

Hospital & Rehab Rotorua Limited - Makoha Rotorua

Introduction

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

The audit has been conducted by Quality Health Authority, 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:	Hospital & Rehab Rotorua Limited
Premises audited:	Makoha Rotorua
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory
Dates of audit:	Start date: 8 April 2026 End date: 8 April 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:	31



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

Hospital & Rehab Rotorua Limited – Makoha Rotorua (hereafter referred to as Makoha Rotorua) provides care for up to 32 residents at rest home, hospital (medical and geriatric), and residential disability (physical, intellectual and sensory) levels of care. On the day of the audit there were 31 residents. There have been no changes to the organisation since the last audit.

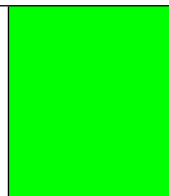
This unannounced surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included a review of policies and procedures, a review of residents and staff files, observations, and interviews with residents, family/whānau, management and staff. A general or nurse practitioner was not available to be interviewed.

The facility manager is a registered nurse and has a wealth of experience in aged care nursing and nursing education. They are supported by a clinical nurse manager, a clinical unit coordinator and a team of registered nurses, healthcare assistants and other staff.

There were no shortfalls identified at the last certification audit. This audit identified no shortfalls.

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.

There is a Māori health plan and a Pacific health plan implemented. The service aims to provide high-quality and effective services and care for all residents.

Residents and family/whānau are provided care in accordance with the Code of Health and Disability Services Consumers' Rights (the Code). The service is free of abuse and discrimination. Residents and family/whānau are included in making decisions about their care and treatment.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

Makoha Rotorua is privately owned by two directors who are registered medical practitioners. The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement initiatives are implemented. Internal audits, meetings, and collation of data were documented as taking

place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations. Clinical governance is overseen by the directors.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and the facility manager and one director have overall responsibility for health and safety. Adverse events, hazards and risk information is reported to the directors each month.

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

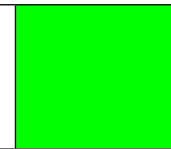
Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents care plans are implemented with input from the resident and family/whānau. These consider the physical, social, cultural and spiritual components of the resident's well-being. The medicine management system is appropriate for the service. Staff who administer medication are competent to do so. The discharge and/or transfer of residents is safely managed. The kitchen has a current food control plan, and meals are well presented and varied. Residents with specific dietary requirements have these met.

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.

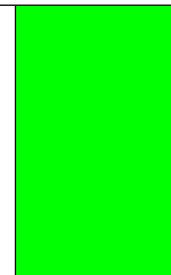


Subsections applicable to this service fully attained.

There is a current building warrant of fitness. Clinical and electrical equipment are checked for safety. Rooms are personalised.

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

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

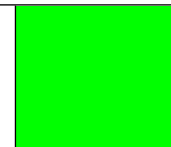


Subsections applicable to this service fully attained.

The infection prevention programme is appropriate for the size, complexity, and type of service. A registered nurse implements and monitors the programme. A monthly surveillance report is analysed and presented at staff and quality meetings.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.



Subsections applicable to this service fully attained.

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

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is implemented. This document and the business plan acknowledge Te Tiriti o Waitangi as a founding document for New Zealand and aims at ensuring staff are trained in Te Tiriti o Waitangi, tikanga, Te Whare Tapa Whā model of care, that barriers for Māori are removed and mana motuhake is upheld. The service recruits and employs staff who identify as Māori. During the audit there were residents who identify as Māori. Staff receive ongoing training in Te Tiriti o Waitangi, cultural awareness, tikanga and culturally safe practice as part of the annual in-service education programme. There is signage throughout the facility in te reo Māori. Interviews with the facility manager (FM), clinical nurse manager (CNM), clinical unit coordinator (CUC), healthcare assistants (HCA), registered nurses (RN), receptionist and cook included examples of providing culturally safe services in relation to their roles.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</p>	FA	<p>A Pacific health plan is in place. This is in accordance with the Ministry of Health Pacific Plan and acknowledges the importance of respectful relationships, valuing family/whānau and providing high quality healthcare for all people. During the audit there were staff who identified as Pacific people. Staff receive ongoing training in cultural safety and awareness as part of the in-service education schedule that includes recognising the</p>

<p>achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>world view, cultural and spiritual beliefs of Pacific people. During the audit there were residents who identify as Pacific people. Cultural needs are assessed during the assessment and care planning processes.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff advised they are aware of the Code and discussed their responsibilities regarding providing care in compliance with the Code. Observation during the audit confirmed care is provided according to the Code. Information about the Code is given to residents and family/whānau on admission to the service and this was confirmed by residents and family/whānau. Residents and family/whānau interviewed expressed they understood their rights under the Code and their rights are upheld.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>There was no evidence or reports of abuse, neglect or exploitation during the audit. Staff discussed signs of abuse and neglect, including the actions they would take should they observe these. They also discussed professional boundaries and demonstrated knowledge of these and gave examples of behaviours/actions that were inappropriate.</p> <p>Residents and family/whānau advised that they had not witnessed abuse or neglect and confirmed professional boundaries are maintained. Residents and family/whānau reported personal belongings are treated with respect.</p> <p>Residents comfort funds are managed by the CNM and the administration person. Receipts of purchases are kept, and transactions are maintained and coded using a recognised software programme. Residents and family/whānau confirmed they are satisfied comfort funds are managed appropriately and securely.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	FA	<p>Staff stated they obtain verbal consent from residents prior to completing routine tasks such as supporting them with toileting and showering,</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>administering medication, and evidence of this was seen during the audit. Clinical records and admission agreements sampled held signed consent documents. These included for example taking photos, the provision of routine medical care, participation in outings and the collection and storage of health information. Residents and family/whānau confirmed they were provided with information to inform their decision making.</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 management policy and procedures are in accordance with the Code and are communicated to residents and family/whānau. The FM has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The FM maintains a complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Since the last audit there have been seven internal complaints in 2026, nine in 2025 and three in 2024. Review of documentation related to complaints showed complaints were acknowledged, investigated and resolved to the satisfaction of the complainants within the required timeframes. Complainants were informed of the outcome of the investigation. The complaints were of a minor nature and no trends were identified. Residents and family/whānau interviewed confirmed management took their concerns seriously and resolved complaints to their satisfaction. Since the last audit there have been no external complaints received.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The FM acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Makoha Rotorua provides care for up to 32 residents at rest home, hospital (medical and geriatric) and residential disability (physical, intellectual and sensory). Since the last audit two beds have been closed. On the day of the audit there were 31 residents: eight rest home (including one with an intellectual disability funded by the Accident Compensation Corporation [ACC]) and 23 hospital level (nine under the age-related residential care contract [ARRC], three young person disabled [YPD] and nine funded by ACC and two respite with physical disabilities funded by ACC. There are 16 hospital level care beds, seven rest home beds and nine beds are certified as dual purpose. All rooms are for single occupation. Hospital level residents were in rooms certified for hospital level.</p> <p>The governing body for Makoha Rotorua is the two owners/directors who are both registered medical practitioners with experience in owning and operating aged care and residential disability services since 2011. One of the directors is a clinical psychiatrist and a member of the Australian New Zealand Royal College of Medical Administrators and has a Master’s degree in health management. They currently work for Health New Zealand. The other director has vocational medicine in their scope and is a professor at the University of Otago teaching occupational health and acquired brain injury. This director runs the health and safety programme. Both directors ensure compliance with legislative, contractual and regulatory requirements by overseeing all aspects of the service including implementation of the quality plan. Both receive ongoing training in cultural awareness, Te Tiriti o Waitangi and equity for Māori and Pacific people. The directors provide clinical governance.</p> <p>Makoha Rotorua has a current business plan in place with clear goals to support their documented vision, mission, and values. The name Makoha translates to kind hearted, gentle and considerate. The model of care sits within this framework and incorporates the Māori concept of wellbeing, Te Whare Tapa Whā. The “Makoha Model” promotes individuality, enabling and supporting residents to make choices best suited to them and treating all people holistically. The model honours and incorporates Te Tiriti o Waitangi across all aspects of service delivery. Both directors demonstrate leadership and commitment to quality and risk management. The business plan includes the scope of services, direction for future planning and goals for which progress to achieving these are evaluated at planned intervals.</p>
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		<p>Regular management meetings are held with the directors to report on occupancy, adverse events, infections, staffing, maintenance and opportunities for improvement.</p> <p>Quality goals for 2026 have been defined, including but not limited to maintaining a resident focus, reducing adverse events, maintaining resident safety and mana motuhake, equity of access, maintaining a happy and harmonious atmosphere and investing in staff orientation and training. The FM reports to the owners on a monthly basis on progress of the goals, quality data, staffing, occupancy, maintenance of the building, grounds and equipment and staff training. A sample of these reports were reviewed.</p> <p>The FM and CNM have both maintained at least eight hours annually of professional development activities related to managing an aged care and residential disability home. This includes cultural training, specific to Te Whare Tapa Whā and te ao Māori.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>A quality and risk management programme is in place that allows Makoha Rotorua to track their progress against the quality goals. Quality goals are documented and progress towards quality goals is reviewed regularly at staff meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors and staff injuries. The service actively looks for opportunities to improve through quality initiatives and analysis of clinical indicator data. The service is currently focussing on: falls reduction for residents who fall frequently through staff training and development of strategies for individual residents; reducing the rates of infection; increasing the service's cultural response for Māori and Pacific people by planning to appoint a Kaumatua for residents; reducing barriers to equity through ongoing staff training; and increasing connections with the disability community.</p> <p>Meetings are held monthly for all staff, RNs and the management team. There are regular resident and family/whānau meetings. Residents and family/whānau interviewed stated they could approach the FM and CNM at any time to raise concerns. Staff meetings include (but are not limited to): tabling the previous minutes, matters outstanding, incidents and accidents,</p>

	<p>clinical indicators as above, internal audit reports, corrective actions, human resources, education, compliments and complaints, policy updates, results of satisfaction surveys, general business and actions going forward.</p> <p>Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are communicated to staff in the meetings. Resident and family/whānau surveys were completed in 2025 with overall a high degree of satisfaction with all aspects of the service.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance the organisation is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The FM and one of the directors maintain oversight of the health and safety system and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are reported, collated and categorised. Twelve incident forms were reviewed and these evidenced immediate action taken and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by an RN. The adverse event reporting policy is in accordance with the National adverse event reporting policy.</p> <p>Discussion with the FM evidenced awareness of their requirement to notify</p>
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		<p>relevant authorities in relation to essential notifications. There were three section 31 reports to HealthCERT since the last audit. There have been two notifications to the Health Quality and Safety Commission since the last audit relating to falls with fracture. Since the last audit there has been one outbreak of Covid-19. This was appropriately reported to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The FM and CNM are onsite five days per week and share after-hours on-call. There is always a registered nurse on duty. The maintenance person is available for maintenance and property related calls.</p> <p>Staff on the floor on the day of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the FM and CNM provide good support.</p> <p>Review of the rosters showed any gaps in staffing due to absences were covered by casual or regular staff picking up extra shifts. Residents and family/whānau interviewed reported there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and is aligned with Ngā Paerewa. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All senior HCAs and RNs have current medication competencies. Registered nurses, HCAs, activities staff, and kitchen staff have a current first aid certificate.</p> <p>Healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 27 HCAs in total and 22 have achieved NZQA level three or above.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for RNs related to specialised procedures or treatments including (but not limited to) infection</p>

		control, wound management, medication, monitoring blood glucose levels, insulin competencies and management of syringe drivers. At the time of the audit there were 14 RNs including the CNM and CUC. Eleven have completed interRAI training. Staff have completed training that covers equity/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care and disability nursing.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>A register of current annual practicing certificates was sighted and included all RNs, podiatrists, physiotherapist, pharmacists and general and nurse practitioners. The scope of practice for registered health professionals and HCAs is validated prior to employment.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and new staff are buddied with experienced staff until they are confident and competent in their role.</p> <p>Staff files were reviewed including two RNs, two HCAs and a cleaner. The files included evidence of completed orientation, training and competencies, and professional qualifications on file where required.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <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>	FA	<p>Residents had individualised support provided that met the physical, cultural, spiritual, and social dimensions of their wellbeing. Records sampled verified interRAI assessments, care-plans and general practitioner (GP) admission assessments had been completed within the required timeframes.</p> <p>Assessments included, for example, pressure area risk, pain, falls risk, dietary and continence assessments. A documented social history of the resident was available in each record. InterRAI reviews and care plan updates occur six monthly and this was confirmed in the records sampled, and by residents and family/whānau interviewed.</p>

		<p>Care plans are developed by RNs and included interventions that reflected the interRAI identified opportunities to optimise the resident's well-being. The plans reflected the residents' strengths, goals and aspirations and aligned with their documented values and beliefs. Strategies to maintain and promote the residents' independence and wellbeing, were documented.</p> <p>Early warning signs and risks that may affect the resident's wellbeing were documented and strategies to manage these were documented in the care plan. Staff were aware of the resident's social circumstances, risks, behavioural management strategies and care-plan interventions and discussed how they incorporated this information into the resident's daily care. Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. Healthcare assistants stated the RN was advised immediately of any changes in a resident's condition. Progress notes, observations during the audit and interview with resident's and their family/whānau, confirmed assessments and care plans were developed in collaboration with the resident and family/whānau. Monthly vital signs and weights are documented.</p> <p>Records and interviews with residents and family/whānau confirmed the GP reviews residents three monthly, or more often if required. A GP was unavailable for interview.</p> <p>Residents and family/whānau stated they are happy with the care provided, they feel included in care planning, and are given sufficient information to make choices in their care options.</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>	FA	<p>The medication management system is appropriate to the size and scope of the service and reflects current recommended best practice. An electronic system is used for the prescribing and recording of the administration of medication. A pre-packaged system is used by the pharmacy to dispense medications. The pharmacy delivers medications and collects medications that are no longer required. An RN checks the medications prior to placing them into shelving that is sectioned into individual resident labelled areas. The medication charts sampled included allergies and sensitivities and had been reviewed by a GP within the previous three months.</p>

		<p>Staff who administer medication discussed the medication competency programme and confirmed they completed it at least annually. This was confirmed in education records. Staff described their responsibilities in relation to all stages of medication management.</p> <p>The medication room is locked, and only RNs have access to it. The room is temperature monitored and maintained within an acceptable range. Stored medications on site are appropriate to the type of service. An RN stated they were used only on the written instructions of a GP and in circumstances when the pharmacy was unable to provide the required medication within an appropriate time frame. Controlled medications are stored appropriately and documentation of these reflect legislative requirements. Medications requiring refrigeration are kept in a designated fridge that is temperature monitored and accessible to staff only. All medications are labelled as per requirements.</p> <p>There was one resident self-administering medication at the time of the audit. Staff described the process used to monitor the resident's compliance and the effectiveness of the medication being self-administered. The resident was unavailable to be interviewed. The medication was stored securely in the resident's room.</p> <p>The GP was unavailable to comment on medication management.</p> <p>Standing orders are not used in this service.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All food is prepared on site. The menu is varied and reflects the nutritional needs of the residents. The cook described food choices available to ensure residents with specific dietary needs have these met. The kitchen held information relating to the specific dietary requirements of the residents, and further detailed information was held in a folder. All residents have a nutritional assessment completed on entry, including likes, dislikes, allergies, intolerances, and cultural preferences. This is reviewed by an RN in conjunction with care plan reviews. The cook confirmed kitchen staff are updated of any changes.</p> <p>There is a current food control plan, with an expiry date of 4 November 2026.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Resident's requiring acute care are assessed by an RN on duty at Makoha Rotorua. If required, the RN arranges for the resident to be transported via ambulance to the public hospital. Residents with semi-acute needs are transported to the public hospital in the service's van by a staff member on-call. The resident is also assessed by the RN on duty. The interRAI transfer form is printed and completed by the RN, along with the resident's medication records, advance directives and/or signed resuscitation status. If the resident has made an advanced care plan (ACP) this is also included. A copy of recent progress notes and a recent discharge letter from the public hospital will also be sent with the resident if appropriate.</p> <p>Family/whānau are notified of the transfer by the RN and this was verified in clinical records and by family/whānau interviewed.</p> <p>Planned discharges occur with resident and family/whānau involvement, when a resident's needs are no longer able to be met by the service. Family/whānau are informed, and discussion occurs regarding the care requirements of the resident and ongoing care provision options. An interRAI trained RN completes an interRAI assessment that reflects the current care needs of the resident, and this information is provided to the NASC. Upon discharge relevant information is provided to the new service provider. This process was verified by a family/whānau member interviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and</p>	<p>FA</p>	<p>The building warrant of fitness is current to 24 May 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There is sufficient equipment to support residents with disabilities including hoists and ceiling hoists in some rooms. There is a comfortable looking lounge for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the grounds. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings as viewed on the day of audit.</p>

function.		The planned maintenance schedule includes calibration and testing of clinical equipment, last completed in June 2025. Testing and tagging of all electrical appliances was completed in July 2025. Hot water temperatures are tested monthly and are maintained below 45 degrees Celsius.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention (IP) programme implemented is suitable for the size and scope of the service provided. It was developed by an organisation with infection control expertise and had been reviewed by the FM, CNM and infection prevention nurse to accurately reflect the specific needs of the service. The IP was approved by the directors. Monthly reports that provide an overview of the implementation and effectiveness of the programme are provided to the directors. An RN is the IP nurse and oversees the implementation of the programme. The IP is reviewed annually. The 2025 IP review was sighted. Infection prevention is discussed at staff and quality meetings. This was confirmed by staff and documented in meeting minutes.</p> <p>Infection prevention education is provided to all staff during orientation and regularly thereafter. The education programme is planned by the CNM, FM and IP nurse. The content of the education programme is relevant to the type of services and reflect current practice trends. Health New Zealand/Te Whatu Ora (HNZ) resources are used to support the programme. This was verified by education records and staff interviews.</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 surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare associated infections is appropriate to the size and type of service. The surveillance programme is documented, and standard definitions are used relating to the type of infection acquired. National surveillance programmes and guidance are applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results.</p> <p>Monthly surveillance data is collected by the IP nurse. This is analysed and reported to the CNM, FM and directors. It is also reported at staff and quality meetings. The data includes ethnicity data. Trends and opportunities to improve arising from the data are considered by the CNM, FM and IP nurse and implemented as required.</p>

		<p>There has been one outbreak of Covid-19 since the last audit, this occurred in January 2026. Isolation precautions were implemented including the use of personal protective equipment (PPE). No residents were hospitalised because of the outbreak.</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>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to becoming restraint-free. This is supported by the directors, management, and staff. During the audit there were seven residents using a restraint, including bed rails, lap belts and a chest harness. The restraints had been approved by the GP in consultation with the family/whānau and the restraint coordinator (an RN). Informed consent processes were completed according to the policy. Monitoring and review was occurring as per the policy and residents' care plans.</p> <p>Restraint training which includes policies and procedures related to restraint, cultural training, falls prevention and de-escalation strategies is completed as part of the mandatory training plan and orientation. Records of training and completed competencies were sighted.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.