

Steele Park Limited - Steele Park Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Steele Park Limited
Premises audited:	Steele Park Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 April 2026 End date: 9 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:	35

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
Yellow	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
Red	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

Steele Park, which is a member of the SoundCare Group, provides hospital and rest home aged residential care at its Hamilton City facility. The home is certified to provide care for up to 42 residents, if the three double rooms are each occupied by two residents. On the days of the audit, there were 35 residents, and no rooms were shared.

This certification audit process included review of policies and procedures, review of residents and staff files, observations, and interviews with residents, family members, the owners, and members of the executive/governance group, the facility manager, clinical manager staff, a visiting physiotherapist and a general practitioner by telephone. Significant changes to the service since the 2023 surveillance audit include a change of facility manager and clinical manager.

A quality initiative that led to the opening of a whānau room was completed in 2024. This was recognised as a continuous improvement in subsection 4.

There were no improvements identified as a result of this audit.

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.

Steele Park provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities. Steele Park 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, and this was confirmed by Māori residents and staff interviewed.

Pacific residents and staff stated that service provision recognised their worldviews and was culturally safe.

Residents and their whānau were informed of their rights under the Code, and these rights were consistently upheld. The service protected residents from abuse and respected their dignity, privacy, and independence. Care was inclusive and acknowledged each person's unique identity and experiences.

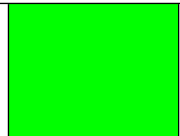
Residents and their whānau were informed of their rights under the Code, and these rights were consistently upheld. Residents are encouraged to participate in care planning, ensuring their voices are heard in decisions that affect their daily lives, and privacy is maintained during personal care routines. 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.

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 participated in care decisions. 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.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The owners and members of the executive team assume accountability for delivering a high-quality service. The cultural adviser identifies as Māori and is a member of the executive team/governance group, which works in ways that improve outcomes for Māori and people with disabilities, honouring Te Tiriti and reducing barriers.

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

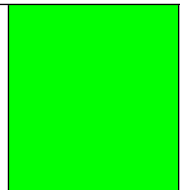
The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff participate in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifies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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Upon admission to Steele Park, a person-centred and whānau-centred approach was implemented. Comprehensive and relevant information was provided to prospective residents and their families.

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.

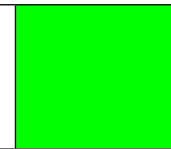
Medicines were safely managed and administered by staff who were competent to do so.

The food service was safely managed and 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

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



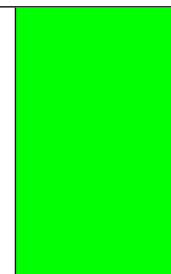
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. External areas are safe and accessible to meet the needs of people with disabilities, and shade and seating is provided.

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

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

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



Subsections applicable to this service fully attained.

The facility manager/owners/clinical manager and the infection control coordinator at Steele Park ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) 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. Steele Park 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

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.
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The service is maintaining a restraint-free environment. This is supported by the governing body and policies and procedures. There have been no residents using restraints since the SoundCare Group purchased the care facility in 2022.

There are comprehensive assessment, approval and monitoring processes available should any restraint be required. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Steele Park has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. The SoundCare Group appointed a cultural adviser in 2025, and the care home has strengthened its relationships and liaisons with local Māori organisations. The cultural adviser ensures there is service integration, planning, equity approaches, and support for Māori.</p> <p>An overarching Māori Health Plan outlines Māori models of health care. The Māori and Cultural strategy describes integrating cultural practices with clinical interventions and includes equity as it relates to health care. Staff have ready access to the cultural practice manual that was introduced in 2025. This includes, for example, karakia, waiata, common te reo Māori phrases, and guidance on tangihanga. The cultural adviser has provided training to all staff on its contents. There are culturally appropriate assessment and care plans in use for residents who identify as Māori. Approximately 10% of the residents had recognised Māori lineage.</p> <p>Māori residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce</p>

		<p>across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa 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>The SoundCare Group has an overarching Pacific Health Plan that aligns with Ola Manuia and detailed policies that describe the cultural practices for specific Pacific nations.</p> <p>Steele Park staff know and work in partnership with local Pacific communities and organisations to support culturally safe practices for Pacific peoples using the service, and to promote equity. Partnerships enable ongoing planning and evaluation of services and outcomes. A Pacific resident interviewed felt their worldview and cultural and spiritual beliefs were embraced.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported. There are Pacific staff employed across various roles.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was prominently displayed in a range of languages, including te reo Māori and English, throughout the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service were available in the reception area. One aspect of the Code is discussed at the residents' meeting each month. Staff were knowledgeable regarding access to the Code in additional languages if required.</p> <p>Staff interviews revealed a thorough understanding of the Code's requirements and the advocacy service. Observations during the audit provided tangible examples of staff supporting residents according to their preferences. Staff were observed asking residents about their daily choices and adjusting activities or routines to match individual needs. Interviews with residents and whānau confirmed that staff consistently demonstrated respectful and considerate conduct toward residents' rights.</p> <p>Residents and whānau interviewed expressed appreciation for the staff's attentive approach, noting that staff listened closely to their</p>

		<p>concerns and provided support that respected their dignity, privacy, and personal identity.</p> <p>Steele Park had a range of cultural diversities in its staff mix, and staff can assist if interpreter assistance is required. Steele Park also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with the local iwi, Te Ngaakau-aa-Kiwa charitable trust, Kaupapa Māori service providers, and the Māori health team at Health New Zealand – Te Whatu Ora (Te Whatu Ora). The organisation’s cultural advisor supports staff to enable residents who identify as Māori to have their needs met. One staff member and three residents at Steele Park identified as Māori. Steele Park recognised mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Steele Park provided inclusive, respectful support to residents. Residents and their whānau, including those with disabilities, confirmed that services upheld dignity, privacy, identity, and individual choices.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>All staff at Steele Park received training in Te Tiriti o Waitangi and cultural safety. Staff could learn and speak te reo Māori, supported by Māori colleagues, residents, and the cultural adviser. Care plans for Māori residents recognised their cultural identity and uniqueness.</p> <p>Staff demonstrated awareness of residents’ advance directives 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. Steele Park appropriately addressed the needs of tāngata whaikaha and facilitated their engagement in te ao Māori. Training covering the aging process, diversity, and inclusion 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>Reference checks and police vetting were carried out by Steele Park. Policies ensured protection from discrimination, exploitation, abuse, and neglect, and staff followed a well-defined code of conduct. Employees actively implemented procedures addressing abuse and neglect, and took steps to counter institutional and systemic racism. Residents' possessions and finances were safeguarded. Professional boundaries remained consistently upheld.</p> <p>A holistic model of health at Steele Park was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Nine residents and seven whānau members interviewed expressed satisfaction with the services provided at Steele Park.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and their whānau at Steele Park 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 in day-to-day greetings, meetings, meals, 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 Steele Park were held regularly in addition to regular contacts with whānau by email, phone calls, the open-door policy of the facility manager (FM) and clinical manager (CM), and a monthly newsletter. A notification on the noticeboards advised when the next resident and whānau meeting will be held.</p> <p>Evidence was sighted of residents and whānau communicating with all staff, including the FM and the CM. Residents, whānau and staff reported that the CM responded promptly to any suggestions or concerns.</p> <p>Health status changes were promptly shared with residents and their whānau. Incident reports showed that whānau were notified of events, and records confirmed ongoing contact with whānau or Enduring Power of Attorney (EPOA). There was also documentation of referrals</p>

		to other agencies as needed.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents at Steele Park and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting of 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, the organisation's cultural practice manual, and the cultural advisor assisted other staff to support culturally appropriate 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.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation of four complaints received since the previous audit in 2023 showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. One complaint received in March 2026 had been investigated and was open pending further communication with the complainant.</p> <p>The service assures the process works equitably for Māori by having the complaints process available in te reo Māori and by offering Māori advocacy. The cultural adviser is also available to provide support if required.</p> <p>A complaint received by the Office of the Health and Disability Commissioner in 2022 was investigated and closed in 2025</p>

		<p>subsequent to the provider carrying out remedial actions with the complainant.</p> <p>There have been no complaints received from 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>The owners/directors and the executive team assume accountability for delivering a high-quality service across all five (soon to be six) aged care facilities, with support from the senior management team, which comprises a general manager, group clinical manager, a roving RN support manager, an HR manager, and a cultural advisor who provides meaningful and substantive input to the group policy and processes. All these people have demonstrated competency in health equity, Te Tiriti o Waitangi, and cultural safety. The executive team also includes a finance manager and a payroll manager, who support the senior management team. Compliance with legislative, contractual and regulatory requirements is overseen by the senior management team and directors, with external advice sought as required.</p> <p>The group's five year (2025–2030) strategic plan identifies the purpose, mission, values, direction and goals for the organisation. The goals were being monitored and reviewed for progress at planned intervals (annually) or as required. Each care facility has its own annual business plan, which aligns with the strategic plan's goals and guides service delivery.</p> <p>A sample of management reports demonstrated that information to monitor performance is collected in relation to adverse events, health and safety, restraint, compliments and complaints, staffing, infection control, and all other aspects of the quality and risk management system.</p> <p>Minutes of monthly facility managers' and senior management meetings demonstrated a commitment to improving outcomes and achieving equity for Māori. The facility manager submits monthly data to the GM on enquiries, admissions, occupancy, meetings held, training, internal audit results, and key quality data such as complaints and compliments, adverse events, infections, restraint, pressure injuries, interRAIs completed and due, and staff injuries or matters that</p>

		<p>may involve the Accident Compensation Corporation (ACC).</p> <p>Organisational goals aim for integrated service delivery, and mana motuhake values are embedded into all levels of practice for residents. Policy outlines the service’s commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. Internal support for te ao Māori and Pacific peoples is available from the cultural advisor, through staff input, and from local health or community organisations. Māori resident health care plans align with policy and procedures.</p> <p>An experienced and suitably qualified person, who is a registered nurse with a current practicing certificate, manages the facility and day-to-day service delivery. This person, seconded as the facility manager (FM) in July 2025, was the clinical manager at Steele Park for the previous three years. The clinical manager, who is long-term employed by the group, oversees residents’ care with support from the GP and senior clinicians within the group.</p> <p>Clinical governance is overseen by the GM in consultation with the other RNs, contracted general practitioners, nurse practitioners, and community specialist nurses. This was confirmed by interview with the GM.</p> <p>Steele Park has an age-related residential contract (ARRC) with Health New Zealand – Te Whatu Ora for rest home, hospital, respite, complex medical conditions, and palliative care. The organisation also holds a service provision agreement with the ACC. Of the 35 residents on site during the audit, 23 were hospital-level care and 12 were rest home-level care. One of the rest home residents was there for short-term respite and one was funded by ACC.</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</p>	<p>FA</p>	<p>The organisation has a well-embedded and planned quality and risk system that reflects the principles of continuous quality improvement. This includes current policies and procedures, internal audits, the collection and analysis of adverse events, management of complaints, monitoring of key performance targets, restraint and infection events, and annual resident/whānau and staff satisfaction surveys. Residents, whānau and staff contribute to quality improvement through regular</p>

<p>on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>meetings and informal discussions.</p> <p>The most recent satisfaction survey of residents/whānau in December 2025 had 12 participants and revealed no major issues. Feedback from the 2025 staff survey was positive.</p> <p>Graphs displaying three months of incidents/accidents and infections were posted in the staff room and statistics of quality data are presented at monthly RN and general staff meetings, as confirmed by the sample of meeting minutes reviewed.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls that are identified through the internal audit system, feedback, incidents or complaints.</p> <p>Progress against quality outcomes and key performance targets is evaluated. Staff document and implement quality initiatives. A whānau room was opened in December 2024 following feedback from residents and families, who had no designated space to gather while supporting loved ones at the end of their lives. This initiative has been positively received. Criterion 4.1.1 is rated continuous improvement for this quality improvement.</p> <p>The policies reviewed were current and covered all necessary aspects of the service, including legislative, regulatory, and contractual requirements.</p> <p>The general manager (GM) and facility manager (FM) described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>Management understood and have complied with essential notification reporting requirements. There were six Section 31 notifications submitted in 2025. These included the change of managers, RN shortages, COVID-19 cases, an influenza A outbreak, and a police investigation. An unstageable pressure injury (acquired outside the</p>
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		<p>facility) was notified to the Health Quality & Safety Commission in March 2026.</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 the cultural adviser, tikanga, equity and Te Tiriti training, the Māori health plan, and the cultural practice manual. All staff have reliable and easy access to internal and external cultural support.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</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). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures that all aspects of service delivery are met.</p> <p>Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Each RN maintains a current first aid certificate, and as there is at least one RN on duty 24/7, there is always a certified first aider on site.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's funding agreement. Of the 16 care staff employed, six are at Level 4 and one is at Level 2. The other nine care</p>

		<p>staff are internationally qualified nurses.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. The group of staff interviewed expressed a high level of job satisfaction and described excellent working relationships across their teams. They stated that there were sufficient staff rostered on each shift and that regular education supported their professional development.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role.</p> <p>Professional qualifications and current practising certificates with the Nursing Council of New Zealand for RNs had been validated prior to employment. Evidence of current practising certificates for contracted medical professionals, such as the GPs, pharmacist, podiatrist and physiotherapist, was sighted.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was sighted in the seven staff files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed by the sample of staff files sighted.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>There are policies and processes for staff to be involved in a debrief and discussions following any serious incidents or challenging situations, although this had not been required since the previous audit.</p>
Subsection 2.5: Information	FA	Steele Park maintained quality records that complied with relevant legislation, health records standards, and professional guidelines.

<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>Information was either held electronically and password protected, or as hard-copy files. Any paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were integrated electronic and hard-copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were up to date, integrated, and legible, and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Steele Park is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents were welcomed into Steele Park when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Steele Park provided and had chosen Steele Park to provide the services they required.</p> <p>Whānau members 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. Steele Park collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Steele Park 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 contacting a number of Kaupapa Māori services and Te Whatu Ora Waikato. When admitted, residents had a choice about who would oversee their medical requirements. Whilst most chose the</p>

		main medical provider to Steele Park, residents were able to request another provider to manage their medical needs if desired.
<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>On admission to Steele Park, a multidisciplinary team collaborated with the resident and their whānau to help promote the resident's wellbeing. Seven residents' files were reviewed, four hospital files and three rest home files. These files included residents who identified as either Māori or Pacific, residents receiving care under an ACC contract, residents admitted with a pressure injury, residents receiving respite care, residents recently transferred to an acute facility, residents who had a recent unwitnessed fall, and residents who self-administer medication.</p> <p>Seven files reviewed verified that a RN developed a plan of care that identified the care the resident required following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considered wider service integration, where required.</p> <p>Assessments included clinical evaluations and input from residents and whānau as needed. 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. Residents who were smokers had an assessment to identify the level of risk associated with their smoking. Documentation identified the strategies required to manage the safety of staff, residents, visitors, and the facility, while assisting the resident to meet their needs. Residents who had unwitnessed falls had an RN assessment, and ongoing assessment, including neurological observations for the required time frames, in accordance with best practice standard. Residents admitted with pressure injuries had these managed in accordance with wound care guidelines or input from the wound care specialist. Wounds had, at the time of the audit, healed or were healing, as evidenced by interviews, documentation, and photographs. There were no residents with facility-acquired</p>

		<p>pressure injuries at Steele Park at the time of the audit. Ongoing reviews of care plans were undertaken, including changes made when progress was different than expected. This was confirmed through document reviews, resident record sampling, interviews, and observation.</p> <p>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 activities coordinator (AC) at Steele Park provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Residents were 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 is supported.</p> <p>The activities coordinator arranged frequent visits to local community events, and weekly shopping expeditions. Entertainers, volunteers, church groups, pets, and kapa haka groups visited the facility on a regular basis.</p> <p>The facility van enables twice-weekly outings to places and events of interest. Residents were supported to access local community events.</p> <p>The activities programme included opportunities for residents to be involved in food preparation.</p> <p>Residents' meetings are held each month and the meetings are run by one of the residents. An interview with the resident who runs the residents' meetings described how they operate. The resident keeps minutes of the meetings, which are typed and made available to all residents. If requested, the FM, CM, AC, or the cook attend the meetings. Any areas of dissatisfaction are discussed and reported to the AC, who refers the concern to the appropriate person. Corrective actions and discussions are reported back to the resident meetings.</p>

		<p>Satisfaction surveys revealed that residents and their whānau were satisfied with the activities provided at Steele Park.</p> <p>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>	FA	<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. All staff who administer medicines were competent to perform the function they managed. There was a process in place to identify, record, and document residents' medication sensitivities, allergies, and the actions required for adverse events. There had been no medicine events or errors reported since the previous audit.</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>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>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</p>	FA	<p>The food service provided at Steele Park was in line with recognised nutritional guidelines for older people. The menu was reviewed by a</p>

<p>consider my food preferences. 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>qualified dietitian on 6 May 2025. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Steele Park on 16 January 2026. Two areas requiring corrective action were identified, and these had been addressed. The plan was verified for 18 months. The plan is due for re-audit on 16 July 2027.</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 were able to participate in food preparation through the cooking and food preparation activities included in the activities programme.</p> <p>Interviews, observations, and documentation verified that residents were satisfied with the meals provided. Past evidence of residents’ dissatisfaction with the temperature of meals was identified in past resident meeting minutes and interviews. This has been addressed. Evidence of residents’ recent satisfaction with meals was verified by resident and family/whānau interviews, satisfaction surveys, and resident and family/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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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 Steele Park 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. Documentation sighted evidenced that the resident and their whānau 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 current building warrant of fitness expires on 01 December 2026. Interview with maintenance staff and records confirmed that monthly and annual checks of medical equipment, hot water temperature, and testing and tagging of electrical equipment are occurring.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Criterion 4.1.1 has been rated continuous improvement related to improving the environment to meet the spiritual and cultural needs of residents and whānau.</p> <p>External areas were safe and suitable for older people. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Five of the bedrooms have ensuite bathrooms.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. The development and opening of the whānau room involved consultation and co-design with a local iwi group, who also blessed the room. This area reflects the identify and supports the cultural needs of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. The most recent fire drill in March 2026 was conducted seamlessly and completed within an acceptable time. Staff interviewed</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) in June 2022.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. There were 900 litres of water and sufficient supplies of food stored. Power outages are managed using a battery-operated backup system and gas cooking equipment. Staff can provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place, and these have been strengthened since a theft of property in March 2026. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. It had been approved by the governing body, was linked to the quality improvement system, and was being reviewed and reported on yearly. Infection prevention and AMS are clearly outlined in policy documents. This is being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at facility level. Clinical specialists can access IP and AMS expertise through Te Whatu Ora. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and is reported to the governance/executive management meetings.</p> <p>Executive management/governance and the senior leadership team receive data on infections and antibiotic use that includes ethnicity data.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly evaluated. There are sufficient resources and personal protective equipment (PPE) available, and staff has been trained</p>

		accordingly.
<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. 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. 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 control coordinator (ICC) at Steele Park is responsible for overseeing and implementing the IP and AMS programme with reporting lines to the CM. The IP and AMS programme was approved by the governing body, is linked to the quality improvement programme, and is reviewed and reported on annually. 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 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 Steele Park was accessed through the cultural practice manual and the cultural advisor. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. 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 identified as Māori and speak te reo Māori, along with the cultural advisor, provide infection advice in te reo Māori, if needed, for Māori accessing services. Educational resources available in te reo Māori were accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and assessed. Adequate PPE supplies were confirmed by staff and verified during interviews. Staff received PPE training, and residents and their families were regularly educated about infection prevention through meetings and 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</p>	FA	<p>Steele Park had a documented antimicrobial stewardship (AMS) programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using</p>

<p>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>the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place that complied with evidence-informed practice. 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>Steele Park 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. Steele Park 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 collected, collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff. Surveillance data included ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their family/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 Steele Park to support infection prevention and control of antimicrobial-resistant organisms. Appropriate personal protective equipment 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 these designated areas, with a closed system implemented. Sluice rooms facilitated the safe disposal of soiled water and waste. Handwashing facilities and sanitising gel were accessible throughout the facility.</p> <p>Staff followed documented policies and processes for the</p>

		<p>management of waste and infectious and hazardous substances.</p> <p>The laundry service was managed by a contracted provider. The laundry was laundered on site, including 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 IP 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. The governance group demonstrated commitment to this and is supported by a member of the executive team at operational level. There was no restraint used, which has been the case since 2022. Any use of restraint would be reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards. Despite there being no restraint interventions, a restraint committee undertakes six-monthly reviews, which always include considering alternatives to restraint. Although criterion 6.1.2 is not a requirement for this service, a Māori resident is part of the restraint committee.</p>

		Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	CI	<p>Steele Park opened a family/whānau room in December 2024 following requests from residents and families who needed a private space to gather when supporting their loved ones during their end of life. The scope and design were consulted on with executive management who agreed to the conversion of an underutilised sluice room to a family/whānau room. The facility manager at the time took responsibility for planning the project and coordinated each stage by setting timeframes for construction and other related activities, such as ongoing communication and meetings with residents, whānau and staff. The progress/achievement of each stage was reviewed and documented including photos of the official opening and blessing by a local Iwi group. The room is decorated in a manner that embraces multi-cultural and spiritual practices, for example LED candles, aromatherapy, inspirational readings in various languages, comfortable soft furnishings and a refreshment area. The room is also used for GP interviews, MDT meetings or any other event that requires privacy. Ongoing evaluation related to the success of the project includes surveying people who use the room. Written feedback from users and staff showed 100% satisfaction and</p>	<p>The opening of a whānau room in the home has increased resident and whānau satisfaction and comfort.</p>

		lots of positive comments about the privacy and comfort provided. Staff were particularly pleased that they now have a space they feel proud to offer families. The establishment of the room did not affect the fire evacuation plan.	
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End of the report.