2 Kings 4 Limited - Pomaria Rest Home

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity: 2 Kings 4 Limited

Premises audited: Pomaria Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 30 April 2026 End date: 30 April 2026

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 2

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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

2 Kings 4 Limited (trading as Pomaria Rest Home) provides rest home level of care for up to seven residents. The service does not hold Aged Related Residential Care (ARRC) Service agreements with Health New Zealand – Te Whatu Ora Waitematā. The service is managed by a project manager, who is supported since the previous audit by a registered nurse manager.

This certification audit process against the Ngā Paerewa Health and Disability Standard NZS 8134:2021, included a review of policies and procedures, review of resident and staff files, observations, and interviews with a resident, family members, the management team, staff, and a general practitioner.

There are no areas of improvement 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 fully attained.

Pomaria Rest Home works collaboratively with a local marae in the community to ensure that Māori residents when admitted to this service are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

A Pacific plan developed in collaboration with Pacific communities is in place to support Pacific peoples when admitted to the service to receive services that recognise their worldviews and are culturally safe.

Residents and their family 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 participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and family 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 available. Family 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

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

The project manager assumes accountability for delivering a high-quality service. The project manager works closely with the registered nurse manager (RNM), and together they ensure compliance with legislative requirements. As the management team, they support quality improvements, effective risk management, and reducing barriers to improve outcomes for Māori and people with disabilities.

The RNM and a staff registered nurse make up the clinical governance to meet the needs of the service, supporting and monitoring good practice.

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 family provide regular feedback, and staff are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.

When people enter Pomaria Rest Home, a person-centred and family-centred approach is adopted. Relevant information is provided to the potential resident and family.

The service works in partnership with the residents and their family to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and family and was evaluated on a regular and timely basis.

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

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

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

Transfer and discharge systems are in place. 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 fully attained.

The facility meets the needs of residents and was clean and well maintained. 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 family understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and family were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

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

The service aims for a restraint-free environment. 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, occurs for any restraint 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)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	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	Pomaria Rest Home has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Partnerships have been established with a local marae to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from local iwi to be used for residents when admitted to this facility who identify as Māori. There were no residents in this facility who identified as Māori on the day of the audit. Cultural training is provided during staff orientation and is included in the annual planner reviewed. Te Whare Tapa Whā model of care inclusive of the principle of mana motuhake is adopted by the service for planning care for any Māori residents who will be admitted to the service. Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were no staff who identified as Māori. Staff ethnicity data is documented on recruitment and trended.

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 worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Pomaria Rest Home works in partnership with Pacific communities and organisations. A Pacific plan is in place to achieve equity and provide culturally safe practices for Pacific peoples using the service. Partnerships developed will support planning and evaluation of services and outcomes. There were no Pacific residents admitted to this service or staff currently who identified as Pacific people. Staff interviewed understood services to be provided were to reflect improved health outcomes for Pacific peoples. The Pacific plan reviewed would be used to guide staff. The 'Fonofale' model of care has been adopted by the service for any Pacific peoples admitted to this service. Active recruitment, training and actions to retain a Pacific workforce are supported by the management team.
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 displayed in each resident's room. Staff understood the principles of Māori mana motuhake and they stated these would be observed when required. A resident and family of two residents 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. The second resident was unable to be interviewed.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	The service supports residents in a way that is inclusive and respects their identity and experiences. The resident and whānau (including whānau for the resident with disability), confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices. Staff were observed to maintain privacy throughout the audit. All

		residents have a private room. Te reo Māori and tikanga Māori are promoted within the service through the activities programme and the care planning process. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. The needs of tāngata whaikaha are responded to, including their participation in te ao Māori should they choose.
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	Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or family interviews, or in documentation reviewed. Residents' property is labelled on admission, and the interviewed resident reported that their property is respected. Family members manage residents' finances. Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model and Te Mana Ola: The Pacific Health Strategy principles.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	A resident and family reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/family in a timely manner. Where other agencies were involved in care, communication had occurred. Examples of open communication were evident following adverse events and during the management of any complaints. Staff knew how to access interpreter services, if required.

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. 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.	FA	Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, family were included in decision-making. Signed admission agreements were available in the residents' files reviewed. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Advance care planning, establishing and documenting of enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.
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 to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. The resident and family interviewed understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. The service assures the process works equitably for Māori by ensuring the Code is available in te reo Māori. Posters were displayed in the service areas, and information was provided in the admission pack. The nationwide advocacy service posters were displayed in the main house and the staff/resident designated area. There have been three complaints received since the previous audit. All three were resolved to the complainant's satisfaction. There have been no external complaints received 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 project manager assumes accountability for delivering a high-quality service to the resident community served, with meaningful Māori representation on governance groups. The project manager and the RNM demonstrated expertise in Te Tiriti, health equity and cultural safety, completing training in 2025. All staff have completed education on cultural safety. The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. Since the previous audit, the RNM has been employed and works eight hours per week. The RNM is experienced in aged residential care and is still currently employed in a large service in the region. Confirmation of sector knowledge, regulatory and reporting requirements was ascertained at interview with the RNM and the one staff RN, who were both present during the audit. The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in the business plan and monitoring documentation reviewed. A commitment to the quality and risk management system was evident. The project manager (a lawyer by profession) interviewed felt well informed on progress and risks. This was confirmed in a sample of reports reviewed. Staff and quality meetings are held three-monthly due to the size and nature of the service. Since the previous audit, the building is now owned by the Catholic Church and the legal entity 2 Kings 4 Limited. No barriers were identified in respect of Māori accessing the service. A Māori advisor was available through the Church if needed. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team, with external advice sought as required. No reporting is yet provided to governance (the Catholic Diocese), though they own the buildings. People receiving services and their family participate in planning and evaluation of services through providing regular feedback. The service has been operating officially since April 2025.

		The service has a total of seven beds. Two beds are occupied, with both residents paying privately for care provision. Five residents, who have been assessed in the community, are on the waiting list awaiting this certification audit outcome. One boarder lives on the site in a separate dwelling. The service will apply for an ARRC contract with Health New Zealand – Te Whatu Ora after this certification audit.
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 systems meet the needs of people using the services and our health care and support workers.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management. Residents, family and staff contribute to quality improvement through providing feedback. A resident survey was completed on 20 December 2025, eight months after the service commenced. Positive feedback was received. Systems are in place to support the critical analysis of practices, including using ethnicity data to identify possible inequities and to address these. No residents identified as Māori. Relevant training, tikanga policies, and access to cultural support are available as needed. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Policies reviewed were current, covered all necessary aspects of the service and of contractual requirements in preparation for future contracts. The project manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register was last updated on 3 March 2026. 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 project manager, RNM and the RN interviewed all had a good understanding of the essential notification requirements. Since the service commenced operation, there have been two staff notifications required: one for the project manager role and one for the RNM role. No adverse events had occurred.
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 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. The resident and family interviewed supported this. At least one staff member on duty has a current first aid certificate. The number of support workers is to increase when resident numbers increase. The RNM is on call 24/7. The registered nurse (RN) works four hours per week, ensures the care plans are current and up to date, and ensures the two residents are taken to the general practitioner as needed. 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. Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. Care staff have completed competencies such as cultural, infection

		prevention, handling and moving residents, food safety and medication, and have undertaken relevant education as per the training programme developed and implemented. The aim is to enrol the support workers in a recognised training programme when a contract is secured. Records were maintained in the personnel files reviewed. Records reviewed for the two registered nurses demonstrated completion of the required aged residential care training and competency assessments. Staff reported feeling well supported and safe in the workplace.
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. 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.	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. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Annual practising certificates (APCs) were current for all those who required them, including contracted health professionals. Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. Staff performance is reviewed and discussed at regular intervals. Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements. This is part of the electronic system. The RNM interviewed stated that, should any events occur, staff would be provided with the opportunity to be involved in a debrief and discussion and receive support to ensure wellbeing.

Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	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. Information is accessible for all those who need it. There is a backup system for all electronic records. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. The service provider is not responsible for National Health Index registration of residents receiving services.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	The RN manager stated that residents enter the Pomaria Rest Home when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. At the time of the audit, there were private paying residents in the facility who had been assessed for rest home level care. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. Should a prospective resident be declined entry, there are processes for communicating the decision. Entry data is documented. The service is aware of the need to record entry and decline rates for Māori. The service has developed partnerships with Māori communities and organisations to support Māori and their family entering the service.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know	FA	The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan, based on the

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.		provider's model of care, is developed by the registered nurses (RNs) following a comprehensive assessment, which includes 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. Assessment is based on a range of clinical assessments and includes resident and family input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan, and review timeframes meet policy requirements, which align with Te Whatu Ora contractual requirements if the contract is approved. Staff understand how to support Māori and whānau if admitted to the service, to identify their own pae ora outcomes. This was verified by interviews with the clinical staff. Residents visit their private care provider for any medical needs. The interviewed GP stated that a home visit will be conducted when a resident is unable to go to the GP practice. 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. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or family. The resident and family confirmed active involvement in the process. Tāngata whaikaha participate in service development through the assessment and care planning processes. Examples of choices and control over service delivery were discussed with staff and family. Tāngata whaikaha/family can independently access information, and those who need additional support can have this provided by their EPOA or family.
Subsection 3.3: Individualised activities 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.	FA	The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. The activities coordinator supports residents to attend to activities of choice, including activities in the community.

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.		Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, and ordinary patterns of life, and included normal community activities. The RNM stated that opportunities for Māori and whānau to participate in te ao Māori and community initiatives would be facilitated when required. National cultural events celebrated include Waitangi Day and Matariki celebrations. A priest visits the service twice per week. Feedback on the programme is provided through the annual satisfaction survey and face-to-face feedback. A resident and family interviewed confirmed they find the programme meets the needs of the 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 up to date and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using a paper-based system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely within the recommended temperature range. Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used. Self-administration of medication is facilitated and managed safely. A resident was self-administering medicine at the time of the audit. Appropriate processes were followed. The resident requiring medicines is supported to understand their medications. This supportive practice is in place to support all residents including

		Māori residents and their whānau when required.
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 food service is in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a qualified dietitian on 28 April 2026. Recommendations made at that time have been implemented. The service operates with an approved food safety plan and registration that is valid until 10 October 2027. Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. The project manager stated that Māori and their whānau will have menu options that are culturally specific to te ao Māori when required. Evidence of resident satisfaction with meals was verified by resident and family interviews. Residents were given sufficient time to eat their meals in an unhurried fashion, and the resident requiring assistance had this provided with dignity.
Subsection 3.6: Transition, transfer, and discharge 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.	FA	There is a policy and procedures to manage transfer or discharge from the service. Transfers are planned and managed safely, with coordination between services and in collaboration with the resident and family. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Family reported being kept well informed during the transfer of their relative and this was documented in the progress notes.
Subsection 4.1: The facility	FA	Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their

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.		purpose, well maintained, and that they meet legislative requirements. A written notice (dated 4 July 2025) was received from the Council stating that, as the territorial authority, they were satisfied on reasonable grounds that the building in its new use complies, as reasonably practicable, with the building aged residential care (ARC) code (for up to 10 beds). No building warrant of fitness is currently required. The main home accommodates four residents, and the second building has accommodation for two residents and the staff room. Another dwelling, a self-contained unit, currently accommodates an independent boarder. Each building has a lounge and dining area and kitchenettes. Total facility electrical installation, including an upgraded switchboard to the main house, garage and sleepout were completed by a certified electrician. The electrical certificate of compliance and electrical safety certificate were verified and dated 5 February 2024. The testing and tagging of all equipment is current. The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities should they need these to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities in each of the three buildings. The external area has parking for two vehicles, an outside garden area with shade and seating, and a veranda with seating attached to the staff/resident accommodation. A resident and family were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. The current environment is inclusive of people's cultures and supports cultural practices. No new building is planned, but the project manager is aware of seeking cultural advice from a Māori perspective as required.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider	FA	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

will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. Fire and Emergency New Zealand (FENZ) correspondence by letter states that if the building is expanded, or the status is changed, then an evacuation scheme would be required. The last fire drill was held on 27 February 2026. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region and the size and nature of this service. Personal protective equipment (PPE), a first aid kit, water supplies, food, cleaning products, spare linen and other emergency supplies needed are stored and accessible in preparation for an emergency event. A gas barbecue and gas bottle are available for cooking purposes, and battery-operated emergency lighting is available. Staff can provide a level of first aid relevant to the risks for the type of service provided. Emergency supplies are checked monthly. Call bells alert staff to residents requiring assistance. The resident and family reported that staff respond promptly to call bells. Appropriate security arrangements are in place. Closed-circuit television (CCTV) was in place for the external aspects of the facility. Signage is in place. Residents and family were familiarised with emergency and security arrangements, as required.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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.	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the management team, link to the quality improvement system, and are reviewed and reported on yearly. 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. There have been no significant infection events reported over the time the service has been operating. The current business plan includes an objective to minimise the risk of infection.

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 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.	FA	A registered nurse is the nominated infection prevention and control coordinator (IPCC) who is responsible for overseeing and implementing the IP programme, with reporting lines to senior management or the governance group. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. The IPCC completed external training in IPC in October 2024. Their advice has been sought when making decisions around procurement relevant to care delivery, or facility changes, and policies. The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through orientation and ongoing education, and were observed to follow these correctly. Residents and their family are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori. A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. Staff were familiar with policies for the decontamination of reusable medical devices, and there was evidence of these being appropriately decontaminated. The process is audited to maintain good practice. Single-use medical devices are not reused.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe	FA	Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.

and easy to access, and messages are clear and relevant. 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.		
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, using standardised surveillance definitions, 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 and the management in the monthly managers' report, and where necessary recommendations for improvement are identified. Communication between the clinical team and those residents experiencing a health care-associated infection (HAI) is culturally safe, as confirmed in interviews with the resident.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely. The resident and family reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.

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 service. The management team demonstrates commitment to this, supported by the RNM and RN interviewed. At the time of audit, there was no restraint used, and this has been the case since the facility opened in 2025. Any use of restraint will be reported to the project manager. Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability. The restraint coordinator is the RNM. Given that there is no restraint being used at this rest home, subsections 6.2 and 6.3 have not been audited.

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.

No data to display

End of the report.