Pohlen Hospital Trust Board - Pohlen Hospital Trust Board

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 BSI Group New Zealand Ltd, 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:	Pohlen Hospital Trust Board
Premises audited:	Pohlen Hospital Trust Board
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
Dates of audit:	Start date: 5 May 2026 End date: 6 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: 24

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

Pohlen Hospital Trust Board provides rest home, hospital (medical and geriatric), respite care, primary care, palliative care, and primary maternity services for up to 29 residents and maternity clients. There were 22 residents and 2 maternity clients on the days of audit.

This certification audit was conducted against the Nga Paerewa Health and disability services standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents, clients and staff files, observations, and interviews with residents, maternity clients, family/whānau, management, staff, and a general practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical nurse manager, clinical midwifery manager, human resources and operations manager and a team of experienced staff. There are documented quality systems and processes. Feedback from residents, maternity clients (referred to as clients) and family/whānau was very positive about the care and the services provided. An induction and in service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified areas of improvement related to informed consent, implementation of the quality system and reporting, staff training, performance appraisals, care planning, resident monitoring, and medicine management.

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.		Some subsections applicable to this service partially attained and of low risk.

Pohlen Hospital Trust Board provides an environment that supports residents and maternity clients' rights and safe care. Staff demonstrated an understanding of the rights and obligations. There is a Māori health plan and a Pacific health plan in place. The service works to provide high quality and effective services and care for residents and maternity clients'.

Residents/clients receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents/clients and there are processes in place that ensure effective communication with them about their choices.

Care plans accommodate the choices of residents/clients and/or their family/whānau. There is evidence that residents/clients and family/whānau are kept informed. The rights of the residents/clients and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented and complaints and concerns are actively managed and well documented.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The strategic plan which includes a mission statement and operational objectives. The service has documented quality and risk management systems that take a risk based approach and these systems meet the needs of residents/clients and staff. Quality improvement projects are implemented. Collation of clinical data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and training programme are in place. The service ensures the collection, storage, and use of personal and health information of residents/clients is secure, accessible, and confidential.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Entry into the facility is managed in a safe, timely and equitable manner. Registered nurses are responsible for assessment, care planning, and evaluation of care. Residents and family/whānau interviewed expressed they are involved at all stages of service delivery. A general practitioner visits the facility weekly to complete medical assessments and medication reviews. Residents have their needs met in a manner that respects their cultural values and beliefs.

Lead maternity carers are responsible for assessment, care planning, and discharge planning for maternity clients. Dedicated maternity care assistants who are trained in postnatal care and care of infants implement the care plans.

Activities are overseen by a registered diversional therapist. The formal activities programme is provided five days per week, and staff can access activities resources on weekends. There is a varied activities programme that is tailored for the residents in the hospital and rest home. Residents have choice of activities that are meaningful to them.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. All medication charts were completed correctly and evidenced allergies and sensitivities.

The meal service is contracted out. Nutritional needs and preferences of residents are identified on admission and during regular reviews. There is a current food control plan. The menu caters for cultural preferences and has been reviewed by a dietitian. Dietary needs, allergies, intolerances, and preferences are catered for. Residents and maternity clients' expressed a high degree of satisfaction with the food service.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

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.

There is a current building warrant of fitness. There is a preventative and reactive maintenance plan implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is adequate space throughout the facility for residents to move around freely with mobility aids. There are sufficient toilet and bathing facilities. All communal areas and resident rooms have natural light.

The maternity area includes a birthing room and four spacious postnatal rooms. There is a separate lounge and kitchenette for maternity clients'.

Appropriate training, information, and equipment for responding to emergencies are provided. This includes obstetric and neonatal emergencies. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including a pandemic. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times. There are appropriate security measures in place overnight.

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.

Infection prevention and control management systems are in place to minimise the risk of infection to residents/clients, service providers, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to staff as part of their orientation. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to management and the Board in a timely manner. Pandemic response plans are in place, and the service has access to personal protective equipment supplies. There have been no outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. There are documented policies and procedures for cleaning and laundry services being implemented.

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 clinical nurse manager is the restraint coordinator who has a job description in place for the role. There is a restraint elimination and safe practice policy in place. The governing body is committed to maintaining a restraint free environment. During the audit there was no use of restraint.

Staff receive training on the policy and procedures as part of orientation. Thereafter staff receive annual on restraint minimisation and safe practice and are required to demonstrate their competency.

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	21	0	1	5	0	0
Criteria	0	165	0	3	5	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	A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents/clients who identify as Māori. Clinical staff described their commitment to supporting Māori residents/clients and their family/whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision making that supports their health and wellbeing. There are clear processes to include tikanga in everyday practice. Pohlen Hospital Trust Board links with one of the midwives who identifies as Māori and a Trust board member who provide guidance with tikanga, cultural leadership, and oversight with service provision. The service has also fostered a relationship with Te Hauora o Ngati Haua Trust, who actively support maternity clients. Practices with maternity clients include use of flax (harakeke) to tie the cords of the newborn babies. The diversional therapy programme incorporates Toku Oranga Pai – Living My Best Life, a framework designed for people who identify as Māori and/or Pacific, which aligns with the principles of Te Tiriti o Waitangi and supports wellbeing through meaningful connection, identity, and participation. The service maintains connections with

		the wider community to support cultural engagement and inclusion. Local schools and kapa haka groups are invited to participate in celebrations and events, strengthening community connection and providing opportunities for residents/clients to engage with Māori culture and intergenerational activities. Residents/clients and family/whānau at Pohlen Hospital Trust Board engage in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with three residents (two hospital, one rest home), one maternity client, and three family/whanau (one rest home, two hospital). The service can also access kaumātua from Health New Zealand for support and guidance. There are cultural assessments available that are completed for residents/clients who identify as Māori when admitted. Pohlen Hospital Trust Board focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents/clients they care for. The general manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities as vacancies become available. Employee ethnicity data is reported in the general manager's reports. At the time of the audit there were staff who identified as Māori. The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available. Interviews with thirteen staff (three healthcare assistants, one maternity care assistant, one enrolled nurse, one registered nurse, one health and safety representative, one human resources and operations manager, maintenance person, one cleaner, one chef, one diversional therapist, one lead administrator) and four managers (general manager, clinical nurse manager, clinical midwifery manager, Regional Cater-plus manager,) and documentation reviewed described how care is based on the resident's individual values and beliefs.

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	Pohlen Hospital Trust Board recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of health and disability services for Pacific people. The service has a Pacific Health Action Plan 2024–2027, which guides the organisations' approach to improving cultural safety, equity, and responsiveness for Pacific peoples. The plan supports culturally appropriate care delivery, workforce awareness, inclusive practice, and engagement with Pacific values and worldviews. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in a number of different languages according to resident need. On the day of audit there were no residents/clients who identified as Pasifika at Pohlen Hospital Trust Board. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents/clients' files when admitted. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plans. Individual cultural beliefs are documented in the resident's care plan. Pacific health considerations are embedded across care planning, service delivery, staff education, and quality improvement activities, with the Pacific Health Action Plan providing a structured framework for ongoing development and accountability. The service continues to recruit staff as vacancies become available. The general manager confirmed how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika. At the time of the audit, there were staff who identified as Pasifika. The service maintains linkages with Pacifica Health – PICT, a Pacific Island health service, to support culturally appropriate care and access to Pacific health resources. The service continues to strengthen relationships and seek guidance on its Pacific Plan including consultation with Pasifika staff, thereby increasing its involvement in a collaborative service delivery approach to ensure

		equitable, quality health and disability outcomes for Pacific people. The service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident/clients' language.
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	Residents/clients and family/whānau are provided with information about the Code of Health and Disability Services Consumer Rights (the Code). The general manager, clinical nurse manager and clinical midwifery manager discuss aspects of the Code with residents/clients and their family/whānau on admission. The Code is displayed in English, sign language and te reo Māori. Residents/clients and family/whānau interviewed reported that the service upholds the residents/clients' rights. Interactions observed between staff and residents/clients during the audit were respectful (link to 2.2.2 for lack of family/whānau meetings). Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available on the resident/client information notice boards and in the entry pack of information provided to residents/clients and their family/whānau. The policy documents link to spiritual support. Residents attend communion services and church services as required. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff. Staff receive education on the Code at orientation and through the annual education and training programme (link 2.3.4). The training includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and	FA	Healthcare assistants, maternity care assistants, and registered nurses interviewed described how they support residents/clients to exercise choice and independence, giving examples of how

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.		residents/clients' preferences shape their daily care. Residents/clients confirmed they are encouraged to make decisions about their routines, activities, and the involvement of family/whānau in their care. The service responds to the needs of tāngata whaikaha and supports participation in te ao Māori. Care plans consistently reflect resident/client choice and individual preferences. The annual training plan demonstrates education that supports safe, respectful, and culturally responsive practice (link 2.3.4). Satisfaction surveys in 2025 indicate that residents/clients and family/whānau feel respected. Policies on sexuality and intimacy are in place, and staff reported they uphold each residents' right to private and intimate relationships. Spiritual needs are identified on admission and integrated into care planning with family/whānau involvement. Staff described appropriate professional boundaries and access to spiritual support. Church services are provided according to resident need. Throughout the audit, residents/clients were observed to be treated with dignity and respect, with staff using person centred and culturally appropriate communication. Privacy and independence are maintained, and staff orientation includes training on dignity, respect, and confidentiality. Care plans documented residents/clients' preferred names. Māori celebrations such as Waitangi day, Matariki, and Māori language week are observed. Staff described using common te reo Māori phrases in everyday interactions, and te reo Māori signage was visible throughout the facility. Cultural training incorporates Te Tiriti o Waitangi and tikanga Māori, and the Māori health plan acknowledges te ao Māori and its holistic worldview. Information on Te Tiriti and tikanga is available to guide residents/clients and staff.
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	FA	A staff code of conduct is discussed during the new employees' induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are

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.		held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The Māori health plan in place identified a strength based, person centred care and general healthy wellbeing outcomes for Māori residents/clients admitted to the service. This was further reiterated by the clinical nurse manager and clinical midwifery manager who reported that all wellbeing outcomes are managed and documented in consultation with residents/clients, enduring power of attorney (EPOA), whānau and Māori health organisations and practitioners (as applicable). Review of resident care plans identified goals of care promoted positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents/clients. Staff complete education during orientation and as per training plan on how to identify abuse and neglect (link 2.3.4). Staff are aware of how to value the older person, maternity clients showing them respect and dignity. All residents/clients and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses and protection of resident/client property. Professional boundaries are defined in job descriptions, in the code of ethics policy and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities.
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	FA	Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify residents/clients, family/whānau and next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Accident/incident forms reviewed identified family/whanau are kept

who use our services and effectively communicate with them about their choices.		informed and this was confirmed through interviews with family/whanau. Service information is provided to residents/clients and family/whanau on admission (link to 2.2.2 for lack of family/ whānau meetings). An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents/clients who did not speak English. Staff interviewed advised they would use hand and facial gestures in addition to cue cards, google translate and family/whānau acting as translators for the residents/clients who did not speak English. Non subsidised residents/clients (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents/clients and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The registered nurses and the clinical midwifery manager described an implemented process around providing residents/clients and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, 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	PA Low	There are policies around informed consent documented for Pohlen Hospital Trust Board The informed consent policy reviewed outlines the consent process and documents that all patients have the right to decline/refuse treatment at any time. The policy reviewed provided information regarding the storage of the placenta/whenua and return or disposal of the placenta was clearly outlined. The resident and client files reviewed included general consent forms appropriately signed either by the clients, resident, or the activated enduring power of attorney (EPOA) as part of the admission process. Residents/clients interviewed could describe what informed consent was and their rights around choice.

informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		However, there was no documented consent process for residents sharing rooms. The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of residents' care. Enduring power of attorney documentation is filed in the residents' electronic records and activated as applicable for residents assessed as incompetent to make an informed decision. Activation of EPOA letters were sighted on files as applicable. The organisational informed consent policy which encompasses advance directive processes has been implemented. There are advance care plans clearly documented to assist in planning the residents' ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.
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	The complaints procedure is equitable and is provided to residents/clients and family/whānau on entry to the service. The welcome pack includes comprehensive information on the process for making a complaint. Complaint forms are located throughout the facility or on request from staff. Residents/clients have a variety of avenues they can choose from to make a complaint or express a concern, during the six monthly clinical review meetings, and face to face with management or staff (link to 2.2.2 for lack of family/whānau meetings). Residents/clients or family/whanau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, English, and other languages (as required). Pohlen Hospital maintains a record of all complaints, both verbal

		and written, using an electronic complaint register. The general manager interviewed advised complaints logged were classified into themes in the complaint register. Documentation, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Twelve internal complaints have been made since the last audit in March 2025. Of the 12 complaints none have been related to maternity services. There have been no external complaints received. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. Themes have been related to staff conduct, food and care provision. Staff are informed of complaints (and any subsequent corrective actions) through meetings and during handovers. Discussions with residents/clients and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face to face communication and working in partnership with family/whanau through the process. The general manager confirmed that they can involve the services cultural advisors as required.
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	FA	Pohlen Hospital Trust Board is a not-for-profit charitable service governed by a Board of Trustees (the Board). The service is located in Matamata and is built across one level and includes a maternity unit, rest home and hospital level care services and adjacent general practice, radiology, pathlab, physiotherapy, pharmacy, Health New Zealand and specialist visiting consultant services who provide outpatient services. , and pharmacy. Pohlen Hospital The service holds contracts with Health New Zealand for providing rest home, hospital, respite care, palliative care, primary maternity care, and primary care (GP) services.

sensitive to the cultural diversity of communities we serve.		Pohlen Hospital Trust Board provides care for up to 29 beds: 25 dual purpose beds for rest home and hospital level of care and 4 maternity beds. At the time of the audit there were three residents in the double rooms. Curtains protect each resident's privacy. There is no documented evidence of consent for room sharing arrangement (link 1.7.1). All four maternity beds are single occupancy. On the day of the audit there were 24 residents/clients. Two rest home level residents; and twenty hospital residents including three on end-of-life care contract and one on a special funding package COPL0008; and two maternity clients. All the remaining residents were under the aged related residential care (ARRC) agreement. The general manager (RN) has been in the role for over 26 months and has many years of experience managing other aged care and retirement villages. In addition to post graduate nursing qualifications, they also hold Master of Business Administration (MBA). The general manager is responsible for the overall day to day operations and is supported by the clinical nurse manager (CNM) who was appointed into the role in May 2025 as well as a clinical midwifery manager (CMM), a very experienced midwife who has work experience in managing primary birthing settings and has excellent knowledge of both secondary and tertiary level provision of maternity care. The management roles are supported by registered nurses, enrolled nurses, finance and administration team, support services staff (externally contracted) and an experienced care team. Pohlen Hospital Trust Board service is governed by a Board of six Trustees, who provide strategic direction, oversight, and accountability for the organisation. The governance body is responsible for ensuring the service operates in accordance with relevant legislation, contractual obligations, Nga Paerewa Health and Disability Services Standards, and support the vision, mission, and organisational values. One of the Board members identifies as Māori and provides guidance with Tikanga, cultural leadership, and oversight with service provision. The service has also fostered relationship with Te Hauora o Ngati Haua Trust, who actively support maternity services. There have been recent changes to the Board membership with addition of three members in 2025 and the

		Board continues to build capability with membership. The Board members have a range of backgrounds and experience, including legal, finance, health sector, trade, small business and event/fundraising, clinical governance and assurance oversight is currently informed through the general manager's reporting. This provides the Board with access to clinical leadership. The Board meets monthly and follow a comprehensive agenda including reviewing operational and clinical reports. They receive very comprehensive reports from the general manager which include (but not limited to): occupancy, finances, health, and safety; staffing; infection; internal audits; quality trend and analysis; restraint; equity analysis, survey results; contractor reports; culture and wellbeing and maintenance. The clinical governance structure is appropriate to the size and complexity of the organisation. The general manager, clinical nurse manager and clinical midwifery manager have oversight with clinical governance and ensure detailed reports including analysis of clinical risk are provided to the Board monthly (as part of the monthly general managers' report). The chairperson of the Board communicates with the general manager at least weekly and 'on as needs' basis. Pohlen Hospital Trust Board has a current integrated strategic framework, business, and quality plan 2024-2027 in place with clear goals to support their documented vision, mission, and values. These include (but not limited to) maintaining financial sustainability, high-quality clinical care for both the hospital and maternity services, capable sustainable workforce, strengthening quality risk and compliance, improving the care environment and infrastructure, promoting equity, cultural safety, and community connection. The services model of care sits within the strategic framework and incorporates the Māori concept of wellbeing – Te Whare Tapa Wha. Progress with operational objectives is reviewed and has been reported to the Board. The management team report to the general manager who liaises with and acts as a conduit to the Board. The strategic framework reflects the organisational collaboration with Māori that aligns with the Ministry of Health strategies, and

		how it addresses barriers to equitable service delivery. The governance body addresses inequity through active oversight of equity data, quality and risk systems, and alignment with Te Tiriti o Waitangi. Māori leadership at governance level provides meaningful Te Tiriti partnership, while tāngata whaikaha and whānau perspectives are incorporated through structured feedback and quality processes to inform decision making and continuous improvement. The working practices at Pohlen Hospital Trust Board are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha. The management team and the Board have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety. The general manager, clinical nurse manager and clinical midwifery manager have maintained at least eight hours of professional development activities in the last 12 months related to managing an aged care facility and maternity services. This includes orientation for the clinical nurse manager. Training completed includes (but not limited to) cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety, training focused on clinical governance, workforce management, risk and quality oversight, financial sustainability, audit preparedness, emergency response, rural midwifery emergencies, baby friendly hospital initiative, post-natal care, neonatal resuscitation, newborn and maternal early warning signs, privacy, and infection prevention and control.
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.	PA Moderate	Pohlen Hospital Trust Board has documented quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been completed according to schedule. The electronic quality management system collates and benchmarks the quality data collected. Quality data is reported to the management team and the Board. A monthly general manager report to the Board includes (but not limited to)

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.		reporting on occupancy, incidents, infections, antimicrobial stewardship, restraint, complaints, finance, staff training, and progress on goals. Quality goals are identified, discussed at relevant meetings and action plans are documented where opportunities to improve are identified. Bimonthly hospital staff, quality, health and safety, nurses', infection control, and monthly maternity staff meetings, provide an avenue of discussion around quality data including graphs which are benchmarked. However registered nurses and infection control meetings have not been completed as scheduled. The remainder of the scheduled facility meetings (staff/ quality/health and safety, maternity staff meetings) have been held according to schedule. There is evidence to demonstrate that actions from meetings are signed off when completed. Meeting minutes are made available to other staff who were unable to attend the meetings. Residents and family/whānau meetings are scheduled to occur bimonthly but this has not occurred since last audit. Pohlen Hospital Trust Board implements a continuous quality improvement approach with service delivery including critical review of clinical data, benchmarking and facility processes and identifying opportunities for improvement. Quality improvement projects are documented in relation to dining with dignity and food services; financial management, falls prevention and safe handling, environmental enhancement; equipment improvements, improvements with information communication technology; laundry services; document control systems and processes; establishment of portfolio holders, and introduction of a structured remuneration framework and onboarding process. Progress of the projects is discussed and reviewed in meetings with evidence of ongoing evaluations documented. There is a process to ensure staff complete cultural training including Te Tiriti o Waitangi to ensure all residents/clients are cared for in a culturally sensitive way (link 2.3.4). It was confirmed that the management team, and the Board have completed cultural training. Annual resident and relative satisfaction surveys are conducted. The 2025 results have been analysed; however, results have not been shared with residents and family/whānau. Outcome

		of the results confirm high levels of satisfaction with service provision. The service is implementing corrective actions in relation to areas that scored low and in response to related comments around food and noise levels. Quarterly maternity client satisfaction survey results demonstrate 100% levels of satisfaction with positive comments related to care provided, staff support and environment. Health and safety policies are implemented and monitored through meetings. Risk management, hazard control and emergency policies and procedures are in place. There is a health and safety officer who oversees the implementation of the health and safety programme. The health and safety officer has completed relevant unit standards via external training. An up to date hazard and risk register was sighted. The noticeboards keep staff informed on health and safety issues. In the event of a staff accident or incident a debrief process is documented. There were no serious work related staff injuries reported since last audit. Electronic incident and accident reports are consistently completed for each incident/accident with immediate action noted and any follow-up action(s) required documented as evidenced in 13 accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Corrective actions are developed, implemented, and signed off when completed for any clinical indicators out of the expected benchmarking ranges. Results are discussed in facility meetings and at handover. Discussions with the general manager, clinical nurse manager and clinical midwifery manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications, however, not all Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed. Section 31 reports were completed appropriately for changes in clinical management, and Medimap outage. There have been no outbreaks since last. Positive outcomes for Māori and people with disabilities are considered at all quality and risk activities. The management team reported that high quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding of Māori models of care and their health and

		wellbeing.
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.	PA Moderate	There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24/7. The facility adjusts staffing levels to meet the changing needs of the residents/clients. Review of the current rosters showed shifts were covered by experienced healthcare assistants, there was 24/7 registered nurse cover and support of the clinical and management team for the rest home and hospital level care services. Clinical on call cover is provided by the clinical nurse manager. The clinical midwifery manager works 30 hours a week (weekdays) and is supported by maternity care assistants who ensure a 24/7 cover of the unit. There are four midwives contracted to Pohlen Hospital Maternity service who are on call seven days a week, 24/7. Two other lead maternity carers (LMCs) have access agreements to utilise the facility. All staff working in the maternity care setting have completed relevant training both onsite and at Waikato Women's Maternity Service. Annual training is required for baby friendly Health Initiative (BFHI) for all staff at Pohlen Hospital and this has been completed. The clinical midwifery manager is a BFHI certification assessor, which is an asset to the service provider. Women who access the maternity service provide input into evaluating service delivery, when they are discharged from the service. An external contractor provides oversight of the housekeeping (laundry of linen and towels and cleaning) and kitchen staff ensuring a seven day roster (sighted). The general manager interviewed confirmed staff needs and changes are reported to the Board. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents/clients are informed when there are changes to staffing levels, evidenced in staff and resident interviews. The general manager, clinical nurse manager and

		clinical midwifery manager are available weekdays. The general manager is on call 24/7 for any non clinical issues. There is an annual education and training schedule being implemented for 2026. The education and training schedule lists compulsory topics which includes: abuse and neglect, challenging behaviour, dementia, chemical safety, code of rights, continence, falls, infection control outbreak, covid19, Treaty of Waitangi, restraints, pressure injury, oral hygiene, nutrition/hydration, fire evacuation, and health and safety. Cultural awareness training is part of orientation for all staff as sighted in the staff records and provided annually to all staff. Review of the training records shows low compliance with completion of the required training. Staff who work in the maternity service have completed all the required training as sighted in the records sampled. All completed training is recorded on attendance sheets and staff training records. The service supports and encourages healthcare assistants and maternity care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Pohlen Hospital Trust Board supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 22 healthcare assistants employed in total, with 14 having achieved level 3 and above NZQA qualification. Of the ten maternity care assistants employed five have achieved level 3 and above qualifications. A record of completion is maintained on an electronic register. All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint, hand hygiene, and moving and handling. Healthcare assistants who have completed NZQA level 4 and have undertaken extra training, complete medication administration related competencies annually. Review of the records confirms that staff have current competencies. Additional registered nurse specific competencies include syringe driver, and interRAI assessment competency. Of the eight registered nurses (including the clinical nurse manager) and two enrolled nurses employed by the service only the clinical nurse manager was interRAI competent. There were two other staff in the

		process of being assessed for interRAI competency. All registered nurses attend relevant staff and nurses' meetings where possible. External training opportunities for care staff include training through Health New Zealand and hospice. A record of completion is maintained on an electronic register. Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the employee assistance programme (EAP) were posted in visible staff locations. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace. Pohlen Hospital Trust Board's; environment encourages collecting and sharing quality Māori health information. The service collaborates with cultural advisors (Board member and a midwife) as well as Māori organisations to provide the necessary clinical guidance and decision making tools to achieve health equity for Māori.
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.	PA Moderate	There are human resources policies in place, including recruitment, selection, orientation, staff training and development that reflect standard employment practices and relevant legislation. Staff files are securely stored electronically. Eight staff files reviewed evidenced an organised recruitment process, reference checking, employment agreements and completed orientation. Staff sign the code of conduct on employment. This document includes (but is not limited to): the values, responsibility to maintain safety, health and wellbeing, privacy, professional standards, celebration of diversity, ethical behaviour, and declaring conflicts of interest. Each staff members' ethnic origin is collected and used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the Board at board meetings. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.

		All regulated staff and contracted providers had proof of current registration with their regulatory bodies. A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, enrolled nurses, general practitioners, pharmacy, physiotherapy, and podiatry. Staff who have been employed for over one year have all not had an annual appraisal completed. The service has a role specific orientation programme in place that provides new staff including contracted midwives with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses, maternity care assistants, and healthcare assistants to provide a culturally safe environment for Māori. Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow up action taken are documented. Wellbeing support is provided to staff.
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	There are policies and procedures that guide staff in the management of information. Resident/client files and the information associated with residents/clients and staff are retained and archived. Electronic information is regularly backed up using cloud based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident/client files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents/clients' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider. Archived records are held securely on site and clearly labelled for easy retrieval. Residents/clients' information is held for the required period before being destroyed.

		Personal resident/client information is kept confidential and cannot be viewed by other residents/clients or members of the public. There is a consent process for data collection. The general manager reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The general manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration of people receiving services. The lead maternity carers are responsible for National Health Index registration of newborn babies.
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	There are policies in place for entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed entry to service complied with entry criteria. The service admission agreement reviewed aligns with all service requirements. The four aged care files reviewed included signed admission agreement signed by the resident or their enduring power of attorney (EPOA) where these were in place and had been activated. The maternity client files reviewed included a signed agreement for primary maternity care. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they received the information pack along with sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The clinical nurse manager is available to answer any questions regarding the admission process and a waiting list is managed. Pohlen Hospital Trust Board utilises the obstetric guidelines for primary maternity services which outline the criteria for appropriate admission to a primary maternity service and under what circumstances services should not be provided in a primary setting.

		Information for prospective clients is available on the Pohlen Hospital Trust Board website and via lead maternity carers (LMC). LMCs with access agreements to Pohlen Hospital Trust Board book their clients in for the estimated date of delivery. The service openly communicates with prospective residents and family/whānau during the admission process and keeps the referral agency, residents and family/whānau informed should there be a delay. The service collects and collates ethnicity data and undertakes six monthly analysis to show entry and decline rates, including specific data for entry and decline rates for Māori. Pohlen Hospital Trust Board is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumatua and kaupapa Māori health providers. There is a contracted Māori midwife.
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.	PA Moderate	Four resident files were reviewed including three hospital level (including one on a special funding package COPL0008) and one rest home level. One maternity file was reviewed. For rest home and hospital levels of care registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment, care planning and review processes and resident files show evidence of resident and family/whānau involvement. Cultural assessments are completed for all residents by the diversional therapist who has been trained to do so. The Māori health action plan specifies Māori residents are to have personal profiles and individual care plans that include cultural preferences, whānau involvement and tikanga considerations to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes. The Pacific health action plan specifies residents who identify as Pasifika have a care plan in place that addresses their cultural preferences and needs. The clinical nurse manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified,

		and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau. All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files for rest home and hospital levels have up to date interRAI assessments completed. The resident under COPL0008 did not have an interRAI assessment but there was a comprehensive assessment completed using validated assessment tools. Resident files reviewed confirmed the initial interRAI assessments and initial and long term care plans were completed in a timely manner and within the required timeframes. Improvement is required in documenting sufficient detail in care plans to manage all risks, early warning signs and guide care delivery. The care plans are holistic and align with the services model of person centred care. InterRAI assessments and care plan evaluations are completed at least six monthly or when residents' needs changed. Evaluations document the progress towards the individual's goals and if they are met or unmet. Short term care plans for infections and wounds were well utilised, with interventions transferred to the long term care plans in a timely manner. The service actively reviews the InterRAI outcome scores for each resident and compares with the previous interRAI in the care evaluation meeting. The registered nurses use this tool to discuss if there are any other interventions that might be helpful If interRAI scores have dropped. The medical centre onsite has seven general practitioners who ensure residents are assessed within five working days of admission. The resident's general practitioner reviews the resident at least three monthly. There is one general practitioner who is responsible for acute consultations each day at the medical centre and residents who are acutely unwell can be added to the acute list. The clinical nurse manager is available 24/7 for clinical advice and decision making as required. When interviewed, the general practitioner expressed satisfaction with the standard of care and the registered nurses' competence at Pohlen Hospital Trust Board. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The

		service has an independent physiotherapist contracted to work on an as needed basis. A dietitian is contacted as required. A continence advisor, hospice specialists, mental health team for older people and district nurse are available as required. A podiatrist visits six weekly. Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery, this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written at least daily by registered nurses and each shift by healthcare assistants. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following, general practitioner visits or changes in health status. Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the general practitioner. Family/whānau stated they are notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the residents' progress notes. A wound register is maintained. There are a total of 12 wounds including 2 pressure injuries (1 stage 3 and 1 suspected deep tissue injury), skin tears and a sarcoma. Wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. Registered nurses confirmed they have access to a district nurse for complex wounds. Healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart, blood pressure, weight, food and fluid

		chart, pain, behaviour, blood glucose levels and repositioning. Monitoring reviewed was implemented as scheduled. Improvement is required in completing neurological observations for unwitnessed falls and suspected head injuries according to policy. Lead maternity carers are responsible for the assessment, care planning, evaluation, and discharge planning for maternity clients. Clients can choose to birth onsite if they meet the eligibility criteria in the obstetric guidelines or can enter the service for postnatal care. The LMC usually arrives at the facility before the client in labour. If the client in labour arrives first a registered nurse is required to attend to the client until the LMC arrives. Registered nurses and maternity care assistants are trained to assist the LMC in emergency situations. The clinical midwifery manager is a registered midwife and can provide support as needed. Once the client has delivered and is considered safe by the LMC to transfer to a postnatal room a formal and documented handover takes place that includes a detailed summary of the birth, assessment of the client and infant and a care plan for client and infant. The LMC is required to attend the client and infant within 24 hours of transfer to the postnatal room. Maternity care assistants can call the LMC at any time if there are concerns. Maternity care assistants record progress notes of the client and infant each shift and detail the support provided.
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. 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.	FA	Activities are planned and delivered by a registered diversional therapist who has extensive experience in aged care and the disability sector. The formal activities programme runs from Monday to Friday. On weekends healthcare assistants can access resources such as art and craft, games, music and reading material to provide activities for residents. A calendar of activities is developed each month by the diversional therapist in collaboration with residents. A sample of monthly activities calendars was sighted, and each month had a theme such as Mother's Day, Easter, Matariki, as examples. Residents and family/whānau confirmed they are provided with a copy of the activities calendar each month and a copy is posted on the wall in the lounge. A range of activities are provided to meet the cognitive, physical, intellectual, and social needs of residents. Residents' activity

		needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. These are completed within two to three weeks of admission. A church group visits monthly, and a priest delivers holy communion monthly. A bible study is held fortnightly led by a resident. Weekly outings occur in the mobility van for drives around the area or to visit a café. Family/whānau are invited to attend outings. During the audit, a choir was performing for residents. Other visitors include the local scouts group and pet therapist. The diversional therapist is developing links in the community to broaden the range of visitors and entertainers. Calendar and cultural events are celebrated including, but not limited to Christmas, Easter, ANZAC Day, Diwali, Te Wiki o Te Reo Māori, Matariki and Waitangi Day. One to one activities are provided for those who do not wish to participate in group activities. Examples discussed with the diversional therapist were conversations, board games and individual exercises following consultation with the physiotherapist. One resident has been doing daily sit and stand exercises with the diversional therapist using the sara steady and as a result has improved their strength and balance. There is a men's group in place that meets monthly. The activities schedule includes activities that connect residents to te ao Māori. Examples include but are not limited to the diversional therapist reciting karakia before all meetings, Māori art, and craft, waiata and talks by a board member who identifies as Māori. Residents and family/whānau interviewed spoke highly of the activities programme and diversional therapist and stated they really enjoyed the activities provided.
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	PA Moderate	A medication management policy is implemented for safe medicine management, and this meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver

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.		training. Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were stored securely. There is one main medication room in the rest home/hospital area and a medication cupboard in the maternity area. Medication trolleys were observed to be locked when not in use. Medication refrigerators are monitored daily and maintained within an acceptable range. Room temperatures in the medication room and maternity area are monitored daily and maintained within an acceptable range. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. Improvement is required in weekly checking of controlled drugs. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart. Eight electronic medication charts were reviewed in the rest home and hospital. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts at least three monthly and each chart has a photo identification and allergy status identified. There are no residents currently self-administering their medications. There is a policy in place for ensuring residents who wish to self-administer are competent to do so and for the secure storage of medications in residents' rooms. The maternity area utilises paper based medication charts for clients and infants and two of these were reviewed. Medications are prescribed by the LMC. Each chart had a register of signatures of maternity care assistants. There are emergency medications in the maternity are medication cupboard and birthing room. These are checked monthly by a midwife. Pro re nata medications are administered as prescribed and effectiveness is documented on the electronic medication system

		or in the progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site. There are standing orders in place. These have been authorised by all of the general practitioners in September 2025. The standing orders specify the medication, dose, indications, and contraindications. Residents and family/whānau are updated around medication changes, including the reason for changing medications and potential adverse reactions. This is documented in the progress notes. Fractionated plasma products are not used in this service. Blood components are administered in a safe and timely manner. The registered nurses and clinical nurse manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, access to medication and advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications.
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 meal service is now contracted out in response to poor satisfaction regarding the food service and quality of food. All meals are prepared and cooked on site. There are two chefs onsite and two kitchen assistants. All kitchen staff have completed safe food handling training and other training as required by the catering company. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in place, expiring on 30 January 2027. The six weekly seasonal menu has been reviewed by the dietitian employed by the contracted company. For main meals there are two options available including a vegetarian option. If residents do not like the options, they are offered an alternative. There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, diabetic, pureed foods) or residents with weight loss. Nutritional

		supplements are prescribed by the general practitioner and provided as prescribed. The kitchen manager and regional manager for the catering company confirmed they are aware of resident likes, dislikes, and special dietary requirements. A whiteboard on the wall of the kitchen summarises residents' special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available including Māori bread and boil-up style chowders and family/whānau can bring special meals for their loved ones. Residents have access to nutritious snacks 24/7. On the day of audit, meals were observed to be well presented. Residents participate in baking as part of the activities programme. Kitchen staff complete a daily electronic diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are plated in the kitchen and transported to the hospital/rest home dining room using a trolley which is heated on one side and cool on the other. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining room. Modified utensils are available for residents to maintain independence with eating as required. Meals for maternity clients are based on their nutritional needs and preferences. The facility is breast-feeding friendly accredited. Where clients choose to formula feed their infants there is a policy for this and formula is provided. Residents, family/whānau and maternity clients were very complimentary of the food service and stated the food has vastly improved since the catering company has taken over.
Subsection 3.6: Transition, transfer, and discharge	FA	Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a

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.		different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, the registered nurse completes a set of transfer documents, and the general practitioner makes the referral to hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs, and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the referred health service by the registered nurse. Where resident's wish or need to be seen by another health service, a referral is made, examples sighted included referrals to the dietitian, speech language therapist, and specialist clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau. Discharge and transfer for maternity clients is managed by the LMC. Clients are funded to stay for 48 hours postnatally but this is extended where needed. Examples discussed were where a client lives rurally or remotely and needs extra support or where the client needs more support for breast feeding. There are policies and procedures in place for the emergency transfer of clients to Waikato Hospital. The clinical midwifery manager stated in situations where emergency transfer is required, this is identified early due to the distance to Waikato Hospital. The LMC or registered nurse consults with the obstetrician or registrar at the Waikato delivery suite or the on call neonatologist as appropriate as soon as there are concerns about the client or infant.
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.	FA	The building warrant of fitness is current to 1 September 2026. There is a part-time maintenance person and a part-time gardener. Compliance for the building warrant of fitness is contracted out. The annual preventative maintenance schedule is implemented by the maintenance person. Once tasks are completed, they are

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.		signed off by the maintenance person. Staff can request repairs and maintenance in a logbook which is checked daily by the maintenance person and signed off when jobs are completed. For urgent repairs, staff call the maintenance person who can access essential contractors such as plumbers and electricians at any time. There are two main areas: the rest home/hospital with twenty-five dual purpose beds and separate maternity area with a designated birthing room, a clinic room that can also be set up as a second birthing room and four postnatal rooms. There are six double rooms in the hospital/rest home area. Hospital/rest home rooms have either an ensuite toilet or an ensuite between two rooms. There are communal showers. One is currently being renovated to accommodate a shower bed. Fixtures, fittings, and flooring are appropriate. Electrical testing and tagging of all appliances was last completed on 24 October 2025. Clinical equipment was last checked and calibrated in December 2025. The van has a current warrant of fitness and registration. Hot water temperatures are checked monthly in each area, and records show a safe temperature is maintained. The building has radiant heaters in residents' rooms and hallways but are not operational and will be removed in an upcoming upgrade. All residents' rooms have heat pumps, which provide heating. Postnatal rooms have heat pumps. All hand-washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication room, nurses' stations, and main kitchen. The postnatal rooms have double beds if a client wishes to have a partner stay. New infant cots have been purchased which are easily cleanable and height adjustable. There are infant examination tables with overhead heating. There is a separate lounge and kitchenette for maternity clients and a separate entranceway. The birthing room has a birthing pool for those who wish to birth in water and ensuite toilet and shower. The postnatal rooms have a full ensuite. Throughout the facility there are handrails in bathrooms and hallways. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility

		equipment. There is a main dining room and large lounge, a conservatory and separate seating areas. Furniture is appropriate for residents. There is a domestic style kitchen in the dining room. Activities are provided in the main lounge/dining room. The diversional therapist completes their documentation from a corner of the lounge and is always visible and accessible to residents. The resident rooms are of sufficient size to meet the residents' assessed needs and have external windows providing natural light and ventilation. Residents are able to manoeuvre mobility aids around the bed and personal space. Resident rooms were seen to have personal items of significance displayed. There is signage in te reo Māori and Māori artwork displayed throughout the facility. There are enough toilets in communal areas for residents and separate toilets for staff and visitors. Toilets have privacy systems in place. All dual-purpose rooms in the facility can accommodate residents requiring rest home or hospital level of care. The gardens and grounds are well maintained and have seating, shade, and safe walking pathways. The general manager expressed their awareness of the need to consult the community to ensure the facility meets the needs and aspirations of Māori. Residents and maternity clients and family/whānau interviewed expressed a high level of satisfaction with the environment.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider 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.	FA	Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Emergency procedures include clinical emergencies. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by Fire and Emergency New Zealand on 7 March 2016. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest evacuation drill was completed on 26 February 2026, and a record of attendance

		was sighted. The staff orientation programme includes fire and security training. The clinical maternity midwife conducts scenario based training sessions on obstetric and neonatal emergencies. Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water (a total of 25 000 litres of portable water), continence products, and a generator (which is checked monthly). All registered nurses and senior healthcare assistants have current first aid certificates. Staff demonstrated their understanding of emergency procedures. The birthing room has emergency equipment and supplies to manage obstetric and neonatal emergencies including medications, oxygen and suction and airway maintenance. A list of emergency contacts is posted on the wall including Waikato delivery suite and neonatal unit, and ambulance. Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. These are checked monthly by the maintenance person, and records are entered into the internal audit folder. Residents and family/whānau confirmed staff respond to call bells promptly. Appropriate security arrangements are in place. This entry doors and windows are locked at night. A security firm does routine drive byes at night and there are panic buttons linking to the security firm in strategic places. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Staff were identified by name badges that specified their position. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.
Subsection 5.1: Governance	FA	The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated

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.		with the service. The Board approved the infection control programme, which is linked to the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection prevention and control coordinator (Portfolio Holder) and general manager who reports to and can escalate any significant issues to management and the Board level. Documentation review evidenced infection data was escalated to the Board monthly. Infection prevention and control are part of the strategic, quality and business plans. The service has access to an infection prevention and control nurse specialist from the local Health New Zealand and the general practitioners. Infection rates are presented and discussed at staff and management meetings. Data around infections is also reviewed by the management team and benchmarked. The Board receive reports on progress of strategic, quality and business plans relating to infection prevention, surveillance data, outbreak data and outbreak management, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) including any significant infection events. There are hand sanitisers strategically placed around the facility. Residents/clients and staff are offered influenza and Covid-19 vaccinations.
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	The infection prevention and control (IPC) coordinator is a registered nurse (the clinical nurse manager) who leads, oversees, and coordinates the implementation of the infection control programme at Pohlen Hospital Trust Board. Infection prevention and control coordinator's role, responsibilities and reporting requirements are defined in the infection prevention and control coordinator's job description. The infection prevention and control coordinator has completed external education on infection prevention and control for clinical staff (June 2025). They have access to shared clinical records and diagnostic results of residents/clients. The Board approved the infection prevention and control and anti-microbial stewardship programme that is linked to the quality system. The infection prevention and control programme

		has been reviewed and reported on annually (last completed July 2025). The service has documented policies and procedures that reflect current best practices. These policies and procedures are accessible and available for staff. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The infection prevention and control coordinator has input when infection control policies and procedures that have impact on healthcare associated infection risk are reviewed. Staff were observed following organisational policies, such as appropriate hand hygiene, use of hand sanitisers, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures. The service has a pandemic plan and guidelines to manage and prevent infection exposure. Sufficient resources, including personal protective equipment (PPE), were sighted on the days of the audit. Resources were readily accessible to support a pandemic response plan if required. Staff training includes hand hygiene procedures, donning and doffing protective equipment, standard precautions, environmental cleaning, and outbreak management. Records of staff education were maintained electronically. Infection control related audits were completed as per schedule. Staff are advised not to attend work if they are unwell. Education with residents/clients was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents/clients. The infection prevention and control coordinator liaises with the clinical midwifery manager and general manager in procurement processes for equipment, devices, and consumables. The infection prevention and control coordinator, interviewed on the day of the audit, reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building or when significant changes are proposed to the facility. Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the

		manufacturer and best practice guidelines. Single-use medical devices are not reused. To ensure cultural safety the service ensures that kitchen linen is washed separately, and different face clothes are used for different parts of the body. There were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention and control coordinator reported that residents/clients who identify as Māori are consulted on infection control requirements as needed. The service has printed off educational resources in te reo Māori for staff and residents/clients including hand hygiene posters.
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 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.	FA	The service has infection control & antimicrobial stewardship policy and procedures. The infection prevention and control coordinator (clinical nurse manager) monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates and antimicrobial usage rates are monitored monthly and reported to the staff meetings and the management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged unless clinically indicated as reviewed by the general practitioner. At the time of the audit there was one resident on prophylactic antibiotics which were regularly monitored by the general practitioner. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.
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	FA	Infection surveillance is an integral part of the infection prevention and control programme and is outlined in the Pohlen Hospital Trust Board infection control policy. Monthly infection data is collected for all identified infections, based on established signs, symptoms, and case definitions. All infections are entered into the electronic register, and surveillance data (including identified organisms) is

surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.		collated into a monthly infection summary. This information is monitored and analysed for trends on both a monthly and annual basis. Ethnicity data is incorporated into surveillance to support accurate monitoring across diverse resident groups. Infection control surveillance outcomes are discussed at facility and Board meetings. The infection prevention and control (IPC) coordinator described the process for developing improvement plans when required, noting that action plans are implemented whenever infection rates exceed expected levels. The service receives regular notifications and alerts from Health New Zealand, and all infection data is reported to the Board. Staff are informed of new infections during each shift handover and through progress notes and clinical records. Care plans are developed to guide the care of residents/clients with infections. Processes are in place to isolate residents/clients when required (observed on the day of audit), and family/whānau are kept updated. This was confirmed through sampled progress notes and resident and family/whanau interviews. Residents/clients receive one on one education on infection related topics, including hand hygiene, prescribed medications, and isolation requirements when applicable. There have been no outbreaks since the previous audit. Interview with the infection prevention and control coordinator confirmed awareness of outbreak processes including appropriate reporting, communication to family/whanau, and residents/clients. Staff confirmed that they have adequate resources including personal protective equipment. Hand sanitiser is readily available for staff, residents/clients, and visitors. Visitors are required to sign in on entry and are reminded not to visit if unwell.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a	FA	There are policies regarding chemical safety and waste disposal including placenta disposal and medical waste. All chemicals were clearly labelled with manufacturer’s labels and stored in locked

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.		areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they performed their duties on the audit days. There are sluice rooms (with sanitisers) which had personal protective equipment in place, including googles/face visors. There is an education programme that includes chemical safety (link 2.3.4). A chemical provider monitors the effectiveness of chemicals. Laundry for linen and towels is processed off site by an external contracted laundry service provider. All dirty laundry is sorted into appropriate colour coded bags by care staff and left at the external collection point for the contractor to pick up. Resident/client personals, baby blankets and woollens are laundered within the facility laundry area by dedicated laundry staff. These are delivered back to resident/client rooms in labelled trays. Clean linen and towels are delivered back to the facility twice a week by the external contractor in clean laundry bags and distributed to the various linen cupboards by staff. The numerous linen cupboards were well stocked. All cleaning is externally contracted. Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been consistently maintained for daily and periodic cleaning. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. Staff interviewed had good knowledge about cleaning and laundry processes and infection prevention and control requirements. The infection control coordinator has oversight of Pohlen Hospital Trust Board testing and monitoring programme for the built environment through scheduled internal audits that include those related to cleaning, laundry, and the environment. Completed audits demonstrated compliance with expected standards. Monthly reports are completed by the laundry and cleaning contractors and included as part of the general manager's report to the Board. The infection prevention and control coordinator

		provides support to maintain a safe environment during construction, renovation, and maintenance activities. There were ongoing environmental upgrades which were closely monitored in relation to infection prevention and control. Residents/clients and family/whānau interviewed provided positive feedback regarding levels of cleanliness and laundry services.
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	The policy and procedures for restraint elimination and safe practice specify Pohlen Hospital Trust Board is committed to maintaining a restraint free environment to the best of their ability. This is supported by the governing body, management, and staff. The policy and procedures have been approved by the Board of Trustees. The policy requires when restraint is considered, the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana enhancing. During the audit there was no use of restraint. The restraint coordinator is the clinical nurse manager. A job description is in place for the restraint coordinator role. The restraint coordinator stated their commitment to least restrictive practices is through ensuring residents needs are met through intentional rounding, regular toileting, implementing falls prevention strategies, use of equipment such as sensor mats and landing mattresses as examples, effective communication with family/whānau and educating staff on maintaining safety for individual residents. The facility benchmarks their use of restraint against other Community Trusts in Care Aotearoa (CTCA) facilities. Training records demonstrate staff receive education on the restraint elimination policy and procedures during orientation. Thereafter staff are provided with annual education on restraint elimination, responding to distressed behaviour, and falls prevention (link 2.3.4). Staff complete an annual competency test.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.7.1 I shall have the right to make an informed choice and give informed consent.	PA Low	There are policies around informed consent documented for Pohlen Hospital Trust Board. At the time of the audit there were three residents in the double rooms, however there was no documented evidence to show that the residents and/or family/whānau had given informed consent to the sharing arrangement.	There was no documented evidence that three residents in double rooms had consented to the sharing arrangement.	Ensure that there is a consent process for sharing of double rooms. 90 days
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Low	Bimonthly hospital staff / quality / health and safety meetings, nurses’ meetings, infection control meetings, monthly maternity staff meetings, provide an avenue of discussion around quality data including graphs which are benchmarked. Nurses’	(i)Resident/family whanau, nurses’ meetings and infection control meetings have not been held as scheduled. (ii)Review of the nurses meeting minutes does not demonstrate discussion of all key clinical risk	(i)Ensure meetings are held as scheduled. (ii)Ensure detailed minutes to evidence key quality and clinical

		meetings have not been held bi-monthly as scheduled. Review of the meeting minutes of the nurses' meetings does not demonstrate discussion of key quality and clinical risk aspects that inform service provision. The resident and family/whanau, infection control meetings have not been completed as scheduled. Review of meeting minutes shows that corrective actions are documented as indicated and signed off when completed. The service completes resident and family/whanau satisfaction surveys annually. The 2025 results demonstrate high levels of satisfaction with most aspects of service delivery with actions required around food and noise levels. The outcome of the results has not been communicated back to the residents and family/whanau.	areas. (iii)There is no evidence to demonstrate that the outcome of the satisfaction surveys has been discussed with residents and family/whanau.	risk areas. (iii)Ensure outcome of satisfaction surveys are discussed with residents/clients and family/whanau 90 days
Criterion 2.2.5 Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.	PA Low	Discussions with the general manager, clinical nurse manager and clinical midwifery manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. However, not all Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed for pressure injuries. Although the service has completed section 31 reports to HealthCERT for change in clinical management and	There is no evidence that two pressure injuries (one unstageable and one suspected deep tissue injury) have been reported according to the national adverse event reporting policy.	Ensure reporting is completed for pressure injuries in line with the national adverse event reporting policy. 90 days

		Medi-map outage; there is no evidence of SAC reporting to HQSC for two pressure injuries for hospital level care residents.		
Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.	PA Moderate	There is an annual education and training schedule being implemented for 2026. The education and training schedule lists compulsory topics which includes Māori health, Tikanga, and Te Tiriti o Waitangi. Cultural awareness training is part of orientation for all staff as sighted in the staff records and provided annually to all staff. Review of the training records shows low compliance with completion of the required training. Less than 30% of staff are recorded as having completed required topics at any given point in time that they are delivered. Maternity staff have completed the mandatory training on their programme.	Training has been completed as scheduled however there are low numbers of staff who have attended/completed the required training and for the rest home and hospital staff this audit was unable to evidence that staff have received eight hours training.	Ensure that all staff complete the required training as per schedule. 90 days
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Moderate	There are processes in place to ensure that staff have the opportunity to discuss and review performance annually. However, six staff files of those who had been employed for over a year did not evidence current performance appraisals on file.	There is no evidence of completed performance appraisals in six staff files reviewed.	Ensure that performance reviews are completed as scheduled. 90 days

Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration	PA Moderate	Registered nurses are responsible for the development of care plans for rest home and hospital level residents. Residents and family/whānau confirmed they were involved in the care planning process. Care plans are holistic in nature and cover physical needs, activities of daily living, cultural needs and preferences and spiritual needs and preferences. The diversional therapist is trained in cultural assessments. Care plans for activities and lifestyle were detailed and comprehensive and included the goals and aspirations of residents.	Care plans for rest home and hospital level lacked sufficient detail to guide staff in managing risks and complex health needs in four of four care plans reviewed. Examples included falls prevention strategies, management of PEG feeds, indwelling catheter, pain management, and psychosocial support.	Ensure care plans describe in detail the interventions required to manage complex health needs and mitigate risks. 60 days

as required.				
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.	PA Moderate	Progress notes and monitoring charts for hygiene and care provision, weights, vital signs, and bowels show care plans are implemented. Family/whānau confirmed a whānau ora approach is taken to ensure holistic care. Residents confirmed they are supported to maintain as much independence as they can. The service in inclusive of residents and family/whānau cultures and beliefs.	Neurological observations have not been completed as per the policy for unwitnessed falls or where head injury is suspected in four of four incidents reviewed.	Ensure neurological observations are completed as per policy. 90 days
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Moderate	The medication management policy details the requirements for prescribing, administering, storage, reconciliation, documentation, supply and return to the pharmacy of medications and is in accordance with legislative requirements. Staff	Controlled medication stocktake was not done weekly as required.	Ensure weekly stocktakes of controlled medications are completed.

		could describe their responsibilities for medication management. Current medication competencies were sighted in staff files. Medications are stored securely. The controlled drug stock is checked monthly by a pharmacist.		60 days

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.