

# Tricrest Healthcare Limited - Cook St Nursing Care Centre

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Tricrest Healthcare Limited
<b>Premises audited:</b>	Cook St Nursing Care Centre
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 1 April 2026      End date: 2 April 2026
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	30

# Executive summary of the audit

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## 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.

## General overview of the audit

Cook St Nursing Care Centre provides age-related rest home and hospital level services for up to 30 residents. The facility is currently owned and operated by Portwell Care Limited.

This provisional audit was conducted in anticipation of a sale of the facility to Tricrest Healthcare Limited. It included a review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, managers, staff, and a general practitioner.

An interview was also conducted with the prospective buyers. Both directors of Tricrest Healthcare Limited are registered nurses and they are currently providing aged care services in New Zealand. There is a transition plan in place to manage the service that includes registered nurse support. The sale of the business is expected to occur in May 2026.

The audit identified that improvements are required in relation to the transfer of staff in the facility to Tricrest Healthcare Limited, the completion of performance appraisals, and management of the food control plan.

## Ō tātou motika | Our rights

Cook St Nursing Care Centre provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There were health plans in place that encapsulated care specifically directed at Māori and Pacific peoples.

Cook St Nursing Care Centre worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents, whānau, and staff interviewed. Cultural assessments are in place to inform the cultural care plan.

There were no residents who align with Pacific communities in the facility at the time of the audit; however, systems and processes were in place to enable Pacific peoples to be provided with services that recognise their worldviews and are culturally safe. There were staff employed in the service who aligned with Pacific communities.

Residents and whānau interviewed confirmed that care was provided in a way that met their needs. Residents and whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. Care was inclusive and acknowledged each person's unique identity and experiences; furthermore, cultural preferences and individual histories are incorporated into daily activities and care plans, fostering trust and a keen sense of belonging among residents and their whānau.

Residents are encouraged to participate in care planning, ensuring their voices are heard in decisions that affect their daily lives. Care plans were formulated to reflect and respect the choices and preferences of residents and/or their whānau, ensuring that individual needs and wishes remained central to the delivery of care. Documentation demonstrated that residents and their whānau were consistently kept well informed regarding all aspects of their care and the services offered.

Residents and their whānau received clear information and engaged in care decision-making. Communication was open, and interpreter services were available. Whānau and legal representatives took part in lawful decision-making, and advance directives were respected when possible.

There have been no complaints at Cook St Nursing Care Centre, but processes were in place to ensure that, if complaints were to be made, they would be resolved promptly and effectively in collaboration with all parties.

## **Hunga mahi me te hanganga | Workforce and structure**

The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to the cultural needs of Māori. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities. The facility manager (who is a director of the service) is suitably experienced in governance and management in aged care, as are the prospective providers; all have completed education in cultural awareness, Te Tiriti o Waitangi, and health equity. There are two nurse managers (who have a shared role across seven days); they also have completed education in cultural awareness, Te Tiriti o Waitangi, and health equity.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals. The quality and risk management systems were focused on improving service delivery and care. Residents and whānau provided regular feedback and staff participated in quality activities. An integrated approach included the collection and critical analysis of quality improvement data, identifying trends that led to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. Adverse events were documented, with corrective actions implemented. The service complied with statutory and regulatory reporting obligations.

Staff were suitably skilled and experienced. They had been orientated into the service and were managed using current good practice. Staffing levels were sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing competency and learning supports safe and equitable service delivery.

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

A transition plan is in place to transfer the facility to the prospective provider.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Upon admission to Cook St Nursing Care Centre, a person-centred and whānau-centred approach was implemented. Comprehensive and relevant information was provided to prospective residents and their whanau.

The service collaborated with residents and their whānau to assess, plan, and evaluate care. Individualised care plans were developed based on thorough assessments, accommodating any emerging concerns as they arose. Documentation reviewed indicated that care consistently met the needs of residents and their whānau, and evaluations occurred regularly and in a timely manner.

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

Medicines were safely managed and administered by staff who had been assessed as competent to manage this function.

The food service met the nutritional needs of the residents, with special and cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities (tāngata whaikaha).

Staff had been trained in emergency procedures, the use of emergency equipment and supplies, and attended regular fire drills. Staff, residents and whānau interviewed understood emergency and security arrangements. Residents and their whānau reported a timely staff response to call bells. Security was being maintained.

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

The facility manager/director and the infection control coordinator at Cook St Nursing Care Centre ensured the safety of residents, visitors and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service. It was adequately resourced. The experienced and trained infection control coordinator led the programme and was engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Cook St Nursing Care Centre had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan. Aged care-specific infection surveillance was undertaken, with follow-up action taken as required.

The environment supported the prevention and mitigation of transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

## Here taratahi | Restraint and seclusion

The service is a restraint-free environment. This is being supported by the governing body and policies and procedures.

There were no residents using restraint at the time of audit; however, a comprehensive assessment, approval, and monitoring process, requiring regular review, is in place should restraint use be required in the future.

A suitably qualified restraint coordinator who is a registered nurse manages the process. Staff interviewed demonstrated a sound knowledge and understanding of the restraint process, providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

### 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	24	0	2	1	0	0
Criteria	0	165	0	2	1	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>Cook St Nursing Care Centre (Cook St) provides an environment that supports residents' rights and culturally safe care. There was a health plan in place that was specifically directed at Māori, with a culturally appropriate model of care (Te Whare Tapa Whā) to guide culturally safe services.</p> <p>Cook St works in partnership with local Māori (Rangitāne), Te Puna Hauora Māori Health Service, and Health New Zealand – Te Whatu Ora (Te Whatu Ora) to support Māori accessing the service and to enable service integration, planning, and equity-focused approaches. There are policy and procedures in place to support and encourage a Māori worldview of health in their service delivery. Policy and procedures are externally sourced and have had the input from tāngata whenua. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). This was confirmed by residents and their whānau interviewed, who reported that they felt culturally safe.</p> <p>Policies and procedures in place are clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. Cook St promotes applications from Māori applicants when</p>

		<p>they apply for employment opportunities, in accordance with the Māori health plan. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff employed in the service who identified as Māori. One of the Māori staff acts as the kaitiaki (a guardian or protector) for the service.</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>Cook St has a Pacific Peoples Culture and General Ethnicity Awareness Policy in place, developed with input from cultural advisers, which describes how the organisation will respond to the cultural and spiritual needs of residents who align with Pacific communities. The plan documents care requirements for Pacific peoples to ensure equitable and culturally appropriate services and has a culturally appropriate model of care (Fonofale) to guide culturally safe services. There were no residents who aligned with a Pacific community in the facility during the audit.</p> <p>Partnerships enable ongoing planning and evaluation of services and outcomes. The service maintains a link with Pacific Island community groups through the Papaioea Pasifika Community Trust (PPCT) and through two Pacific staff members.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing capacity by employing more staff who align with Pacific communities across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified with a Pacific community in the service.</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>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was prominently displayed on a poster in both Māori, English and New Zealand Sign Language (NZSL). Brochures on consumer rights and the Nationwide Health and Disability Advocacy Service (advocacy service) were available at both entrances. Brochures</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>were also included in the information packs provided to residents and whānau on admission. Staff were knowledgeable regarding accessing the Code in additional languages if required. The prospective owner was aware of their responsibilities in regard to providing a health and disability service, and their obligation to comply with the Code.</p> <p>Staff interviews revealed a thorough understanding of the Code's requirements and the advocacy service. Training had been provided to staff by the advocacy service in 2026. Observations during the audit provided tangible examples of staff supporting residents according to their preferences. Staff were seen asking residents about their daily choices and adjusting activities or routines to match individual needs. Interviews with a volunteer (who visited regularly), residents and whānau also confirmed that staff consistently demonstrated respectful and considerate conduct toward residents. Additionally, all residents and whānau interviewed expressed appreciation for the staffs' attentive approach, noting that staff listened closely to their concerns and provided support that respected their dignity, privacy, and personal identity.</p> <p>The service maintained a culturally diverse workforce and ensured access to interpreter services, cultural advisors, and advocacy support as required. A designated kaitiaki role was established within the service and supported to develop capability in te reo Māori, promoting its use across the organisation and supporting culturally responsive practice. This role contributed to building staff awareness and capability to meet the needs of Māori. The service had established relationships with local Rangitāne iwi to support culturally appropriate care, including access to tikanga Māori and traditional healing practices where requested.</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</p>	<p>FA</p>	<p>Cook St provided inclusive, respectful support to residents. Residents and their whānau, including those with disabilities (tāngata whaikaha), confirmed services upheld their dignity, privacy, identity, and individual choices. Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga</p>

<p>way that is inclusive and respects their identity and their experiences.</p>		<p>Māori being promoted.</p> <p>All staff at Cook St had received training in Te Tiriti o Waitangi and cultural safety. Staff could learn and speak te reo Māori, supported by Māori residents, Māori staff and the Cook St kaitiaki. Care plans for Māori residents recognised their cultural identity and uniqueness.</p> <p>Staff demonstrated awareness of residents' advance directives and shared goals of care and actively promoted their independence. Support was provided for residents to establish advance care plans. Residents confirmed they were enabled to pursue activities meaningful to them, as evidenced during the audit.</p> <p>During the audit, staff consistently ensured the privacy of all residents, each of whom was accommodated in a private room. Cook St engaged in a recent nationwide event whereby a security event aligned to the electronic medication system used by Cook St had resulted in a privacy breach. This included nine residents' medication records being tampered with. Evidence was sighted that Cook St had taken the required action to maximise residents' safety, minimise risk, and address the privacy breach. The Privacy Commissioner, residents and their whānau had been notified of the breach and the action being taken to minimise the impact.</p> <p>Cook St appropriately addressed the needs of tāngata whaikaha and facilitated their engagement in te ao Māori. Training covering the aging process, diversity, and inclusion, and incorporated specific instruction on support for individuals with disabilities.</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>	<p>FA</p>	<p>Employment practices at Cook St included reference checking and police vetting. Policies and practises at Cook St ensured residents were protected from discrimination, exploitation, abuse, and neglect; staff followed a well-defined code of conduct. Employees understood the procedures in place to address abuse and/or neglect and took active steps to counter institutional and systemic racism. Residents' possessions and finances were safeguarded. Professional boundaries remained consistently upheld.</p>

		A holistic model of health at Cook St was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Seven residents and six whānau interviewed expressed a high degree of satisfaction with the services provided at Cook St.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Cook St residents and whānau interviewed indicated that communication was clear and effective, and that their perspectives were acknowledged. Information was presented in an accessible manner in both English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at Cook St had been held regularly in addition to regular contacts with whānau by email, telephone calls, texts, and daily chats. The facility manager (FM) and nurse managers (NMs) were available and accessible, chatting and assisting residents daily.</p> <p>Evidence was sighted of residents communicating with all staff, including the FM and NMs. Residents, whānau and staff reported that the FM (who is also a director/owner of the service) responded promptly to any suggestions or concerns.</p> <p>Health status changes were promptly shared with residents and their whānau. Incident reports showed that whanau were notified of events, and records confirmed ongoing contact with the resident's enduring power of attorney (EPOA) or whānau. There was also documentation of referrals to other agencies as needed.</p> <p>Evidence was sighted that, following the recent security breach, residents and whānau were informed and kept up to date with progress.</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</p>	FA	Residents at Cook St and/or their legal representatives were provided with the information necessary to make informed decisions. They reported that they felt empowered to actively

<p>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>participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent, including tikanga guidelines for residents who identified as Māori.</p> <p>Advance care planning, shared goals of care, establishing and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. The kaitiaki and the local iwi were available to support residents where needed.</p> <p>An interview with a volunteer who visits daily (and has done so for many years) stated "the residents are very happy here" and "The staff are excellent and Cook St is part of the community". They stated that residents who reside here are actively involved in the community and the community participates in Cook St, "the care provided is excellent." The volunteer stated that they had never witnessed any abuse, neglect, or incidents of unpleasantness.</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 was being provided to residents and whānau on entry to the service. A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Advocacy and complaints information was available in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been no formal complaints received since the last audit. This was supported through interviews with residents and their whānau, and through meeting minutes and the resident satisfaction survey. There were a variety of avenues available to make a</p>

		<p>complaint or express a concern. The process in place is transparent and enables complaints to be easily received, with processes in place to investigate and inform the complainant of the outcome of their complaint.</p> <p>There have been no complaints received from Māori in the service, on the contrary, Māori residents and their whānau interviewed reported that culturally appropriate information sharing was taking place. There are, however, processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g, through face-to-face interaction, the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There had been no complaints received from other external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Portwell Care Limited, as the governing body, assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha. Meaningful Māori representation to governance was provided through policies and procedures sourced from an external contractor to ensure compliance with cultural, legislative, contractual, and regulatory requirements, and through the kaitiaki of the service (with whom the directors/owners work closely). Electronic copies of policy documents were available to staff. Compliance with legislative, contractual and regulatory requirements is overseen by the directors/owners of the service, with external advice sought as required.</p> <p>The leadership structure, including for clinical governance, was appropriate to the size and complexity of the organisation. The FM and NMs are registered nurses (RNs) and have undertaken education courses on Te Tiriti o Waitangi, health equity, and cultural safety, as have the prospective providers, who are also RNs.</p> <p>Equity for Māori, Pacific peoples, and tāngata whaikaha is addressed through the policy documentation and enabled through</p>

	<p>choice and control over supports and the removal of barriers that prevent access to services and information (e.g, bilingual signage and information in other languages for the Code, complaints, advocacy, and infection prevention and control). Cook St promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pacific peoples. The prospective providers are aware of their responsibilities to health equity, and Māori and Pacific people's health needs.</p> <p>The 'Vision for Cook Street Plan' identifies the purpose, values, direction, and goals for the organisation, with monitoring and review of performance at planned intervals. The plan supports cultural safety and the improvement of equitable outcomes for Māori, Pacific peoples, and tāngata whaikaha. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed. Ethnicity data is being collected and analysed to support equity. The new providers intend to work from this plan in the first instance.</p> <p>Governance commits to quality and risk via policy and processes; there were feedback mechanisms from the facility to governance on quality and risk activities. Clinical governance is appropriate to the size and complexity of the service. The FM at Cook St is an RN with significant aged-care, business, and management experience. Two other experienced RNs work in tandem as the NMs for the service seven days per week. The FM and NMs confirmed knowledge of the sector and regulatory and reporting requirements, and all maintain currency within the field.</p> <p>The prospective purchaser is a privately listed company that consists of two directors. One of the directors will work as the operations manager for Cook St and the other facility owned by the company following the purchase. It has been agreed that the prospective providers will be assisted by the current FM and NMs until all contracts have been transferred to the prospective provider. Both directors of Tricrest Healthcare Limited (the prospective providers) are RNs. They have significant experience and understand the Ngā Paerewa standard and the contracts held with Te Whatu Ora. Relevant funders have been notified of the potential</p>
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		<p>change of ownership of the facility. The facility will be under the prospective purchaser's governance from the date of settlement; this is expected to be around May 2026.</p> <p>Internal quality data collection (e.g, adverse events, complaints, internal audits, infections, antibiotic use, and restraint use) is collected, critically analysed and trended, with identified corrective actions completed where deficits are identified. A sample of monthly and annual reports showed that adequate information to monitor performance is reported.</p> <p>Processes are in place, outlined in policy documentation, for residents and staff to contribute to quality improvement through the ability to give feedback at meetings and in surveys. Staff meeting minutes sighted confirm staff can give feedback, and this is addressed and documented. People receiving services and their whānau participate in planning and evaluation of services through communication pathways, resident meetings, and the resident satisfaction surveys.</p> <p>The service holds contracts with Te Whatu Ora for the provision of age-related residential care (rest home and hospital), short-term residential care (respite), younger people with disabilities (under 65), complimentary care (health recovery), and mana whaikaha. During the audit, nine residents were receiving rest home care (eight under ARRC agreements, and one receiving complimentary care), and 20 hospital-level care (one under the respite contract). No residents were receiving services under the Whaikaha or Mana Whaikaha contracts. One resident in the service was fully private</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</p>	<p>FA</p>	<p>The FM and NMs described the processes for the identification, documentation, monitoring, critical review and reporting of risks, including health and safety risks, and development of mitigation strategies. The FM and NMs were committed to quality and risk via the service's quality and risk management plan, and through policy.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. The organisation has a planned quality and risk system that reflects the principles of</p>

<p>governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>continuous quality improvement. This includes the management of adverse events/hazards (including the monitoring of clinical incidents such as falls, injuries, pressure injuries, choking, behaviours that challenge, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. The prospective providers intend to use the current quality systems and processes, which align with the systems in use at the other facility the company owns.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. Relevant corrective actions are developed and implemented to address any shortfalls. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner. Internal audits were completed, with corrective actions identified. A review of two medication error incidents (from last six months) were noted, both occurred during the nationwide electronic medication management issue when paper copies of medication charts were in place. Review of medication competency for the RN involved had been completed.</p> <p>Quality data was communicated and discussed with staff along with any corrective actions required, and this was confirmed at staff interview and from meeting minutes. Three-monthly management/quality and staff meetings are held. Minutes of staff/quality and RN meetings evidenced detailed discussion on quality indicators. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity has been occurring, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>Residents and whānau and staff contribute to quality improvement through communication pathways, care planning activities,</p>
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		<p>meetings, and through satisfaction surveys. A resident/whānau survey conducted in 2026 showed a high level of satisfaction with the services being provided by Cook St, with 100% of respondents saying they would recommend Cook St services to others. A staff satisfaction survey also conducted in 2026 showed a high level of satisfaction, with 89.5% reporting they were proud to be working there and 94.7% reporting that they felt valued.</p> <p>The FM and NMs understood essential notification reporting requirements; there have been no Section 31 notifications to HealthCERT at Manatū Hauora/Ministry of Health or notifications to the Health Quality &amp; Safety Commission (HQSC) completed in the last 12 months.</p> <p>There is one legislative compliance issue for the prospective provider to be aware of. This relates to the privacy breach affecting nine residents following the nationwide electronic medication management system security breach. The FM of Cook St notified the Privacy Commissioner of the breach on 22 February 2026; a response from the Privacy Commissioner acknowledging the submission was sighted.</p> <p>A transition plan is in place to transfer the facility to the prospective provider. The new provider is currently in negotiation with current staff to transfer employment from one provider to the other, including the positions of the FM and NM (refer to criterion 2.3.1). The current FM confirmed that they will make themselves available to the prospective provider for a period of time following the transfer of services. There is no intention to make major changes to the current service or its staffing following the transition.</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</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A roster provides sufficient and appropriate coverage for the effective delivery of care and support, and the facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met.</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>	<p>The FM works five days per week, and two NMs each work 40 hours per week across seven days; all share the on-call roster. There is RN cover in place 24/7. The prospective provider has advised that staffing will remain as currently employed, except for negotiating with two of the RNs to fill the FM and NM positions. The process to transfer employment has commenced but is not yet completed (refer criterion 2.3.1). Staff reported there were adequate staff rostered to complete the work allocated to them. Residents and whānau interviewed supported responsive care and attention. At least one staff member on duty had a current first aid certificate 24/7 on the rosters sighted.</p> <p>The employment process, which includes a position description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. All staff are required to complete orientation, which is documented. Competency assessments are completed as part of the orientation and a record of completion is maintained. Additional RN specific competencies include medication management, syringe driver, and interRAI assessment competency. Medication competency for care staff as second checkers for medication is in place. All the RNs (including the NMs) are interRAI trained. Both of the prospective directors currently hold interRAI competency.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pacific peoples, and tāngata whaikaha. Related annual competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education. Training and support for users of the service were primarily through the care planning process, meetings, and ongoing interaction with RN staff.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. The 2026</p>
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		<p>staff satisfaction survey showed high levels of satisfaction from workers in the service. Staff wellness is encouraged through participation in health and wellbeing activities. Staff have access to an external counselling service if required.</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>PA Low</p>	<p>Except for performance monitoring, human resources management policies and processes were based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development (refer criterion 2.4.5). Position descriptions were documented for each role that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio. Qualifications and registration (where applicable) had been validated prior to employment, with annual practising certification (APCs) for health professionals checked annually.</p> <p>A sample of six staff records were reviewed. These evidenced implementations of the recruitment process, the provision of employment contracts, and completed induction and orientation. The induction and orientation programme covers the essential components of the service; staff reported that the induction and orientation programme prepared them well for the role, and evidence of completion was seen in files reviewed.</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard and is actively seeking to recruit Māori and Pacific peoples at all levels of the organisation, dependent on vacancies and applicants. Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed that the opportunity for debrief and support is available to them.</p>

<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Cook St maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held electronically; it was username- and password-protected, with access dependent of role. Any paper-based records were held securely and only available to authorised users.</p> <p>All on-admission demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Residents' files were integrated and electronic. Clinical notes were current, integrated and legible, and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident or staff information was on public display during the audit.</p> <p>Medication management records for nine residents were recently compromised due to a nationwide security breach of the system. When the NM on duty became aware of the breach on 22 February 2026, a response protocol was implemented. This included the immediate cessation of the electronic medication system and a transition to a paper-based system. The facility reviewed its medication records in consultation with its dispensing pharmacy. Full operational capacity was maintained throughout this period.</p> <p>A general notification to residents and their whānau was completed between 24 and 26 February 2026. The residents and whānau of the nine affected individuals were notified of a confirmed breach on 18 March 2026, following a comprehensive system check. At that time, an electronic notification of the privacy breach was also submitted to the Office of the Privacy Commissioner and was subsequently acknowledged.</p> <p>The facility has since completed a comprehensive device security check on 4 March 2026 and initiated system updates for all computing equipment used within the service.</p> <p>Cook St is not responsible for the National Health Index registration</p>

		of people receiving services.
<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>Residents were welcomed into Cook St when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Cook St provided, and when they had chosen Cook St to provide the services they required.</p> <p>Residents and their whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Cook St collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Cook St had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by either contacting the local Rangitāne iwi, Te Puna Hauora Māori Health service, or Te Whatu Ora. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to Cook St, residents were enabled to request another provider to manage their medical needs if desired.</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</p>	FA	<p>On admission to Cook St, a multidisciplinary team collaborated with the resident and their whānau to help promote the resident's wellbeing. Six residents' files were reviewed: four hospital files, and two rest home files. These files included residents who had had an acute event requiring transfer to an acute facility, residents with a chronic wound, residents with behaviours that challenged, residents who had a recent unwitnessed fall, residents who identified as Māori, and residents who were recently admitted.</p>

<p>whānau to support wellbeing.</p>		<p>Six files reviewed verified that an RN developed a plan of care that documented the care the resident required to meet their needs, following a comprehensive assessment. The assessments included clinical evaluations and input from residents and whānau as needed, consideration of the person's lived experience, cultural needs, values, and beliefs, and which considered wider service integration, where required. Residents who had experienced unwitnessed falls had an RN assessment and neurological observations for the required timeframes. Residents with wounds had evidence of interventions that enabled improvements to be evidenced using photographs. Residents with behaviours that were a challenge had interventions documented and evaluations to evidence the effectiveness of these.</p> <p>All assessment and care planning timeframes met contract standards. Policies ensured tāngata whaikaha and whānau could participate in service development, maintain choice and control, and access information without barriers. Providers understood Māori concepts of oranga and supported Māori and whānau in identifying pae ora outcomes in care plans, with required support clearly documented and communicated. This was confirmed through document reviews, resident record sampling, interviews, and observation. Medical conditions were tracked and evaluated regularly, with care plans updated as needed in consultation with residents and whānau.</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 diversional therapist (DT) at Cook St provided an activities programme that supported residents in maintaining their inclusion in the local community and contributed to maintaining and developing their interests. The programme was dynamic and was supported by a number of community organisations and a number of volunteers. At the beginning of each year, these groups meet with the DT and plan the programme and their involvement with Cook St for the year. Cook St residents enter the region's 'Bra Art' competition each year. They decorate bras, provided by the hospice, and enter them in the competition to raise money for breast cancer. Bras are on display at a venue in town, where everyone can enter and vote. The residents also participated in the 'Relay for Life' to raise money for</p>

		<p>cancer; not by walking, but rather they had a knitathon and raised money. Residents entered and won the 'Active games' in 2025; this is a games event in the region, where they compete against other similar facilities.</p> <p>Cook St residents are active in the community on a regular basis. Every Thursday they go to the mall for lunch and shopping with the assistance of the supportive volunteers, and residents eat what and where they choose. Residents also go for lunch monthly to the Cosmopolitan Club, and to a local 'pub' at other times. The library service assesses all new residents admitted at Cook St, to see if they want to access library books. Church services are held at Cook St regularly, and community groups, pre-school children, school groups, the Lions club, entertainers, and other groups visit often. Residents are enabled to attend community activities of their choice and participate in activities that are of interest to them.</p> <p>Activity assessments and plans focused on personal interests and identities. Activities matched residents' goals and routines, including community events. Māori and whānau participation in te ao Māori was supported. The activities programme included opportunities for residents to be involved in food preparation.</p> <p>Satisfaction surveys evidenced that residents and their whānau were satisfied with the activities provided at Cook St. Residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they found the programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was sighted on the day of the audit.</p> <p>A recent nationwide outage of an electronic medication system had an impact on Cook St and included a privacy breach. The impact of that outage resulted in the facility transitioning to a full paper medication system. This was supported by a process already in place that involved downloading paper-based medication charts</p>

		<p>when changes were made. Updates to these had not been fully captured, so were provided by the pharmacy based on recent scripts issued. Processes to ensure regular downloads of medication charts, following medication changes, have now been implemented.</p> <p>The facility operated on a fully paper-based medication system until the electronic system was recommenced, following confirmation that all involved parties had implemented enhanced security measures to minimise the risk of recurrence. Two medication errors occurred while the electronic system was not in use, and these were addressed appropriately.</p> <p>All staff who administer medicines had been assessed as competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, allergies, and the action required for adverse events. Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Cook St.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</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>PA Low</p>	<p>The food service provided at Cook St was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in May 2024. Recommendations made at that time</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>had been implemented.</p> <p>At the time of the audit, the service was not operating with an approved food control plan and registration (refer criterion 3.5.5). A verification audit of the food control plan was last undertaken on 16 July 2024. The plan was due for re-audit in January 2026. This had not occurred due to a backlog by the verifying agency (as evidenced by email).</p> <p>Evidence was sighted that all aspects of food procurement, preparation, storage, and delivery comply with current guidelines. Food was stored appropriately, covered, and dated. Cleaning schedules were signed off. Fridge, freezer, cooking, and cooling temperatures were recorded.</p> <p>All residents received nutritional assessments upon admission, with daily meal plans accommodating personal, cultural, and dietary needs, including specific options for Māori and whānau. Residents could request preferred meals, and those interested were able to participate in food preparation through the activities programme.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys, and resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</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</p>	<p>FA</p>	<p>The transfer or discharge of a resident from Cook St was carefully planned and managed to meet current needs and reduce risk. The plan involved coordination between different services and active collaboration with both the resident and their whānau. The whānau of a recently transferred resident noted that they were kept fully informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>

coordinate a supported transition of care or support.		
<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>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained, and that they meet legislative requirements. The building has a building warrant of fitness that expires on 23 February 2027. Cook St has an annual maintenance plan in place that includes electrical testing and tagging, resident equipment and call bell checks, hot water testing, and calibrations of biomedical equipment. All of these were conducted to plan.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices suited to the needs of the residents. There are currently no plans for further building projects requiring consultation, but the Cook St directors/owners, the NMs of the facility, and the prospective provider were aware their obligation to ensure that consideration has been made of how designs and environments reflect the aspirations and identity of Māori.</p> <p>The facility was comfortable and accessible, and residents were observed moving freely around the areas with mobility aids where required. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are smaller spaces available if a quiet or private area is needed. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Residents' rooms are appropriate for their purpose. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. Electric heating is provided in the facility, which has ducted heating in corridor areas, heat pumps in communal areas, and an individual heater in the resident's rooms that can be controlled to their</p>

		<p>preference. The facility maintains a non-smoking environment.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated that they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have been trained and knew what to do in an emergency.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 2 February 2007, and this is reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is usually held six-monthly; the most recent drill was on 8 October 2025. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. This includes a small 6.5kw generator, safety equipment (including light and warmth supplies), food preparation equipment, and food and water supplies for at least three days (as recommended).</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells. Staff can provide a level of first aid relevant to the risks for the type of service provided. There is always a staff member on duty with current first aid certification, and first aid certified RNs are on site 24/7.</p> <p>Appropriate security arrangements are in place including closed-circuit television (CCTV) at the entrances to the facility, the carport, one of the corridors, the hospital lounge, and the kitchen and laundry area, with appropriate signage. Residents and whānau were familiarised with emergency and security arrangements. Information was provided in new resident admission packs and repeated as and when required. Exit signage was sighted throughout the facility. Facility staff wore uniforms and identifying name badges.</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>	<p>FA</p>	<p>Cook St has infection prevention (IP) and antimicrobial stewardship (AMS) programmes appropriate to the size and complexity of the service. These were provided by an external supplier and had been approved for use by the directors/owners of the facility. Infection prevention and control (IPC) are part of quality plans and they are linked to the quality improvement system, with results reviewed and reported. The infection control programme is reviewed annually, with significant issues escalated through an effective communication pathway to the directors/owners of the service.</p> <p>The directors/owners have identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and part of the service's quality programme. Documentation sighted reflected the reporting of IP and AMS information, providing information on the planned IP and AMS programmes and any corrective actions arising from deficits identified. Infection prevention and AMS information is discussed at the facility level, at quality meetings. Events and trends are reported monthly and managed at increasingly senior levels; through the care team, the clinical team, and to the FM (who is an owner/director) as required. Staff at Cook St collect data on infections and antibiotic use across ethnicity to support equity in IP and AMS programmes.</p> <p>One of the facility's NMs undertakes the role of infection control coordinator (ICC) to oversee infection control and prevention across the service. A position description outlines the responsibility of the role.</p> <p>Expertise and advice are sought as required following a defined process that includes escalation of significant events, most notably to the facility's GP, the IP clinical nurse specialist from Te Whatu Ora, and Regional Public Health (RPH).</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	<p>FA</p>	<p>The ICC at Cook St was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the FM. The ICC had the appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making</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>decisions around procurement relevant to care delivery, facility design or building changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural advice at Cook St was accessed through the kaitiaki of the service and other staff who identified as Māori. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p> <p>Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best-practice guidelines. Individual-use items were discarded after being used. Staff who identify as Māori and speak te reo Māori can provide the ICC with infection advice in te reo Māori if needed for Māori accessing services. Educational resources in te reo Māori are available, accessible, and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and assessed. Adequate personal protective equipment (PPE) supplies were sighted and confirmed by staff during interviews. Staff received PPE training, and residents and their whānau were regularly educated about infection prevention through meetings and on notice boards.</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>	<p>FA</p>	<p>Cook St had a documented AMS programme in place committed to promoting the responsible use of antimicrobials. The AMS programme had been developed using the evidence-based expertise of an external advisory company and had been approved for use by the directors/owners of the facility. Policies and procedures were in place that complied with evidence-informed practice.</p> <p>The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.</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>	<p>FA</p>	<p>Cook St undertook surveillance of infections appropriate to that recommended for long-term care facilities, and this was in line with priorities defined in the infection control programme. Cook St used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed by the ICC to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to the directors/owners of the service and shared with staff. Surveillance data included ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment was maintained at Cook St to support infection prevention and control of antimicrobial-resistant organisms. Appropriate PPE was provided to staff responsible for handling contaminated materials, waste, and hazardous substances, as well as those involved in cleaning and laundering activities. Secure storage areas were available and accessible to staff as needed. Chemicals were properly labelled and safely stored within designated areas, with a closed system in place. Sluice rooms facilitated the safe disposal of soiled water and waste. Handwashing facilities and sanitising gel were accessible throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry at Cook St was laundered off site, except for residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p>

		<p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p> <p>The ICC role includes oversight of the facility testing and monitoring programme for the built environment.</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>Maintaining a restraint-free environment is the aim of the service; restraint has not been used in the service since 2022. At the time of the audit, no residents were noted to be using a restraint. If restraint were to be used to promote safety, it would be used as a last resort when all alternatives have been explored. At all times when restraint is considered, the facility would work in partnership with Māori to promote and ensure services are mana enhancing. Restraint is included in the minutes from staff/quality and RN meetings. Should restraint be used in the future, this would be seen as a significant event and would be reported to the directors/owners of the facility.</p> <p>Policies and procedures were in place to meet the requirements of the Standard. The restraint coordinator (RC) is a defined role, undertaken by one of the NMs of the facility. They provide support and oversight for restraint management should this be required, and a position description is in place for the role.</p> <p>Maintaining a restraint-free environment is included as part of the education and training plan. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint</p>

		<p>monitoring. Staff interviewed were knowledgeable about the restraint processes and the oversight required if restraint was in use.</p> <p>The restraint approval group would include the RC, the FM, the resident's GP; they would be responsible for the approval of the use of restraints and restraint processes should these be required. There are clear lines of accountability, all restraints must be approved, and the overall use of restraint then monitored and analysed. Processes require that the resident (if able) and whānau/EPOA participate in decision-making.</p> <p>The NMs interviewed described the focus on maintaining a restraint-free environment and stated that the directors/owners of the facility are supportive of providing equipment resources to ensure a restraint-free environment. The prospective provider also supports a restraint-free environment and reports that they will maintain the policies and processes in place and equipment to alleviate the need for the use of restraint.</p> <p>Given no restraint is being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	Staffing is currently in place to meet the needs of residents and their whānau, including management roles. The prospective provider has met with the staff and has already begun the process of offering employment agreements to current staff, but this is not yet finalised.	Staffing is not yet in place to provide culturally and clinically safe services under the new provider, including management roles.	<p>Provide evidence that sufficient staff, including management staff, have been employed under agreements with the new provider to meet culturally and clinically safe service delivery.</p> <p>7 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>Cook St policy documentation requires annual performance appraisals; however, these had not been completed for all staff in the files reviewed. Of the six files reviewed, four staff members (from a total workforce of 33) had not received a recent performance appraisal. Two of the six files reviewed contained appraisals completed in 2026.</p> <p>The FM was aware of this issue and had</p>	Not all staff have had an opportunity to discuss and review performance on an annual basis as defined in policy documentation.	Provide evidence to show that staff have had an opportunity to discuss and review performance on an annual basis as defined in policy documentation and prior to the transfer of facility management to the new provider.

		compiled a list of outstanding appraisals. This list identified eight staff members (including the four noted above) as due for appraisal.		30 days
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Low	<p>The service, at the time of audit, was not operating with an approved food control plan and registration. A verification audit of the food control plan was undertaken on 16 July 2024. Seven areas requiring corrective action were identified. These were signed off as being addressed on 17 January 2025 and the plan was verified for 18 months. The plan was due for re-audit in January 2026. This had not occurred due to a backlog by the verifying agency. The verifier has communicated this to Cook St in an email; additionally, the email states that as Cook St is on step 5 (the highest step) and due to a proposed change of ownership in the near future, they will not attend to this matter until the new owners have taken over management of the facility.</p>	<p>The service, at the time of audit, was not operating with an approved food control plan and registration.</p>	<p>Provide evidence that Cook St is operating with an approved food control plan.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.