Tamahere Eventide Home Trust - Tamahere Eventide Home & Village

Introduction

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

The audit has been conducted by 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:	Tamahere Eventide Home Trust
Premises audited:	Tamahere Eventide Home & Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 20 May 2026 End date: 20 May 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: 107

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 haumaru | 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

General overview of the audit

Tamahere Eventide Home Trust operates the Tamahere Eventide Home and Village (TEH) which provides residential care for up to 107 residents requiring rest home, hospital, or secure dementia care. The chief executive officer (CEO) advised there had been no significant changes to the service and facilities since the previous 2024 certification audit.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents whānau/family members, the chief executive officer (CEO), general manager care (GMC), two clinical nurse leaders (CNLs) and a general practitioner (GP) by telephone.

The continuous improvement rating in subsection 2.3 from the previous audit is maintained and been added to. There were no corrective actions required from the previous audit and no improvements identified at 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 are fully attained.

Tamahere Eventide Home work 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.

There were no residents who identified as Pacific peoples in the facility at the time of the audit. However, systems and processes were in place to enable Pacific peoples to be provided with services that recognised their worldviews and were 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. Service providers maintain professional boundaries, and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints are resolved promptly, equitably, 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 are fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes 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 have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery. This is an area of strength.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

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 are fully attained.

Tamahere Eventide Home, works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

The food service meets the nutritional and cultural needs of the residents. Food is safely managed supported by an approved food control plan.

Residents are referred or transferred to other health services as required.

Te aro ki te tangata me te taiao haumaru | 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 are fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

There have been no changes to the building since the previous audit.

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 are fully attained.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control, supported by relevant IP education.

The ‘Surveillance of health care-associated infections’ programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

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 are fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There was one resident in the hospital wing with bed rails in place at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, and alternative interventions, and demonstrated effective practice.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	1	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Tamahere Eventide Home 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 are continuing with local Iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. Recently the TEH training coordinator has partnered with a kaupapa Māori agency to share training resources and mutually provide staff education. The sole Māori resident at the time of audit, was unable to be interviewed. Their whānau expressed high satisfaction with services provided and said they felt their family member was culturally safe.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific	FA	Tamahere Eventide Home provide services that are underpinned by Pacific worldviews. There were no residents who identified as Pacific peoples in the facility at the time of the audit. However, systems and processes were in place to enable Pacific peoples to be provided with services that recognised their worldviews and were culturally safe.

worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code were posted on notice boards around the facility. Residents and whānau/ enduring power of attorney (EPOA) for residents in the memory care units interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Residents reported that their property was respected, and finances protected. Residents' valuables are stored in a safe until they are returned to the resident's whānau/ EPOA. Staff observe professional boundaries, as confirmed in interviews.
Subsection 1.7: I am informed and able to make choices 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. 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.	FA	Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Residents and EPOAs interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. All resident files reviewed of residents in the memory care units had activated EPOAs and a specialist's authorisation verifying the resident required to be cared for in a secure unit. Signed admission agreements were available in residents' files reviewed.

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.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	A fair, transparent and equitable system is in place which promotes use and understanding by Māori and others to receive and resolve complaints. For example, local kaumātua and tau iwi who have been advising the organisation, are available to support any Māori residents and their whānau. Complaint investigations are used as opportunities to make improvements. The process and policies meet the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Interview with the CEO and reporting systems sighted showed that no formal complaints had been received since the previous certification audit in 2024. Staff, whānau and residents, including the whānau of a Māori resident said that concerns or informal matters raised were resolved readily in ways they were satisfied with. There have been no complaint investigations from any external agencies, including funders of the services, or the office of the Health and Disability Commissioner since the previous audit.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	The governing body (Tamahere Eventide Trust Limited) assumes accountability for delivering a high-quality service to residents in care (and in the villages) and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the senior leadership team and governance group, with external advice sought as required. There have been no changes in the board membership since the previous audit. The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. The CEO interviewed provides the board with a comprehensive monthly report which includes outcomes from quality and risk monitoring including incidents, day-to-day operational, financial and staffing matters. The board's commitment to the quality and risk

		management system was confirmed in the sample of reports to the board. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and the board monitoring documentation reviewed. Staff training includes a range of educational topics that aim to increase knowledge and understanding of Te Tiriti, cultural safety, equity and unconscious bias. There was no evidence of infrastructural, financial, physical or other barriers to equitable service delivery. This was further demonstrated by the results of satisfaction surveys, demographic data, interviews with residents, whānau and staff in different roles and different levels in the organisation. The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to the board and senior management and monitoring of resident safety and clinical indicators The service holds contracts with Health New Zealand, Te Whatu Ora for aged residential care – hospital medical, geriatric, rest home and secure dementia care. The agreement includes provision for respite/short-stay and Long-Term Support – Chronic Health Conditions (LTS-CHC) and post-acute care. On the days of audit, there were 107 residents on site. Of these 40 were assessed at rest home level care, 24 at hospital level care and 43 at dementia care. One of the residents in dementia care was there for respite/short-term care and two rest home residents were under the age of 65.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus 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	FA	The organisation has a well-established quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal audit activities and monitoring of outcomes, a regular resident/relative satisfaction survey, policies and procedures, and clinical incidents including infections. The 2025 satisfaction survey showed increases in most domains and overall satisfaction from the 2024 results. For example, a 90% rating in 2025 for 'taking everything into account, how would you rate living in this home overall' compared to 82% in 2024. Outcomes of service performance monitoring via regular internal audits of

systems meet the needs of people using the services and our health care and support workers.		clinical files, medicines, quality and risk data/trends are shared with all staff. Where the audits identify a need for improvement, the causes are researched, and remedial actions are agreed and implemented. Progress against quality outcomes is evaluated. This was confirmed by review of reports to the board, continuing improvement report forms, a sample of staff meeting minutes, in memos/time target messages and other forms of communication. For example, The CEO and GM care services (GMC) keep staff informed about areas requiring improvement or policy/process changes by memos and verbally at meetings. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. Responsibility for quality and health and safety is shared across the senior management team, with staff input at various stages. The system considers external and internal risks and opportunities, including potential inequities. Quality data and information is reported and discussed at various staff meetings held regularly. For example, monthly senior management meetings, nurses' meetings, and wing meetings which include discussions on accidents and incidents, health and safety, infection control, restraint (in the hospital wing) and changes in organisational processes. The CEO described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. 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. The CEO and CMC understood and have complied with essential notification reporting requirements. A report to the Health Quality & Safety Commission Te Tāhū Hauora related to a fracture had been submitted in the past 18 months. An outbreak event had also been reported. There have been no police investigations, coroner's inquests, issues-based audits or any other notifications in the same period.

Subsection 2.3: Service management 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.	FA	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 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. 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 said that staff were always attentive to their needs and that call bells were answered within a reasonable time. All registered nurses (RNs) and care staff who have been employed for more than a year and/or on night shift were maintaining current first aid certificates. Senior care staff assessed as competent to administer medicines are also rostered on each shift. There is always at least one RN on site 24 hours a day, seven days a week. On the days of audit, there were 15 RNs (including the GMC, and two CNLs employed. All but one of the RNs was trained and maintaining competencies in interRAI. Staff numbers on each shift are allocated according to the number and acuity of residents in each of the five wings (one hospital wing, two dementia wings and two rest home wings). The cultural composition of staff on each shift is also being taken into consideration, to enhance cross-cultural understanding and promote the use of the English language. The hospital (24 beds) has four care staff, and one RN rostered on for each morning and afternoon shift. Three care staff are allocated to each dementia unit (maximum 20 beds in each unit) plus one RN across both units each morning and afternoon, and eight care staff and one RN across the rest home wings (42 beds). Nighttime allocation is one caregiver in each area (four in total), and two RNs; -one in the hospital and one for rest home dementia, with another RN on call. In addition, the two CNLs are on site Monday to Friday to oversee service delivery and resident cares. One CNL is allocated to dementia care and the other oversees hospital and rest home level care. Continuing education is planned on an annual basis by the training

		coordinator (who was previously employed as the preceptor for health care assistants/care staff) including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Annual and as required training is provided for all staff levels, includes staff attending an eight-hour day of mandatory training. The mandatory training includes cultural safety, health equity, fire/emergency, health and safety, safe food handling, code of rights/vulnerability and abuse, infection control, workplace bullying, restraint minimisation and prevention, manual handling, prevention of falls, and dementia communication. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreement with Health New Zealand. Staff working in the dementia care area have either completed or are enrolled in the required education. Of the 65 care givers employed 50 have achieved Level 4 of the National Certificate in Health and Wellbeing, six are at Level 3, two are at Level 2, and seven have yet to commence. All care staff and RNs, except staff still orientating have completed the four-unit standards in dementia. The previous continuous improvement rating in 2.3.1 which recognised innovations in maximizing staff retention and continuity is rated as ongoing. New processes have been implemented which contribute to ensuring that only people with the most suited characteristics are offered employment.
Subsection 2.4: Health care and support workers 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. 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.	FA	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, including evidence of qualifications and annual practicing certificates for RNs. See evidence in the criterion 2.3.2 related to changes in recruitment that are designed to lead to improvement in selecting the right people as care staff/HCAs.

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.		Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. The training coordinator has renovated the orientation and induction programme since the previous audit. Opportunities for care staff to discuss and review performance now occur six weeks following commencement of employment, at three months and then yearly thereafter, as confirmed by interviews and in staff records reviewed.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The multidisciplinary team at TEH work in partnership with the resident and whānau/EPOA to support wellbeing. A care plan is developed by registered nurses following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. Timeframes for the initial assessment, general/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. Medical practitioners visit the service four days per week and after hours on call services are provided. Rehabilitation staff support residents as required. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. A Māori health care plan is completed for Māori residents. This was verified by sampling residents' records, and from interviews of clinical staff, residents, and whānau/EPOAs. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Behaviour management plans were completed for any identified behaviours of concern, known triggers and strategies to manage the identified behaviours including de-escalation techniques were recorded. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau/EPOA for residents in the memory care unit. Residents and whānau/EPOAs confirmed active involvement in the process. The interviewed GP expressed satisfaction with the standard of care provided to residents.

Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in relevant staff files. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. Prescribing practices meet requirements as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are used, were current, and complied with guidelines. Self-administration of medication is facilitated and managed safely when required. There were no residents who were self-administering medication at the time of the audit.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and 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.	FA	The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Snacks and fluids are available for all residents on a 24-hour basis. Evidence of resident satisfaction with meals was verified from residents and whānau interviews, satisfaction surveys and resident meeting minutes. The service operates with an approved food safety plan and registration.
Subsection 3.6: Transition, transfer, and discharge	FA	Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident

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 coordinate a supported transition of care or support.		and whānau. Risks and current support needs are identified and managed. Transfers and discharges are recorded in the progress notes. Whānau reported being kept well informed during the transfer of their relative.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	Robust 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. A current building warrant of fitness with expiry 23 July 2026 was displayed and in the process for renewal. Systems for ensuring that the physical environment, chattels and equipment are fit for purpose and safe for tāngata whaikaha, rest home, confused wandering and hospital residents, are effective. This includes testing and tagging of electrical equipment (undertaken by a registered electrician on 15 October 2025) and calibration of biomedical equipment, including syringe drivers, which occurs annually, was confirmed in documentation reviewed, interviews with maintenance management and observation of the environment. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.
Subsection 5.2: The infection prevention programme and implementation 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	FA	The infection prevention champion is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the infection prevention champion and review of the programme documentation. Staff were familiar with policies and practices through orientation 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.		ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs, as confirmed in interviews.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff in staff meetings and reported to the governing body in monthly reports. An infection outbreak reported since the previous audit has been managed effectively. Learnings from the event have now been incorporated into practice.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Maintaining a restraint-free environment is the aim of the organisation. The governance group demonstrated commitment to this as described in policy, interview with the CEO and GMC and review of a sample of board reports. The GMC reports any use of restraint to the governing body in their monthly reports. At the time of audit, there was one resident in the hospital wing with bed rails used when in bed, at the request of their family. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint is included in the annual mandatory training day that each staff member is required to attend.

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
Criterion 2.3.2 Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.	CI	The service is maintaining the quality initiatives they implemented in 2022/2023 that resulted in improvements/ increases in new staff retention and continuity in resident care. For example, turnover of staff was down to 2% in 2025 compared to 36% in 2021/22, 17% in 2022/23 and 3% in 2023/24. The training coordinator (who was previously the Health Care Assistant Preceptor) still works one-to-one with new (and existing) care staff on the floor to educate and enhance delivery of resident-centred care; • to reduce the turnover of new care staff • to improve the skills and competencies of new HCAs and improve the quality of care they deliver to residents, and • to increase the number of care staff enrolled in, and progress educational achievements rapidly and effectively.	The service provider has succeeded in retaining health care staff and reducing the time taken for staff to progress and achieve qualifications. The use of agency staff is now zero. Adding an additional stage in to the selection and recruitment of new care staff and adding an extra performance discussion with new recruits is designed to minimise performance concerns and eliminate staff disciplinary actions.

		The above objectives have been achieved. Retention of care givers has improved. The time taken for care staff to progress through the National Certificate in Health and Wellbeing is reduced. New care staff who must begin the limited career pathway – dementia within three months of commencing employment, are completing these within six months of starting work. A project to improve the delivery of care to residents by eliminating the use of agency staff commenced in February 2024.This was implemented after a number of problems were identified that related to the use of agency staff and its impact on continuity of care. There is now a dedicated 'resource team' of RNs and care givers who are available seven days a week for all shifts to cover staff absences. The staff selected to be on the resources team must have attained level 3 or 4 qualification, be medicine-competent and hold a current first aid certificate. The objective was achieved- there is now no use of agency staff. In late 2025, a new approach to care staff recruitment was implemented. The Pre-Employment Skills Assessment for Health Care Assistants process is the last step in confirming potential care staff suitability for employment. The assessment takes a few hours on site and involves: • observing the applicant's engagement with residents to confirm empathy and awareness of the needs of older people, • observing hand hygiene techniques, • a more in-depth assessment of communication/listening and basic understanding, • observing the applicant assisting at mealtimes, bed making /room tidying skills, moving and handling safety awareness and,	

		• overall, how trainable the person appears to be. It is too early to quantifiably confirm positive outcomes from this initiative, although the training coordinator and CEO stated there have been no performance issues/concerns with new care staff since implementing this approach. Another step in performance assessment has also been added. New staff now engage in performance discussions six weeks after commencement of employment, again at three months and annually thereafter. As above, the impact from adopting these new approaches will be tracked and reported over time to determine improvements. Residents and whānau noted (without prompting) that it appeared staff retention was excellent and commented on how reassuring it was to see the same staff on the floor.	

End of the report.