Health's 'New Zealand Health Strategy'. Objectives listed in the business plan include a commitment to providing and assisting in the provision of good quality care to all people, and to improving the health status of ethnic groups, including Māori and Pacific people. The general manger described the overarching strategic plan for the Masonic Care Group, which includes how the organisation collaborates with Māori in a manner that aligns with the Ministry of Health strategies, and how they address any barriers to equitable service delivery. Discussions with</p>

		<p>the general manager and review of documentation confirmed how the provider ensures working practices are holistic in nature, inclusive of cultural identity, and respect the importance of the connection to family/whānau and the wider community.</p> <p>The business plan FY2026 includes the vision, mission statement, philosophy, and measurable goals. Reporting includes occupancy; finances; health and safety; staffing; infection; quality trend and analysis; and restraint minimisation. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. There is a Board member and staff employed who identify as Māori. The general manager confirmed they, the Board, and the chief executive have completed Treaty of Waitangi training to ensure cultural competency.</p> <p>The facility manager is a RN and has worked at Masonic Care for two years, with one year in the current facility manager role. They have over 20 years of experience in the aged care industry. The facility manager is supported by an experienced team of clinical and non-clinical staff. The facility manager has completed at least eight hours of training relevant to the position.</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>	FA	<p>Woburn Waipukurau is implementing the quality and risk management system. The quality programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the Board in the monthly facility manager's report. There was documented evidence in the monthly quality/staff meetings of discussions held around quality data. Meeting minutes are made available to staff who were unable to attend the meeting. Facility meetings have been held according to schedule. Policies and procedures align with current good practice, and they are suitable to support rest home, including dementia levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed</p>

		<p>with staff.</p> <p>The review of policies and quality goals, monthly monitoring of clinical indicators, and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Staff and members of the Board have completed cultural training, including Te Tiriti o Waitangi, to ensure all residents are cared for in a culturally sensitive way. Resident and family/whānau satisfaction surveys are conducted. The family/whānau satisfaction survey results from August 2025 have been collated and corrective actions put in place based on the feedback. Results from the survey have been shared with staff, residents, and family/whānau. The resident satisfaction survey has been sent out to residents at the time of the audit. Resident meetings occur on a regular basis. Minutes reviewed demonstrated issues raised are followed up, with actions being reported back to the meeting. The facility manager also leads resident and family/whānau meetings six-monthly. There is evidence that feedback received is discussed at quality/staff meetings.</p> <p>Health and safety policies are implemented and monitored through the monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. The health and safety coordinator (caregiver) is supported by the facility manager. The health and safety coordinator was interviewed about the health and safety programme. The hazard register is maintained by the health and safety committee. There is a risk register in place and is the responsibility of the facility manager. Hazard identification forms and an up-to-date hazard register has been reviewed in February 2026 (sighted). The service documents incidents/accidents, unplanned or untoward events, and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and in the Board report. Incident data was evidenced as discussed at quality/staff, RN/clinical meetings, and a summary kept in staff areas.</p> <p>Discussions with the facility manager and general manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to notify HealthCERT, and one notification</p>
--	--	--

		<p>required to be made to the Health Quality Safety Commission since the last audit. There has been one Norovirus outbreak documented and reported since the last audit.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements. The roster reviewed provides sufficient coverage for the delivery of care. Rosters from the past two weeks showed a good cover of all the shifts, with replacement evident for short notice absences. Staff and residents are informed when there are changes to staffing levels. The facility manager works full time from Monday to Friday. The facility manager shares the 24/7 on-call service for any clinical issues with the RNs, and is on call for any operational related matters.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the caregiver interviews. There are designated food services, activities, maintenance, gardening, and laundry staff, as evidenced on the rosters reviewed.</p> <p>An education programme is in place for 2026. A broad range of topics are covered appropriate to the service delivered. Most training is now completed online, with some education delivered face to face with guest speakers and internal trainers. Education in 2025 included infection control; outbreak management; skin/wound care; professional boundaries; restraint; medication management; pressure injury prevention; falls management; and fire safety/evacuation drill. Training is also provided to staff through skills labs. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training through Health New Zealand.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, with these linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal</p>

		<p>protective equipment (PPE); fire and emergency training; cultural safety; and manual handling. Three of four RNs are interRAI trained. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Two caregivers who have worked in the dementia unit for over eighteen months, have not completed the required dementia standards qualification.</p> <p>Support systems promote health care and support worker wellbeing and a positive work environment.</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 policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely. Seven staff files reviewed evidenced implementation of the recruitment process, employment contracts, and police vetting checks. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work, and expected outcomes to be achieved in each position. All files evidenced completed orientation documentation and annual appraisals for staff who have been employed for one year or more. A copy 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.</p> <p>Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori. An employee ethnicity database is maintained. Records reviewed showed that ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents. Documentation was submitted that confirmed debrief to ensure wellbeing support is provided, with evidence confirming debrief events occurred post all outbreak events. Staff wellbeing is recognised through acknowledging individual staff contributions and</p>

		participation in health and wellbeing activities. The Employee Assistance Programme (EAP) is available to staff.
<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>	FA	<p>The service utilises an electronic format for resident information, documentation, and data. Electronic information (policies and procedures, incidents, and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is an acceptance and decline entry to service policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission, or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Admission agreements reviewed align with all service requirements. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome. Exclusions from the service are included in the admission agreement. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The facility manager (RN) is available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would only be if the service had no beds available, or if the prospective resident did not meet the entry criteria. Potential residents are provided with alternative options, and links to the</p>

		<p>community if admission is not possible. The facility manager would ensure the person receives timely updates if entry to the service is delayed.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The service has linkages with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Registered nurses are responsible for conducting all resident assessments, developing care plans, and evaluating the effectiveness of care. Six resident files were reviewed: three from rest home level care and three from dementia level care, including one resident funded by ACC. Initial assessments and care plans are developed in consultation with the resident or their EPOA. These were completed within the required timeframes.</p> <p>Care plans are based on comprehensive data collected during the initial nursing assessment, which includes (but is not limited to) mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; pain; oral health, and pre-entry assessments from the Needs Assessment and Service Coordination (NASC) service, or other referring agencies.</p> <p>Individualised electronic long-term care plans (LTCPs) are informed by both initial assessments and interRAI assessments. Initial interRAI assessments and long-term care plans reviewed were completed within three weeks of admission. However, interventions did not always include all potential risks that had been triggered by the interRAI assessment.</p> <p>There are policies and procedures for developing short-term care plans for acute issues, such as infections, weight loss, and wounds, with a sign-off process upon resolution or integration into the long-term care plan. All short-term issues reviewed had corresponding</p>

		<p>care plans developed that were evaluated and signed off by a RN.</p> <p>The facility manager explained that residents who identified as Māori have a Māori health care plan developed, which describes the support required to meet their needs. The facility manager described removing barriers so that all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans addressed cultural safety and cultural preferences.</p> <p>Resident files are fully integrated with all members of the team contributing to progress notes, including a physiotherapist (who attends the facility on request for review of residents and to provide staff training), RNs, caregivers, GP, podiatrist, and activities staff. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are documented and made known to all staff. Care plans for residents in the dementia unit include activities over the 24-hour period and strategies to manage disorientation, and behaviours that challenge, including triggers and strategies that have worked previously. Also included is information about the resident's past life and significant people and events for staff to use for reminiscing and conversations that engage the resident meaningfully.</p> <p>The GP assesses residents within five days of admission. Residents are then reviewed by the GP on a three-monthly routine basis, or more frequently if their condition changes. The facility manager and RNs rotate after-hours cover and will advise caregivers on the appropriate intervention. The GP interviewed expressed satisfaction with the standard of care at Woburn Masonic Village. They verbalised that there was good communication with facility staff and noted that RNs demonstrated comprehensive assessment skills and kept the medical team informed of any concerns in a timely manner.</p> <p>Family contact details are recorded electronically. Interviews with family/whānau and documentation confirmed they are informed of changes in a resident's health status, including infections, incidents, GP reviews, medication changes, and other significant events.</p>
--	--	---

	<p>Wound care products were available on site. Wound care plan reviews indicated that wounds were assessed in a timely manner and reviewed at appropriate intervals. All wound assessments, include photographic evidence or documented measurements, dressings used and progress evaluation of the wound. At the time of audit, there were six active wounds. Referrals to wound care specialists were made when clinically indicated, and their recommendations were incorporated into wound management plans. Allied health interventions were documented and integrated into care plans.</p> <p>There is evidence of RN documentation in progress notes following incidents or changes in condition. Care plans include health monitoring requirements specific to each resident. Caregivers complete monitoring charts that include observations; behaviour logs; bowel records; blood pressure readings; weight; food and fluid intake; change of position schedules; and blood glucose levels. All incidents were followed up in a timely manner by a RN. Caregivers confirmed they were well informed about residents' individual needs, and had access to the necessary equipment and products to meet those needs. Neurological observations were routinely completed for unwitnessed falls or where head injury was suspected, as part of post-fall management.</p> <p>Caregivers described receiving both verbal and written handovers at the start of each shift. Observations during the audit confirmed these handovers were detailed and contributed to continuity of care. Progress notes are completed daily. Changes in resident health are documented, creating a comprehensive picture of each resident's journey. When a change in condition occurs, the RN initiates a medical review. Registered nurses also complete detailed assessments, including falls risk, pressure injury risk, and pain assessments.</p> <p>Formal evaluations of long-term care plans are completed every six months in conjunction with interRAI reassessments, or earlier when a resident's condition changes. Evaluations are documented by RNs and include progress toward goals and desired outcomes.</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>	<p>FA</p>	<p>The activities coordinator has been in the role for two years and is due to commence diversional therapy (DT) training this year. The activity coordinator is employed for 37 hours per week across five days, and is a member of the local DT group. They also attend Masonic group meetings two-monthly. Caregivers support the programme when the activities coordinator is not working. The activities coordinator works across the rest home and the dementia unit. The activity programme is planned monthly and includes culturally themed events, celebrating the backgrounds of both residents and staff. Copies of the monthly programme are displayed in communal areas on noticeboards, showing daily activities, and individual copies are delivered to residents' rooms in advance. The programme is designed to meet residents' cognitive, physical, intellectual, and emotional needs.</p> <p>During interview, the activities coordinator explained how the programme is tailored to the needs of residents across both rest home and dementia level care. The focus is on maintaining independence, building on residents' strengths, skills, and interests, and fostering connections with the wider community. For residents who prefer to remain in their rooms or are unable to join group activities, one-on-one sessions are offered. These may include manicures, hand massages, and technology-based activities. Opportunities to engage with te reo Māori and te ao Māori are also incorporated into the programme. This includes using the Māori language in entertainment, singing, and crafts, and celebrating events such as Māori Language Week, Waitangi Day, and Matariki, along with other culturally focused activities. All group activities are conducted in the communal lounges.</p> <p>A community market day was held recently where residents had the opportunity to sell items they have made, and to interact with local community. Each resident has a social and cultural profile developed upon admission, which includes their hobbies, interests, likes and dislikes, career background, and family/whānau connections. A social and cultural care plan is created on admission and reviewed every six months, alongside the resident's long-term care plan. Residents are encouraged to participate in activities that are meaningful and appropriate to them. Attendance is recorded for all activities, outings,</p>
--	-----------	--

		<p>and entertainment. Each resident in the secure dementia unit has an individualised daily activity plan and de-escalation/distraction strategies appropriate to them. The individualised plans include strategies for distraction and de-escalation to guide staff over a 24-hour period. The activities support Woburn's 'Five-ways-to-wellbeing' model of care and include reminiscing and sensory needs.</p> <p>Residents in the dementia unit were observed joining the rest home residents for activities and meals. Activities offered include (but are not limited to): exercise sessions; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; housie; happy hour; a men's group; gardening; and cooking. Regular van outings are organised. Residents also enjoy regular visits from entertainers and interdenominational church services. There are regular family/whānau and resident meetings involving residents from both units. Family/whānau are invited to attend. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility, and have an opportunity to provide feedback if necessary. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. On the days of the audit, the electronic medication system was experiencing a prolonged outage (a national issue). It had been unavailable for two days prior to the commencement of the audit. The facility manager described the process for managing this event with a manual alternate process, and there was evidence of paper medication charts and signing sheets that met the requirements. The RNs and caregivers interviewed could describe their role regarding medication administration. Woburn Waipukurau uses blister packs for medication for regular use and 'as required' medications. All medications are checked on delivery against the</p>

		<p>medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely. Medication trolleys are always locked when not in use. The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. Over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the medication chart. Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified.</p> <p>There were no residents self-medicating on the days of audit; however, there is a policy in place which the staff were knowledgeable should a resident wish to self-administer their medications. Pro re nata (PRN) medications are administered as prescribed, with effectiveness documented in progress notes on the electronic medication system, when it is in use. Medication competent caregivers or RNs sign when the medication has been administered.</p> <p>There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The facility manager and RNs described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</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>FA</p>	<p>Woburn Masonic Village prepare and cook all meals on site. The kitchen manager was interviewed on the day of audit. The kitchen was observed to be clean, well-organised, well equipped, and a</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>current approved food control plan was evidenced, expiring 19 May 2026. The four-weekly seasonal menu has been reviewed by a dietitian. There is a full-time kitchen manager who is supported by kitchen hands in the evening. There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Dietary profiles reviewed at time of audit were noted to be current, with updates documented where needed.</p> <p>The daily menu is displayed in each dining room. The service has recently installed an electronic display in the rest home dining room. The main meal is served at lunch and there is a light evening meal with choice options. Residents request their meal choice for each day out of the options given. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. All staff interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Days of national significance are always celebrated, including Waitangi Day and Matariki. Residents are provided with foods from different cultures, including Māori, as evidenced by discussion with staff and review of the menu. The service uses an electronic system to record monitoring of temperatures. Daily records include fridge and freezer temperature recordings in kitchen and storage areas.</p> <p>Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained, as evidenced on completed records. Meals are served directly to rest home residents from a bain-marie. Residents from the dementia unit were observed having lunch with the rest home residents. Meals for residents in the dementia unit are plated in the kitchen and transported in a hot box. Residents were observed enjoying their meals. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as</p>
--	--

		required. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.
<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	Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services, and social support or Kaupapa Māori agencies, where indicated or requested. The facility manager and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness, which expires 23 March 2026. The environment is inclusive of peoples' cultures and supports cultural practices. There is a part-time maintenance person (Monday to Friday from 8.00am to 12.00pm), who addresses day to day repairs and completes the planned maintenance schedule. There are maintenance request books for repairs and maintenance issues in each unit. This is checked daily and signed off when repairs have been completed. Checking and calibration of medical equipment was included in the maintenance plan (last completed in November 2025). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced that temperatures were within required ranges. Essential contractors/ tradespeople are available 24 hours a day as required.</p> <p>The building is a single level building with easy access to the spacious external gardens. There is outdoor furniture and shade available. The facility has wide corridors with handrails for residents</p>

	<p>to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. The facilities furnishings, floorings and equipment are suitable to meet resident needs. There is an annual maintenance plan that includes electrical testing and tagging (last completed March/April 2025). Checking and calibration of medical equipment was included in the maintenance plan (last completed in November 2025). There are no double/shared rooms. Each unit has a dining area and separate communal lounge areas. Bathrooms, kitchenette and service areas have vinyl surfaces. There are adequate storage areas for mobility equipment. Staff interviewed confirmed there is sufficient equipment to provide the care outlined in the residents' care plans.</p> <p>Fittings, fixtures, and flooring is appropriate throughout the facility. Equipment/accessories are available to promote resident independence. All resident rooms in the facility are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. The residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares. There are heat pumps in resident rooms and communal areas. All heaters in resident rooms and communal areas can be individually adjusted to suit individual preferences. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. Furniture is arranged around to create a homely and welcoming environment.</p> <p>The dementia unit is secure. Resident rooms have vinyl planking, and resident rooms have been personalised to suit the resident. There are adequate numbers of accessible bathroom and toilet facilities throughout the unit. Communal toilets and showers have a system that indicates if they are vacant or occupied. The dementia unit has a large open plan lounge dining room with a small kitchenette which overlooks the communal area. The secure garden areas are freely accessible to residents. All rest home bedrooms have an ensuite. The corridors, communal areas and rest home rooms are carpeted. Group activities occur in the main lounge, and residents interviewed</p>
--	--

		<p>stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. The facility has a resident van with current registration and a warrant of fitness. The van can accommodate a wheelchair.</p> <p>The business and care manager reported when there is a planned development for the building, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 21 June 2000. Fire evacuation drills are held six-monthly; the last one was completed on 25 September 2025. Civil defence supplies are stored in identified cupboards and are checked six-monthly. In the event of a power outage, there is a gas BBQ available for cooking. There is no generator on site; however, the service has an agreement in place with a local contractor to provide one if needed. The contractor's details are in the emergency plan.</p> <p>There are adequate supplies in the event of a civil defence emergency, including food supplies for three days and water supplies (two water tanks and bottled water) to provide residents and staff with ten litres person per day, for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. Emergency procedures for the facility were explained to the audit team at the beginning of the audit.</p> <p>A minimum of one person trained in first aid is always on duty. There are call bells in the residents' rooms and in toilets and showers and lounge/dining room areas. Indicator lights are displayed above resident doors. Call bells are tested regularly. The residents were observed to be near the call bells. Residents and family/whānau</p>

		<p>interviewed confirmed that call bells are answered.</p> <p>The building is secure after hours, and staff complete security checks at night. Doors and gates are closed at predetermined times.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Woburn Waipukurau quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors.</p> <p>Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Health New Zealand and Public Health services. Infection prevention and control and antimicrobial stewardship resources are accessible. Any significant events are managed using a collaborative approach involving the infection control team, the GP, and the public health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The facility manager (RN) is the infection control coordinator, and is informed of any outbreaks, which are reported immediately.</p> <p>The facility manager (RN) collects infection data monthly on infection rates and presents these at the quality/staff meetings. Data was being benchmarked monthly and feedback/graphs provided to staff as part of their quality programme. This information is included in the national business planning process and strategies. The infection control coordinator reports at the monthly quality/staff meeting and this information is reported through to the national infection control group bi-monthly and to the Board. The infection control coordinator described their linkages in place as a result of joining a regional aged care clinical care group. This includes representatives from other aged care organisations and access to Health New Zealand infection control specialist teams, who provide local /regional support and advice as and when needed.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	FA	<p>The facility manager (RN) is the infection control coordinator overseeing the infection control programme. There is a signed job</p>

<p>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>	<p>description. The infection control programme has been approved by the management team, infection control coordinator, and Board. The infection control programme is discussed at quarterly infection control meetings and data is included in the monthly facility manager quality reports, which are discussed at Board level. Infection prevention and control is also a part of facility meetings.</p> <p>A suite of infection control policies and procedures are available to staff, including outbreak management; staff vaccination policy; usage of PPE; communicable diseases; and hand hygiene. Input into clinical procedures policy documents is sought from the organisation's national infection control team, which includes clinical leaders and infection control representatives from all the organisation's aged care facilities. Staff provide feedback on new and updated policies/procedures. Policies and the infection control plan have been approved at an organisational level. The infection control policies have been updated and reflect the spirit of Te Tiriti o Waitangi. Support and learning resources are made available through Health New Zealand.</p> <p>A comprehensive organisational pandemic plan is in place. Personal protective equipment is available, and a comprehensive stock balance is maintained to support any outbreak.</p> <p>Training is part of orientation and ongoing training is led by the infection control coordinator.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. There are procedures to check these are monitored through the internal audit system. Infection prevention and control is part of facility meetings. The management team described a clear process of involvement, should there be plans for development and ongoing refurbishments of the building.</p> <p>The facility manager oversees the provision of equipment and consumables required for the service.</p> <p>Educational resources in te reo Māori can be accessed online if needed and there is a comprehensive hard copy of resources available for staff and residents. The infection control coordinator is</p>
--	--

		<p>able to consult with the cultural committee to ensure culturally safe practice and to provide educational resources, acknowledging the spirit of Te Tiriti o Waitangi.</p> <p>All staff are required to complete infection control education and are trained in cultural safety. Staff interviewed provided examples of adhering to culturally safe practices around infection control in relation to their roles. The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed infection control training through an external provider, and training is provided through online sources and Health New Zealand.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial stewardship policy. The facility manager monitors use of antimicrobials through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Board immediately.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The infection control coordinator (supported by a clinical pharmacist funded by the regional public hospital) monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, resident infection summary forms, and medical notes.</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>Infection surveillance is an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Internal benchmarking takes place by surveillance of all infections (including organisms) and is entered into a monthly infection summary. Ethnicity data is included in infection data. This data is monitored and analysed for trends and patterns by the quality group</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and infection control coordinator and is included in the facility manager's monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed and a review of staff meeting minutes. The infection control coordinator described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection. The service receives information from Health New Zealand services for any community concerns. The infection control coordinator described developing action plans, where required for any infection rates of concern.</p> <p>There has been one outbreak since the previous audit (Norovirus in December 2025). This outbreak was appropriately reported, with evidence provided of maintenance of infection outbreak logs. Information pertaining to residents and staff affected was collated, outlining the length of outbreak and numbers affected. The infection control coordinator and staff interviews confirmed that debrief meetings were held to discuss what went well, and what improvements would be implemented on the next occasion.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements the organisation's waste and hazardous management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms.</p> <p>There are two sluice rooms with appropriate PPE, a sanitiser, and adequate bench space. Cleaning trolleys are kept in a locked cleaners' cupboard when not in use.</p> <p>Chemical bottles are labelled with manufacturer labels and are</p>

		<p>refilled using a chemical dispensing unit. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, masks, and visors. Observation confirmed that PPE was used in high-risk areas.</p> <p>Staff receive training and education in waste management, chemical safety, and infection control as a component of orientation and of the mandatory training.</p> <p>There are designated laundry staff who provide laundry services seven days per week. Personal clothing, sheets and towels are all laundered on site. There is a dirty to clean workflow in the laundry. Cleaning is provided by caregivers who work to a schedule that is spread between all three shifts. Residents and family/whānau interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes, which is reviewed by the infection control coordinator. An external chemical provider monitors the effectiveness of chemicals and laundry procedures.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint minimisation and safe practice policies and procedures are in place. Woburn Waipukurau is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator is the facility manager.</p> <p>There were no residents using any restraints at the time of the audit. The facility manager described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed, who also described their commitment to maintaining a restraint-free environment.</p> <p>A restraint register is maintained on the electronic resident management system. The criteria on the restraint register contains enough information to provide an auditable record of restraint should</p>

		this be required. Restraint minimisation, de-escalation, and challenging behaviour is included as part of the mandatory training plan.
--	--	--

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 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 26 caregivers in total; 11 have completed their level four qualifications, four level three, and four have completed their level two NZQA qualification. There are 12 caregivers rostered across the dementia unit. Six have completed and four are enrolled to complete their dementia standards. Two caregivers who have worked in the dementia unit for over eighteen months, have not completed the required dementia standards qualification.</p>	<p>Two caregivers who have worked in the dementia unit for over eighteen months, have not completed the required dementia standards qualification.</p>	<p>Ensure staff working in the dementia unit complete the required dementia standards qualification within the timeframes documented in the contract.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the</p>	PA Low	<p>The service has comprehensive policies related to assessment, support planning,</p>	<p>There are insufficient detailed interventions in long-term care</p>	<p>Ensure that there are comprehensive</p>

<p>development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>and care evaluation. Registered nurses are responsible for completing assessments (including interRAI), developing resident-centred care interventions, and evaluating the care delivery six-monthly, or earlier as residents' needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals.</p> <p>The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care. However, interventions in long-term care plans reviewed were not detailed to provide guidance for staff in the delivery of care.</p> <p>Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p>	<p>plans to guide staff in the delivery of service, with examples as follows:</p> <p>Three of six residents whose files were reviewed and did not have specific interventions around oral care, where activities of daily living had been raised as a trigger. One of these had dentures, one with their own teeth, and one with no teeth.</p> <p>A dementia care resident who had a trigger raised for weight gain, lacked specific detail in the care plan interventions around management of this.</p> <p>A dementia care resident who had a trigger raised for urinary incontinence, did not have any interventions in the care plan to manage this.</p>	<p>interventions documented to provide guidance for care staff for delivery of resident specific care needs.</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.