

Waikiwi Healthcare Limited - Waikiwi Gardens

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:

Legal entity: Waikiwi Healthcare Limited

Premises audited: Waikiwi Gardens

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 14 April 2026 End date: 15 April 2026

Proposed changes to current services (if any): Proposed sale of facility to Waikiwi Healthcare Limited

Total beds occupied across all premises included in the audit on the first day of the audit: 38

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.

General overview of the audit

Waikiwi Gardens Rest Home (Waikiwi Gardens) is currently owned and operated by Kyber Health Care Limited and provides rest home care for up to 45 residents. There were 38 residents living at Waikiwi Gardens on the day of audit.

Waikiwi Healthcare Limited, the prospective purchaser, has a sale and purchase agreement with Kyber Health Care Limited to purchase the rest home. The proposed date of transfer is 29 May 2026. This provisional audit was undertaken to establish the prospective provider's preparedness to deliver residential aged care services and the current owner's level of conformity with the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and its agreements with Health New Zealand – Te Whatu Ora (Te Whatu Ora).

This provisional audit process included review of policies and procedures, review of residents and staff files, observations, and interviews with residents, whānau members, directors of both Kyber Health Care Limited and Waikiwi Healthcare Limited, managers, staff, and a general practitioner. Seven rooms on the second floor of the facility are occupied under residential tenancy agreements. The residents of these rooms do not receive care and were not included in this audit.

Waikiwi Healthcare Limited is a New Zealand registered company. The directors own and operate a rest home facility providing age-related residential care services in Canterbury, New Zealand. They are experienced in delivering aged care services through their ownership of this rest home. Interview with the directors, who are both New Zealand registered nurses, confirmed their knowledge and understanding of the aged care sector and the company's preparedness to own and operate this additional facility.

Four areas for improvement were identified during the audit process, related to the quality improvement framework, monitoring of hazards and risks, staff training, and a smoking room with inadequate ventilation.

Ō tātou motika | Our rights

Waikiwi Gardens works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe. Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have knowledge of Te Tiriti o Waitangi, which is reflected in day-to-day service delivery. Residents are safe from abuse. The prospective new owner has demonstrated a sound understanding of the Code and its application in practice, including experience operating another facility where compliance with the Code has been maintained.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Kyber Health Care Limited, as the governing body, assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori, Pacific peoples, and people with disabilities.

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 are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data. Actual and potential risks are documented.

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 ongoing learning supports safe, equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

At Waikiwi Gardens, entry to the service is managed through a person-centred and whānau-centred approach. Prospective residents and their whānau are provided with relevant, clear, and timely information to support informed decision-making regarding admission and care.

Waikiwi Gardens works in partnership with residents and their whānau to assess, plan, implement, and evaluate care. Care planning is individualised and informed by comprehensive assessment processes. Care plans reflect residents' assessed needs, preferences, and goals, and are responsive to any changes in health status or emerging needs. Documentation reviewed demonstrated that care delivery is consistent with care plans and is evaluated regularly and within required timeframes.

Residents at Waikiwi Gardens are supported to maintain independence, pursue personal interests, and participate in meaningful activities. Opportunities are provided for engagement in social and community activities appropriate to each resident's age, preferences, and stage of life.

Medicines at Waikiwi Gardens are managed safely in accordance with legislative requirements and best practice. Administration is undertaken by staff who have completed appropriate training and competency assessments.

The food service at Waikiwi Gardens meets the nutritional needs of residents, including those with specific dietary and cultural requirements. Food is prepared, stored, and managed in a manner that ensures safety and quality.

Residents are referred or transferred to other health services as required to ensure continuity of care and access to appropriate specialist input.

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 equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

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

The governing body at Waikiwi Gardens ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size, scope, and complexity of the service. The programme is led by a suitably qualified and experienced infection control coordinator who has defined responsibility for oversight and implementation.

The infection control coordinator at Waikiwi Gardens is actively involved in procurement processes, facility design considerations, and the management of decontamination processes for reusable equipment, ensuring infection prevention principles are embedded across service delivery.

Staff demonstrated a sound understanding of infection prevention and control practices, including standard precautions and transmission-based precautions. Staff, residents, and whānau are informed of and familiar with the pandemic and infectious diseases response plan.

Waikiwi Gardens promotes the appropriate and responsible use of antimicrobials in line with antimicrobial stewardship principles. Infection surveillance is undertaken in a systematic manner, with results analysed, trends identified, and appropriate corrective actions implemented where required.

The physical environment at Waikiwi Gardens supports the prevention and minimisation of infection transmission. Waste management and hazardous substances are handled safely and in accordance with relevant legislation and guidelines. Laundry services are managed in a manner that ensures safe, effective processing and minimises the risk of cross-contamination.

Here taratahi | Restraint and seclusion

Waikiwi Gardens is a restraint-free environment and has been so for many years. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should any restraint be used. 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) |
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| Subsection | 0 | 24 | 0 | 1 | 2 | 0 | 0 |
| Criteria | 0 | 164 | 0 | 2 | 2 | 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) |
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| 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 |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>Waikiwi Gardens has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local Māori organisations, including Ngā Kete Mātauranga Pounamu Charitable Trust and Ngāi Tahu iwi, to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori.</p> <p>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 across roles were discussed. At the time of audit, there were staff 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> | FA | <p>Waikiwi Gardens identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and</p> |

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| <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>evaluation of services and outcomes.</p> <p>Pacific residents were unavailable for interview. Policy and training are in place to ensure their worldview, and cultural and spiritual beliefs are embraced. This is supported by Pacific staff.</p> <p>Strategies to actively recruit and retain a Pacific health workforce across roles were discussed. At the time of audit there were staff who identified as Pacific people. Staff ethnicity data is documented on recruitment and trended.</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>Staff interviewed at Waikiwi Gardens demonstrated a clear understanding of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their rights, preferences, and expressed wishes.</p> <p>Residents and their whānau reported that they were informed of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) on entry to the service and were provided with opportunities to discuss and clarify their rights.</p> <p>At Waikiwi Gardens, 'My Rights' posters are displayed in reception areas in English and te reo Māori, and residents are provided with brochures on admission outlining their rights and available supports. The Advocacy Service provides education sessions within the facility, supporting residents to understand and exercise their rights.</p> <p>Residents and whānau interviewed confirmed that they understood their rights and felt supported to exercise these within the service.</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</p> | <p>FA</p> | <p>Waikiwi Gardens supports residents in a manner that is inclusive and respectful of their identity, lived experiences, and individual preferences. Residents and their whānau, including people with disabilities, confirmed that services are delivered in a way that upholds dignity, privacy, gender identity, sexual orientation, spirituality, and personal choice.</p> |

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| <p>experiences.</p> | | <p>Staff were observed to consistently maintain residents' privacy throughout the audit. All residents at Waikiwi Gardens have access to a private room, or share a room only with informed consent. Staff demonstrated respectful practices, including knocking prior to entering rooms and ensuring doors and curtains are closed during personal cares. Residents and whānau confirmed that these practices are consistently upheld and that they were treated with respect.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout Waikiwi Gardens and are incorporated into everyday practice and interactions. The facility encourages the use of te reo Māori, and staff demonstrated a good understanding of basic language and culturally appropriate practices in their day-to-day work.</p> <p>Waikiwi Gardens ensures that health care and support workers have received education in Te Tiriti o Waitangi. However, not all education records evidenced that this had occurred; refer criterion 2.3.4. Staff were able to describe how the principles are reflected in daily service delivery. This includes working in partnership with residents and whānau, supporting participation in care, and recognising and protecting cultural values.</p> <p>The needs of tāngata whaikaha, including younger persons with a physical disability, are recognised and responded to in a way that supports inclusion, accessibility, and participation in te ao Māori where desired. Residents and whānau confirmed that cultural values, preferences, and individual needs are respected and incorporated into care planning and delivery.</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>Staff at Waikiwi Gardens demonstrated a clear understanding of the organisation's policies and procedures relating to abuse and neglect, including recognising signs and responding appropriately. Education is provided to staff in this area, supporting awareness and early identification. There was no evidence of discrimination, coercion, harassment, exploitation, abuse, or neglect identified during the audit through staff, resident, or whānau interviews, or in documentation reviewed. Residents and whānau reported feeling well cared for,</p> |

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| | | <p>respected, and supported by staff.</p> <p>Waikiwi Gardens has appropriate safeguards in place to protect residents from abuse and re-victimisation. Staff expressed confidence in reporting processes and escalation pathways and described a culture where concerns would be taken seriously and acted upon.</p> <p>Residents' property is respected at Waikiwi Gardens. Personal belongings are labelled on admission, and residents confirmed that their possessions are treated with care. Systems are in place to support the protection of residents' finances within the scope of the service.</p> <p>Professional boundaries are maintained by staff. Staff interviewed demonstrated an understanding of expected behaviours and the importance of maintaining safe, respectful relationships that uphold residents' wellbeing.</p> <p>Waikiwi Gardens promotes an environment where staff feel safe to raise concerns, including those relating to institutional and systemic racism. Staff reported feeling supported to speak up, with confidence that any concerns raised would be acknowledged and addressed appropriately.</p> <p>A strengths-based and holistic model of care is evident in practice, including the application of Te Whare Tapa Whā to support residents' overall wellbeing. Care delivery reflects a focus on physical, mental, spiritual, and whānau wellbeing, with residents and whānau confirming that care is respectful, inclusive, and responsive to their individual needs.</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.</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</p> | <p>FA</p> | <p>Residents and their whānau at Waikiwi Gardens reported that communication is open and effective, and that they felt listened to. Information is provided in a manner that is easy to understand and in formats that meet individual needs and preferences. Residents confirmed they are given adequate time to participate in discussions and make informed decisions regarding their care.</p> <p>Staff demonstrated the use of a range of communication methods to</p> |

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| <p>people who use our services and effectively communicate with them about their choices.</p> | | <p>support understanding, including verbal communication, written information, and the use of tools such as communication boards where required. This supports accessibility and ensures information can be understood and followed by all residents.</p> <p>Changes to residents' health status are communicated to relatives and whānau in a timely manner. Where other agencies are involved in care, there was evidence of effective and appropriate communication to support continuity and coordination of care.</p> <p>Open communication practices were evident, including following adverse events and during the management of complaints. Residents and whānau reported feeling informed, involved, and supported throughout these processes.</p> <p>Staff are aware of and able to access interpreter services where required, ensuring that communication needs can be met for residents and whānau from diverse backgrounds.</p> <p>Younger residents with a physical disability confirmed communication meets their needs.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | <p>FA</p> | <p>At Waikiwi Gardens, residents and/or their legal representatives are provided with the information required to make informed choices and give informed consent. Information is presented in a clear and appropriate manner, supporting understanding and enabling residents to actively participate in decision-making. Residents reported feeling empowered to make decisions about their care and to exercise choice.</p> <p>Residents are supported in decision-making, with care delivered in a way that promotes independence while recognising when additional support may be required. With resident consent, whānau are included in decision-making processes and are provided with relevant information to support their involvement.</p> <p>Nursing and care staff demonstrated a sound understanding of the principles and practice of informed consent. Practice is guided by organisational policies aligned with the Code and incorporates culturally appropriate approaches. Tikanga guidelines are available</p> |

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| | | <p>within the service and understood by staff. Staff were observed engaging appropriately, including the use of te reo Māori when interacting with Māori residents.</p> <p>Consent processes are well established. Signed consent forms are completed on admission and maintained within resident records. Advance care planning, including advance directives, and the establishment and documentation of enduring power of attorney (EPOA), are completed where applicable. Processes ensure that residents who are unable to consent have decisions made on their behalf in accordance with legal requirements, while still being included in discussions wherever possible.</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>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. Complaint forms were available for those wishing to make a complaint. An electronic complaint register is maintained and provides a record of the complaint management process and timeframes.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation.</p> <p>The service assures the process works equitably for Māori by the inclusion of whānau and use of a hui process when investigating and resolving complaints.</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</p> | <p>FA</p> | <p>The directors of Kyber Health Care Limited assume accountability for delivering a high-quality service to the residents. The directors have completed training in Te Tiriti, health equity and cultural safety. There has been Māori representation into governance through contacts in the local community and an externally contracted clinical and</p> |

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| <p>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>compliance advisor.</p> <p>Waikiwi Gardens is managed by a facility manager who has been in position since the last audit, was suitably qualified for the role, and maintained currency in the field through education. They are supported by a finance and procurement manager and a team of three registered nurses. Further support is provided by an external clinical and compliance advisor who specialises in aged-care governance and management. The leadership structure, including for clinical governance was appropriate to the size and complexity of the organisation. Compliance with legislative, contractual, and regulatory requirements is overseen by the FM and directors, with support from the external clinical and compliance advisor. Any changes are translated into policy and procedures, which were current.</p> <p>The purpose, values, direction, scope and goals are defined in a business plan, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. Equity for Māori, Pacific peoples, and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information. Specific models of care relevant to Māori and Pacific peoples are available for use for Māori and Pacific residents in the service.</p> <p>The directors demonstrated a commitment to the quality and risk management system and confirmed they felt well informed. However, there was no evidence of reporting of risks to governance at regular intervals; refer criterion 2.2.4.</p> <p>Residents, including younger people with a physical disability, and their whānau participate in planning and evaluation of services through resident meetings and satisfaction surveys.</p> <p>The service hold contracts with Te Whatu Ora for the provision of age-related residential care (ARRC) and long-term support for chronic health conditions (LTSCHC) at rest home level, including respite care. There is also a contract held with the Ministry of Social Development, Disability Support Services (DSS) to provide care for younger persons with a physical disability (YPD). On the day of audit, 38 residents were living at Waikiwi; 32 under the ARRC contract, one</p> |
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| | | <p>under the LTSCHC contract and five under the YPD contract. The facility had dispensation from DSS, dated 15 April 2026, to admit a fifth resident under the YPD contract without certification for YPD care, pending the discharge of one resident back to the community by the end of April 2026. No residents were receiving respite care. The owners are aware of their requirement to contact HealthCERT if the fifth YPD resident is not discharged as scheduled.</p> <p>The prospective owner, Waikiwi Healthcare Limited, is a New Zealand registered company based in the South Island. The directors currently own and operate one other rest home facility. They have the skills and knowledge required to govern the facility, including an understanding of the ARRC agreement and Ngā Paerewa standards, with appropriate governance reporting processes in place. There is a commitment to continued restraint elimination. They have notified the Ministry of Health and Te Whatu Ora of their prospective ownership of Waikiwi Gardens.</p> <p>The directors were interviewed and stated their intent to continue to engage the services of the external clinical and compliance advisor who has provided all policies and procedures. The current resident management system and quality management systems will remain in use. The directors stated they intend to employ all current staff, including the facility manager and registered nurses, to ensure continuity of care and services. They do not plan to make any changes to the service, other than refurbishment of the facility, at this stage. The proposed date for transition is 29 May 2026, as no changes are planned and the prospective provider will continue with all current processes no documented transition plan with timelines for change was required.</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</p> | <p>PA Moderate</p> | <p>Waikiwi Gardens had a documented quality and risk system that reflected the principles of continuous quality improvement. This included the management of incidents and complaints, internal audit activities, a regular resident and whānau satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections, and adverse events. Progress against quality outcomes related to adverse events and infection surveillance</p> |

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| <p>achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>is evaluated. However, not all elements of the quality and risk system had been fully implemented; refer criteria 2.2.2 and 2.2.4.</p> <p>Residents, whānau and staff contributed to quality improvement through annual surveys, meetings, and adverse event follow-up. The most recent resident satisfaction survey was in mid-2025, with favourable results. Negative feedback related to the food service had been acted on and improvements made. The directors and facility manager reported that they do not conduct a staff survey; staff are welcome to give feedback at the staff meetings.</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. However, evidence was not available to confirm staff had completed all relevant training; refer criterion 2.3.4.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The facility manager and director described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. However, review and reporting of risks to governance was not evident; refer criterion 2.2.4.</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, and incidents were investigated. However, it was not evident that analysis of adverse events identified areas for improvement or leads to quality improvement/corrective action planning; refer criterion 2.2.2.</p> <p>The facility manager understood and has complied with essential notification reporting requirements. There had been seven Section 31 notifications since the last audit (June 2025); these related to planned and unplanned power outages, a planned water outage, activation of the fire alarm, a MediMap outage, a missing resident, and an infection outbreak. No reporting to the Health Quality & Safety Commission had been required; however, the facility manager understood the process should this be required. There had been no</p> |
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| | | <p>police or coronial investigations since the last audit.</p> <p>The prospective owners stated that they will continue with the facility's present quality and risk systems, including policies and procedures, and will gradually implement their own system for reporting to governance. They are aware of, and comply with, statutory and regulatory obligations in relation to essential legal and contractual notification reporting.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA Low</p> | <p>There is a 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 all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is a registered nurse on call 24/7. This was confirmed in a review of rosters over a six-week period.</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 a biannual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of residents using the service and their whānau. Evidence of training was sighted; however, not all training required by the ARRC contract and Ngā Paerewa standard had been completed; refer criterion 2.3.4. Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora.</p> <p>High-quality Māori health information is accessed and used to support training and development programmes, policy development,</p> |

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| | | <p>and care delivery.</p> <p>Staff reported feeling well supported by the facility manager and the registered nurses and that they were able to discuss/raise any issues with their manager or could access external support if they required this.</p> <p>Interview with the prospective provider identified that it has policies related to staffing, skill mix, and staff changing shifts. There were no plans to change the existing roster patterns or staff. Casual staff are currently employed to cover any gaps in the roster, due to sick leave and leave, and this will continue. The two directors of Waikiwi Healthcare Limited are both registered nurses and will provide extra support to the three registered nurses currently employed.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>FA</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of eight staff personnel files reviewed showed that the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment.</p> <p>The review of staff files showed that each staff person had an orientation checklist on file that was relevant to their role; historic deficits identified at the last audit had been rectified. Staff reported that the orientation programme prepared them well for the role. These were completed and held electronically as part of the employee's file. Opportunities to discuss and review performance occur at six weeks following appointment and yearly thereafter, as confirmed in records reviewed. The review of staff files showed that appraisals were up to date, with copies of these held on the employees' files.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements. The facility manager is aware of the ethnicity of the majority of the staff, which is multicultural and includes Māori and Pacific staff members. Ethnicity data is being</p> |

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| | | <p>recorded and used to ensure equitable support can be provided.</p> <p>Staff and the facility manager stated that debrief occurs as required.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | FA | <p>Waikiwi Gardens maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. 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 current, integrated and legible, and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Waikiwi Gardens 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</p> | FA | <p>At Waikiwi Gardens, residents enter the service following assessment and confirmation of their required level of care by the local Needs Assessment and Service Coordination (NASC) agency. All NASC referral documentation, hospital discharge information, and entry-to-service records were sighted and were complete, including service authorisation for younger residents with a physical disability. Files reviewed met contractual requirements.</p> <p>Residents are admitted in accordance with clearly defined entry criteria that are available to the community and understood by staff. The admission process is well structured and responsive to the needs of residents and their whānau. All required assessments are completed on entry to the service. Whānau interviewed confirmed they were satisfied with the admission process and the information</p> |

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| <p>communicated to the person and whānau.</p> | | <p>provided at the time of entry.</p> <p>Where a prospective resident is declined entry, Waikiwi Gardens has processes in place to communicate the decision clearly and respectfully. Declines are documented, with reasons recorded and reported. Ethnicity data, including for Māori, is collected and analysed to support equity monitoring and service improvement.</p> <p>Waikiwi Gardens demonstrates a commitment to supporting Māori and their whānau through the admission process. The service has established and continues to develop meaningful partnerships with Māori communities and organisations to support culturally appropriate care. There is evidence of engagement with Māori health practitioners and services where appropriate, including an example of a Māori resident who had Māori health services involved at the time of admission. These practices support culturally responsive engagement and ensure that the needs, preferences, and cultural values of Māori residents and their whānau are recognised and upheld from the point of entry into the service.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>At Waikiwi Gardens, the multidisciplinary team works in partnership with residents and their whānau to support overall wellbeing. Care planning is based on the organisation's model of care and is developed by suitably qualified staff following comprehensive assessment. This includes consideration of the resident's lived experience, cultural needs, values, and beliefs, as well as input from whānau and involvement of external services where required. Early warning signs, identified risks, and preventative or escalation strategies are clearly documented.</p> <p>Assessment processes are robust and incorporate a range of clinical tools, including up-to-date interRAI assessments and reviews, alongside resident and whānau input. Neurological observations are completed where indicated and are appropriately documented and monitored. Timeframes for initial assessments, medical or nurse practitioner reviews, initial care plans, long-term care plans, and ongoing evaluations meet contractual and organisational requirements. Staff demonstrated an understanding of supporting</p> |

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| | | <p>Māori and their whānau to identify their own pae ora outcomes, which was evident in care planning documentation and confirmed through interviews. The residents' general practitioner (GP) was interviewed and expressed satisfaction with the standard of care provided, including referral processes and cultural supports.</p> <p>All care plans reviewed met requirements and were individualised, culturally safe, and person-centred. Goals, interventions, and evaluations clearly reflected residents' preferences, needs, and aspirations. Care planning for Māori residents demonstrated the application of the Te Whare Tapa Whā model of care, supporting a holistic approach to wellbeing across physical, mental, spiritual, and whānau dimensions.</p> <p>The management of specific medical conditions is well documented, with evidence of systematic monitoring and regular evaluation of responses to care. Outcome measures are utilised to inform care delivery. Where progress differs from expected outcomes, care plans are updated in collaboration with the resident and/or whānau. Residents and whānau confirmed they are actively involved in care planning and review processes.</p> <p>Tāngata whaikaha, including younger persons, are supported to participate in service delivery and decision-making, with examples provided of choice, control, and access to information. Residents and whānau are able to independently access relevant information to support their involvement in care.</p> <p>On the day of audit, there were residents under Younger Persons with Disabilities (YPD) contracts. Supplementary sampling confirmed that these residents were well supported, with appropriate activities in place and comprehensive assessments and ongoing care planning evident.</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.</p> | <p>FA</p> | <p>The activities programme at Waikiwi Gardens supports residents to maintain and develop their interests and is appropriate to their age, stage of life, and individual preferences. The programme is delivered by two part-time Activities Coordinators, with one newly appointed coordinator currently being supported and oriented into the role to</p> |

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| <p>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>ensure continuity and quality of service delivery.</p> <p>Activity assessments and plans are completed for each resident and reflect individual interests, identity, past and present preferences, social connections, spiritual needs, and cultural values. Activities are person-centred and aligned with residents' goals, supporting both individual and group engagement. The programme reflects normal patterns of life and includes opportunities for community involvement, such as outings and church services.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated, and community initiatives are responsive to the needs of Māori residents.</p> <p>Feedback on the activities programme is obtained through resident and whānau input and ongoing engagement. Residents interviewed confirmed that the programme meets their needs and supports their wellbeing.</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 at Waikiwi Gardens is current and aligned with the Medicines Care Guide for Residential Aged Care and recognised best practice. A safe and effective electronic medication management system was observed on the day of audit. All staff responsible for medication administration have completed competency assessments and are deemed competent to perform this function.</p> <p>Medication reconciliation is completed, and all medications sighted were within current use-by dates. Medicines are stored safely and securely, including controlled drugs, which are appropriately managed with secure storage, regular stock checks, and accurate controlled drug register documentation. Medication fridge and storage temperatures were maintained within recommended ranges.</p> <p>Prescribing practices meet legislative and best practice requirements. Medicine-related allergies and sensitivities are clearly documented, and any adverse events are managed appropriately. Over-the-counter medications, supplements, and rongoā Māori or other alternative therapies are considered as part of the resident's overall</p> |

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| | | <p>medication management, with prescribers taking these into account. General practitioners provide education to residents regarding new or changing medications.</p> <p>Three-monthly GP reviews were consistently recorded on medication charts in line with ARRC requirements. Standing orders are not used within the service.</p> <p>Self-administration of medication is supported where appropriate. Residents who self-administer have completed up-to-date competencies and have been assessed as competent by the GP. Systems are in place to ensure this is managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The food service at Waikiwi Gardens aligns with recognised nutritional guidelines for residents receiving care. The menu has been reviewed by a qualified dietitian within the last two years, and recommendations have been implemented. Ongoing dietitian oversight supports menu planning to ensure meals remain nutritionally appropriate and responsive to residents’ needs.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates under an approved food safety plan and holds a current food service certificate. A food audit has been completed by the appropriate authority. Food is safely managed, with appropriate stock control and rotation processes in place. Deliveries, including meat, are received via chilled transport, and food is stored, prepared, and transported in accordance with food safety guidelines. Temperature monitoring of food and refrigeration is consistently completed and recorded.</p> <p>Each resident has a nutritional assessment completed on admission. Nutritional care plans and individual preferences are regularly updated by care staff and communicated to kitchen staff. Special diets, allergies, sensitivities, supplements, and modified texture requirements are catered for and monitored. Māori residents and their whānau are supported with culturally appropriate food choices,</p> |

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| | | <p>and there is evidence of flexibility to meet cultural preferences.</p> <p>Residents are actively encouraged to have input into their food preparation and meal choices. Opportunities are provided for residents to participate in growing vegetables in the facility gardens, which are then incorporated into meals, supporting engagement, independence, and connection to food.</p> <p>Infection prevention practices are maintained within the kitchen environment, including appropriate hand hygiene facilities and the use of personal protective equipment where required.</p> <p>Residents and whānau reported satisfaction with the meals provided. Feedback is obtained through resident meetings, surveys, and informal discussion. Residents are given adequate time to eat in an unhurried manner, and those requiring assistance are supported in a respectful and dignified way.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | <p>FA</p> | <p>At Waikiwi Gardens, transfer and discharge processes are planned, coordinated, and managed safely in partnership with residents and their whānau. Individual risks and current support needs are identified, documented, and effectively managed to ensure continuity of care. Residents are supported to access appropriate health and disability services, including social and cultural supports, with options discussed as part of the discharge planning process.</p> <p>Transfers to hospital demonstrated safe and effective discharge and handover practices. Documentation was comprehensive, timely, and included relevant clinical information to support continuity of care. Referral processes were completed appropriately, ensuring that receiving services were well informed.</p> <p>Residents transitioning to another facility or to a different level of care experienced well-coordinated and planned transfers. Communication between services was evident, supporting seamless transitions and ongoing care needs.</p> <p>Residents and their whānau are kept informed throughout the transfer and discharge process, with clear communication and opportunities for involvement in decision-making. Whānau reported</p> |

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| | | feeling supported and well informed during these transitions. |
| <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> | PA Moderate | <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. There was a current Building Warrant of Fitness, expiring 1 February 2027.</p> <p>The facility has a maintenance person who oversees all regular and reactive maintenance. The environment was spacious, comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits.</p> <p>There were currently no plans for further building projects requiring consultation, but the directors of both Kyber Health Care Limited and Waikiwi Healthcare Limited were aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs, including younger persons with a physical disability, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. 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 four double-occupancy rooms in the facility, one room currently has two family members sharing with their consent, the remaining three double occupancy rooms are occupied by one resident each. Screens are available for privacy, and each resident has their own call bell.</p> <p>Residents' rooms were spacious and allowed room for the use of mobility aids and moving and handling equipment if required. Rooms</p> |

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| | | <p>are personalised according to the resident's preference. All rooms have a window allowing for natural light. Electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature. There are spacious and well-kept garden areas within the facility for leisure activities with appropriate seating and shade.</p> <p>An indoor smoking room is situated at the end of one corridor; the ventilation in place does not meet the requirements of the Smokefree Environments and Regulated Products Act 1990; refer criterion 4.1.1.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>The prospective providers confirmed they have a refurbishment programme planned to ensure the facility continues to meet the needs of 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> | 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. Staff interviewed knew what to do in an emergency, including how to support and evacuate the residents in the dementia unit. Staff are able to provide a level of first aid relevant to the risks for the type of service provided. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ) on 11 February 2021.</p> <p>There are adequate supplies for use in the event of a civil defence emergency or a pandemic, and which meet the National Emergency Management Agency recommendations for the region. These supplies included food, water, medical supplies, blankets, linen, torches and batteries, personal protective equipment (PPE), gas barbecue for cooking purposes, and gas cylinders. The facility has a diesel generator on site that has been serviced and is checked</p> |

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| | | <p>monthly.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place for after hours. Residents and whānau were familiarised with emergency requirements, such as evacuation arrangements and security arrangements.</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) programmes are appropriate to the size and complexity of the service; they are integral to the service provider's business planning to ensure the safety of staff and residents. The programmes have been approved by the directors and are subject to regular review, with outcomes and any required improvements reported through established governance processes.</p> <p>Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</p> <p>The prospective owners will continue with the established IP and AMS policies and systems in place.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>At Waikiwi Gardens, the infection prevention and control coordinator (IPCC) is a senior registered nurse responsible for overseeing and implementing the infection prevention programme, with clear reporting lines to senior management and governance. The IPCC has undertaken relevant qualifications and ongoing education specific to the role, demonstrating appropriate knowledge, skills, and experience. They confirmed access to the necessary resources and organisational support. Infection prevention guidance is incorporated into key decision-making processes, including procurement, care delivery practices, facility design, and policy development.</p> <p>Infection prevention and control policies are current, aligned with relevant standards, and reflect accepted best practice. Cultural</p> |

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| | | <p>advice is accessed where appropriate to support safe and responsive care. The IP programme has been approved by governance, is linked to the quality improvement system and has been reviewed and reported on annually.</p> <p>Staff demonstrated familiarity with infection prevention policies through orientation and ongoing education. However, not all education records were complete; refer criterion 2.3.4. Practice observed during the audit confirmed that staff adhere to these policies. Residents and their whānau are provided with education on infection prevention in a manner that meets their needs, with resources available, including in te reo Māori.</p> <p>A pandemic and infectious diseases response plan is in place and has been regularly tested. Adequate supplies of personal protective equipment (PPE) are available, and staff have received training in their appropriate use.</p> <p>Staff demonstrated knowledge of processes for the decontamination of reusable medical devices. Evidence was sighted confirming that equipment is appropriately cleaned, disinfected, and reprocessed, with regular auditing undertaken to maintain good practice. Single-use medical devices are not reused, or, where applicable, are managed in accordance with risk assessment processes and governing body approval.</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>At Waikiwi Gardens, responsible use of antimicrobials is promoted through a documented antimicrobial stewardship (AMS) programme that is appropriate to the size, scope, and complexity of the service. The programme is supported by current policies and procedures aligned with evidence-based prescribing guidance and has been approved by governance. Systems are in place to support safe prescribing practices, including access to diagnostic information and clinical input where required.</p> <p>The IPCC demonstrated a good understanding of antimicrobial stewardship principles and has undertaken recent education in this area. There is evidence of collaboration with the GP, including discussions focused on reducing unnecessary antibiotic use. The GP</p> |

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| | | <p>confirmed active engagement in antimicrobial stewardship practices.</p> <p>The effectiveness of the AMS programme is evaluated through monitoring antimicrobial prescribing, administration, and any associated adverse effects. Data is reviewed to identify trends and areas for improvement, with ongoing evaluation of AMS activities to support quality 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> | FA | <p>At Waikiwi Gardens, residents' health and progress are monitored through an established infection surveillance programme that aligns with the size and scope of the service. Surveillance of health care-associated infections (HAIs) and multidrug-resistant organisms is undertaken in accordance with the infection prevention programme, using standardised definitions and incorporating an equity focus, including the collection and monitoring of ethnicity data. Surveillance processes are culturally safe, and communication with residents and whānau regarding infections is appropriate and responsive to individual needs.</p> <p>Surveillance data is collected, and used to identify trends, potential causative factors, and required actions. Results of surveillance and recommendations for improvement are identified and shared with staff and the governance body in a timely manner, including through email communication, printed reports, and discussion at meetings. While this information is being communicated and acted upon, formal documentation of these discussions and analysis within quality and governance meeting minutes requires strengthening; refer criterion 2.2.2.</p> <p>A recent infection outbreak demonstrated a well-coordinated and effective response, with clear evidence of surveillance monitoring, documentation, investigation, and follow-up. Learnings from the event have been incorporated into practice to support ongoing quality improvement.</p> |
| Subsection 5.5: Environment | FA | At Waikiwi Gardens, a clean and hygienic environment supports the prevention of infection and the transmission of antimicrobial-resistant |

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| <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | | <p>organisms. Staff follow documented policies and procedures for the safe management, storage, and disposal of waste, including infectious and hazardous substances, in line with current legislation and local authority requirements. Chemicals and hazardous substances are securely stored in locked, designated areas, and appropriate personal protective equipment (PPE) is available and utilised to protect residents, visitors, and staff from harm.</p> <p>Cleaning processes are clearly defined within policy and include specified methods, frequency, and materials used. Cleaning effectiveness is monitored through regular audits, with feedback provided to the cleaning team. The environment was observed to be clean, tidy, and well maintained, with adequate hand hygiene facilities, including sinks and basins, available throughout the facility. Designated areas are in place for the safe and hygienic storage of cleaning equipment and chemicals.</p> <p>Laundry services are managed on site and are appropriate to the size and scope of the service. Documented processes guide laundry practices, including the safe handling of linen, with clear separation between clean and dirty laundry. Infectious laundry is appropriately segregated and managed in accordance with infection prevention requirements. Laundry processes are monitored for effectiveness, and designated areas are available for the safe storage of laundry equipment and chemicals. Laundry and cleaning staff have completed relevant training and competencies and were observed carrying out their duties safely.</p> <p>The infection prevention and control coordinator (IPCC) has oversight of the environmental testing and monitoring programme, ensuring that infection prevention principles are maintained across the built environment.</p> <p>Residents and their whānau reported satisfaction with the cleanliness of the environment and the management of laundry services, confirming that the facility is maintained to a high standard.</p> |
| <p>Subsection 6.1: A process of restraint</p> | <p>FA</p> | <p>Waikiwi Gardens is restraint-free and has been for many years. Maintaining a restraint-free environment is the aim of the service, and</p> |

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| <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>at the time of the audit, it was confirmed there was no restraint in use. The governance group/directors demonstrate commitment to this, supported by a registered nurse who is the designated restraint coordinator. There are processes in place to ensure any use of restraint is reported to the directors, and staff were aware of this.</p> <p>Policies and procedures meet the requirements of the standards. The training plan includes two-yearly training for all staff in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. However, not all staff had completed the required training; refer criterion 2.3.4.</p> <p>The restraint coordinator attends the monthly quality and risk meeting, where restraint is a standard agenda item. They are responsible for coordinating the restraint approval and evaluation processes. There are clear lines of accountability that would involve the resident, their GP, and whānau in the decision-making process. A restraint register is maintained.</p> <p>The prospective provider supports a restraint-free environment, and its restraint policies and procedures promote this.</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) |
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| <p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p> | <p>PA Moderate</p> | <p>Waikiwi Gardens follows a documented and comprehensive quality and risk framework. Infection surveillance and adverse event reporting and monitoring are comprehensive. Monthly analysis is completed by the registered nurses, and this is reported to the quality and management meetings, which are attended by the directors. Since the last audit, work has been completed to ensure all internal audits are conducted as scheduled and there is corrective action follow-up to rectify any deficits.</p> <p>However, other aspects of the quality framework have not been fully implemented. Meeting minutes did not detail discussions</p> | <p>Not all elements of the quality improvement framework had been fully implemented.</p> <ul style="list-style-type: none"> · Meeting minutes did not include evidence of discussions and agreed actions. · Analysis of infection surveillance data was not evident. · Quality improvement and/or corrective action planning was not put in place based on satisfaction surveys and adverse event reporting. · Annual review of the quality goals had not occurred. | <p>Ensure all elements of the quality improvement framework are fully implemented, including:</p> <ul style="list-style-type: none"> · Documentation of discussions that occur at meetings. · Documentation of agreed actions. · Development and documentation of quality improvement and/or corrective action planning. · That a review of the annual quality goals occurs. <p>90 days</p> |

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| | | <p>and any agreed actions, infection surveillance data was collated but no analysis had occurred, quality improvement and corrective actions resulting from the annual satisfaction survey, infection surveillance and adverse event analysis were not documented. An annual review of quality goals had not occurred.</p> <p>These deficits are ongoing since the previous audit, and as a result, the risk rating has been raised to moderate.</p> | | |
| <p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p> | PA Low | <p>There was a hazard and a risk register in place that defined risks as low, medium or high. The directors of Kyber Health Care Limited stated that they were comfortable that risks would be made known to them if necessary. However, there was no evidence this had occurred and no review of mitigation strategies had occurred.</p> | <p>The risk register had not been reviewed or updated since June 2025. There was no evidence or review of risks by governance.</p> | <p>Ensure the risk register is reviewed and updated at defined intervals and that risks are reported to and reviewed by governance.</p> <p>180 days</p> |
| <p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers</p> | PA Low | <p>A training plan was in place to meet all the requirements of the standard and contract. Training is provided through a mix of face-to-face onsite education, online platforms and visiting specialists such as the HDC Advocate and local clinical nurse specialists. The</p> | <p>Not all staff had completed all education required by the Ngā Paerewa standard, the provider's contract and organisational policies including education on infection prevention, restraint and de-escalation, cultural safety, Te Tiriti o Waitangi and specific training to meet the requirements</p> | <p>Ensure all staff complete education as detailed in the training plan and policy, including education on infection prevention, restraint and de-escalation, cultural safety, Te Tiriti o Waitangi and specific training to meet the requirements of younger people with a physical disability.</p> |

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| <p>so that they can provide high-quality safe services.</p> | | <p>training plan was comprehensive. However, not all staff had completed all required elements. Eight files reviewed did not evidence that all staff had completed up-to-date education required. Eight of eight files reviewed did not show infection prevention education completed in the last 12 months, four out of eight files did not show restraint and de-escalation completion, four out of eight files did not show completion of cultural safety training, and four out of eight files did not evidence training on Te Tiriti o Waitangi. Training to meet the requirements of younger people with a physical disability had not occurred.</p> | <p>of younger people with a physical disability.</p> | <p>180 days</p> |
| <p>Criterion 4.1.1 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> | <p>PA Moderate</p> | <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. There was a current Building Warrant of Fitness, expiring 1 February 2027. Testing of electrical and biomedical equipment had occurred and hot water temperatures are regularly monitored to ensure they remain within safe limits; records sighted confirmed compliance.</p> | <p>The designated smoking room did not meet the requirements of the Smokefree Environments and Regulated Products Act 1990 (Section 6) in relation to the requirement for a mechanical ventilation system to be installed that takes air from the room to a place outside the workplace where any emissions the air may contain will not re-enter any part of the workplace.</p> | <p>Ensure the smoking room is either disestablished or a mechanical ventilation system is installed that meets the requirements of the Smokefree Environments and Regulated Products Act 1990 (Section 6). 90 days</p> |

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| | | <p>Waikiwi Gardens welcomes residents who smoke. Smoking cessation advice is offered. However, if a resident wishes to continue smoking, this is facilitated in an indoor smoking room at the end of one corridor. The current small domestic extractor fan situated in one window does not adequately prevent emissions from entering the facility and does not meet the requirements of the Smokefree Environments and Regulated Products Act 1990 (Section 6) for a mechanical ventilation system. Such a system must remove air from the room to a location outside the workplace where any emissions the air may contain will not re-enter any part of the workplace. On the day of audit the auditors observed that emissions and the smell of smoke was evident within the facility corridor up to 10 meters away from the smoking room placing residents and staff in nearby rooms at risk of exposure to second-hand smoke and confirming the extractor fan in use was not sufficient to maintain a safe environment.</p> | | |
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.