Te Mahana Limited - Te Mahana Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Te Mahana Limited

Premises audited: Te Mahana Limited

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 27 May 2026 End date: 27 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: 20

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

Te Mahana Rest Home provides rest home care for up to 22 residents. The facility is owned and operated by two directors in a building leased from the local Te Mahana Trust. Residents, whānau and external health providers were complimentary of the care provided.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreements with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with residents, whānau, a representative of the owner/director of the organisation, managers, staff, and a general practitioner.

The corrective actions required from the previous audit have been addressed, with improvements made to governance input from Māori, registered nurse cover in the facility, police vetting of staff, completion of staff orientation, and medication management. As a result of this audit, improvements are required to the management of unwitnessed falls and availability of first aid certified staff.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.

Staff and managers at Te Mahana Rest Home worked collaboratively to support and encourage a Māori worldview of health in service delivery. Māori were being provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).

There were processes in place to ensure that Pacific peoples could be provided with services that recognise their worldviews and in a culturally safe manner.

Residents and their whānau were being informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were seen to be upheld. Service providers maintained professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was being respected.

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

There were processes in place to ensure that complaints could be resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The directors at Te Mahana Rest Home assume accountability for delivering a high-quality service. This includes supporting quality and risk management systems and reducing barriers to improve outcomes for Māori.

Planning ensured the purpose, values, direction, scope and goals for the organisation were defined. Service performance was being monitored and reviewed at planned intervals.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. Residents and whānau confirmed that they provide regular feedback and staff confirmed that they were being involved in quality activities. An integrated approach included the collection and analysis of quality improvement data, identifying trends that led to improvements. Actual and potential risks were identified. The National Adverse Events Reporting Policy is followed. The service complies with statutory and regulatory reporting obligations.

The clinical governance structure met the needs of the service, supporting and monitoring good practice. Staffing levels and skill mix met the cultural and clinical needs of residents. Professional qualifications were validated prior to employment. Staff reported that they felt well supported through the orientation and induction programme. Regular performance reviews were implemented. A systematic approach to identify and deliver ongoing learning and competencies supported safe and equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

Medicines were being safely managed and administered by staff who had been assessed as competent to carry out this function.

The food service met the nutritional and cultural needs of the residents. Food was being safely managed, supported by an approved food control plan.

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

Te aro ki te tangata me te taiao haumaru | Person-centred and safe environment

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

The facility, plant and equipment met the needs of residents and were culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical and biomedical equipment had been tested as required. External areas are accessible, safe, and meet the needs of people with disabilities.

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

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

The documented infection prevention (IP) programme had been developed by those with IP expertise. The programme had been approved by the governing body, was linked with the quality improvement programme, and it had been reviewed and reported on annually.

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

The 'Surveillance of health care-associated infections' programme was appropriate to the size and setting of the service, and used standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

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

The service had implemented policies, procedures and processes that supported the elimination of restraint. No restraint has been used in the facility since 2022, and no restraint was sighted to be in use at the time of audit. Should restraint be required in the

future, there was a comprehensive assessment, approval and monitoring process for restraint in place which required regular review. Restraint would be used only as a last resort and when all other interventions/strategies had failed.

A suitably qualified restraint coordinator, who is a registered nurse, manages the process and they have completed education relevant to the role. The facility education programme included education in the use of least restrictive practice, de-escalation techniques, and alternative interventions to restraint. Staff interviewed demonstrated a sound knowledge of the restraint process.

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	16	0	0	2	0	0
Criteria	0	50	0	0	2	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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	Te Mahana Rest Home (Te Mahana) had developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The service provides an environment that supports residents' rights and culturally safe care. There was a health plan in place that was specifically directed at Māori, with a culturally appropriate model of care to guide culturally safe services. Residents and whānau interviewed reported that staff respected their right to mana motuhake (self-determination), and they felt culturally safe. Tikanga is respected. Te reo Māori signage and information was available for residents and their whānau. Partnerships have been established with local iwi and Māori community organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan (using Te Whare Tapa Whā model) has been developed with input from cultural advisers, and this was in use for Māori residents in the service.
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.	FA	Te Mahana identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples who may use the service, and on achieving

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.		health equity. A health plan specific to Pacific peoples (using the Fonofale model) has been developed with input from cultural advisers. Partnerships were in place to enable ongoing planning and evaluation of services and outcomes as required. There were no residents who identified with Pacific communities in the service at the time of audit, but policies, procedures and processes were in place to ensure that, should Pacific peoples be admitted, they would have their worldview, and cultural and spiritual beliefs, respected and embraced. Te Mahana can access support for Pacific peoples through TOA (Treasuring Older Adults) Pacific Inc. and the Aiga Carers Network.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Residents' property had been labelled on admission, and residents and their whānau reported that property was being respected. Te Mahana had effective systems in place to ensure residents' finances were protected. Professional boundaries were being maintained by staff, who worked under a comprehensive code of conduct.

Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.
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	Whilst no formal complaints have been received by Te Mahana, processes were in place to ensure a fair, transparent, and equitable system was available to receive and resolve complaints, leading to improvements. The processes in place meet the requirements of the Code. Informal (verbal) complaints are managed through a verbal complaints process, with the details and resolution documented. Residents and whānau interviewed reported that they understood their right to make a complaint and knew how to do so. Documentation sighted, and interviews with residents and their whānau confirmed, satisfaction with the service; resident meeting minutes sighted evidenced only the occasional negative comment (which was addressed and reported at the following meeting) and the annual satisfaction survey evidenced high levels of satisfaction with the service. The service ensured that the complaints processes would work equitably for Māori by having information available in te reo Māori, having te reo Māori speakers available (should they be required), and by using tikanga appropriate for the complainant. There have been no complaints received from external sources since the previous audit.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	The leadership structure is appropriate to the size and complexity of the organisation. The directors assume accountability for delivering services to the residents at Te Mahana, with one of the directors acting as the manager of the service with the support of the other director and a registered nurse (RN). Compliance with legislative, contractual and regulatory requirements is overseen by the directors, with external advice sought as required. There is Māori representation in the service via residents and staff, and they have substantive input into organisational policies and procedures, addressing a finding from the previous (provisional) audit. External support can be accessed as required; one of the staff confirmed that they could act as a Māori liaison to the local iwi as needed. The purpose, values, direction, scope and goals were defined, and monitoring and reviewing of performance had occurred through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha (people with disabilities) was evident in plans and monitoring documentation reviewed. A commitment to the quality and risk management system was evident. Ethnicity data was being collected to support equity. Equity was also being supported through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages (including te reo Māori), and bilingual signage). The directors of the service are on site most weekdays; at interview they confirmed that they were kept well aware and well informed on progress and risks through the organisation's communication pathways. Staff/quality meeting minutes sighted showed reporting of the service's key performance indicators. The service currently holds contracts with Health New Zealand – Te Whatu Ora for age-related residential care (ARRC) at rest home level; this includes contracts for long-term support – chronic health conditions (LTS-CHC), respite, and day respite services. The service additionally holds a contract to provide services through the Accident Compensation Corporation (ACC).

		Twenty (20) residents were receiving rest home services at the time of audit (one via an ACC contract): there were also two boarders who were not included in this audit process. There were no residents receiving services under the LTS-CHC, or rest home respite contract. Three people attended intermittently for day care respite.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	PA Moderate	The organisation had a planned quality and risk system that reflected the principles of continuous quality improvement. This includes management of adverse events (including the monitoring of hazards and clinical incidents, for example, falls, pressure injuries, infections, wounds, and medication errors), audit activities, compliments and complaints, resident and whānau feedback from meetings and the satisfaction survey, and policies and procedures. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The exception to this was the management of neurological observations following unwitnessed falls and open disclosure following adverse events (refer criterion 2.2.5). Internal audits had been completed, with corrective actions identified and addressed. The processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies had been documented and implemented. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. Critical analysis of practices and systems, using ethnicity data, identified inequities and the service worked to address these. Delivering high-quality care to Māori residents was being supported through relevant attention to tikanga, and access to cultural support roles internally and externally. All residents and their whānau interviewed confirmed that they had input into quality review of the service through care planning, satisfaction surveys and meetings. The resident satisfaction survey conducted in 2025 showed a high level of satisfaction with the services being provided at Te Mahana.

		The directors of the service reported familiarity with essential notification obligations, including Severity Assessment Code (SAC) reporting requirements to the Health Quality & Safety Commission/Te Tāhū Hauora (HQSC). No notifications have been made to either HealthCERT or the HQSC since the last audit.
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 documented process for determining staffing levels and skill mixes to provide culturally and clinically safe care. The facility adjusts staffing levels to meet the changing needs of residents. A corrective action arising from the previous (provisional) audit in relation to RN cover has been addressed. The RN cover in place is sufficient to provide clinical and culturally safe services. If RN input is required after hours, this is supplied by telephone by the RN currently working in the service. If direct resident care is required after hours, this is accessed through the paramedics in the local ambulance service and/or the local hospital. Facility on-call services are covered by the directors of the facility. A multidisciplinary team (MDT) approach ensures residents' needs are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. On the rosters sighted, there was not always a first aid qualified staff member available (refer criterion 2.3.1). The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pacific peoples, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualifications Authority (NZQA) education programme. Records reviewed demonstrated that the required training and competency assessments had been completed.
Subsection 2.4: Health care and support workers	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of six staff

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.		records reviewed confirmed the organisation's policies were being implemented consistently. Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. A previous corrective action arising from the previous (provisional) audit has been addressed; a process has been put into place for all staff to be police vetted during the recruitment phase. Reference checking during recruitment was sighted. Job descriptions were documented for each role across the organisation. The job descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved. Staff reported that the induction and orientation programme prepared them well for the role, and evidence of completed orientation was seen in all files reviewed. This addressed a finding from the previous (provisional) audit in relation to orientation processes. Opportunities to discuss and review performance occurred annually. This was confirmed by documentation sighted in the staff files reviewed and by staff interviewed, who described the process as useful for them, allowing them to set their own career and education goals.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The multidisciplinary team worked in partnership with the resident and whānau to support wellbeing. A care plan had been developed for all residents by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and also considering wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. Staff supported Māori and whānau to identify their own pae ora outcomes in their culturally specific care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of

		responses to planned care, including the use of a range of outcome measures. Where progress is different to expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (paper files and prepacked pharmacy packs) was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they managed. This was a finding in the previous (provisional) audit and has been addressed. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were being stored safely, including controlled drugs. The required stock checks had been completed. The medication refrigerator and medication room have temperatures monitored to ensure medications are stored within the recommended temperature range. This was a finding in the previous (provisional) audit and has been addressed. There was evidence with all requirements with prescribing practices at Te Mahana being met, as confirmed in the sample of records reviewed. This was a finding in the previous (provisional) audit and has been addressed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used in the service. Self-administration of medication was being facilitated and managed safely.
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	FA	The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys, and resident meeting minutes. The service operates with an approved food safety plan and registration.

hydration needs are met to promote and maintain their health and wellbeing.		
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed for the resident. A family member reported being kept well informed during the transfer of their relative.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	Appropriate systems are in place to ensure that the physical environment and facilities (internal and external) are fit for their purpose, well maintained, and meet legislative requirements. There were external areas within the facility for leisure activities with appropriate seating and shade. The internal environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups, including smaller private spaces. The building has a building warrant of fitness that expires on 28 August 2026. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Reactive maintenance is undertaken by contracted, certified tradespeople, as required. Monthly hot water tests are completed for resident areas; these were sighted and were within the required

		parameters. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.
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 coordinator (IPCC) at Te Mahana is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the directors. The programme is linked to the quality improvement programme and has been reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation. Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The surveillance of health care-associated infections (HAIs) undertaken by the IPCC at Te Mahana was appropriate for the services being provided and aligned with the risks and priorities identified in the infection control programme. Monthly surveillance data had been collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance included ethnicity data. Results of the surveillance programme are shared with staff and reported to the service directors. A summary report for an infection outbreak was reviewed; it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to	FA	Te Mahana is a restraint-free environment, and policies and procedures support restraint elimination. There were no residents observed to be

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.		using a restraint during the audit. No restraint has been used since 2022. Any use of restraint would be reported to the service's directors. The restraint coordinator (RC) is a defined role undertaken by the RN. If restraint were in use, the RN would provide support and oversight of restraint use. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. The RC, in consultation with the Te Mahana multidisciplinary team, would be responsible for the approval of the use of restraint should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, the GP, and the resident's EPOA and/or whānau as part of the decision-making process. Staff reported, and documentation evidenced, that staff have been trained in the restraint process, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.

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 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 Moderate	Te Mahana‘s policy and best practice protocols require neurological observations to be undertaken for 24 hours following a fall if the fall resulted in a ‘knock to the head’ or if it was unwitnessed. A review of 13 unwitnessed falls over a three-month period was conducted. In all reviewed cases, the incidents were documented and post-fall assessments were completed. Of the unwitnessed fall records reviewed, none demonstrated full compliance with the neurological observation protocol, and none extended to a 24-hour period. In nine instances, no neurological observations could be evidenced; four had some neurological observations conducted but these were not completed in alignment with the protocol (one had one set of neurological observations completed, one two sets, one three sets, and	Neurological observations are not being completed as per the facility’s policy and best practice protocols post-unwitnessed falls, and open disclosure of adverse events is not being documented.	Provide evidence that neurological observations are being fully completed as per the documented policy protocol post-unwitnessed falls and that open disclosure is being completed and documented. 90 days

		one six sets). Additionally, open disclosure is required by the service in the event of an adverse event unless there is a specific instruction from residents and/or their whānau not to notify. Following 22 adverse events, there was no record to show whānau notification had occurred following 16 of the events, on either the adverse event form or in the residents' progress notes. There was also no documentation to show that whānau were not to be notified in these records.		
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Moderate	The service provides rest home services and employs a RN with sufficient hours for the type of service being provided. The RN works morning shifts; there is no RN cover for the facility in the afternoons and on weekends (beyond an on-call service). On four weeks of roster sighted, there was not a first aid certified staff member on night duty on 14 occasions. Morning and afternoon shifts were fully covered.	The service did not have sufficient first aid certified staff in the facility to cover all shifts.	Provide evidence that the service has sufficient first aid certified staff in the facility to cover all shifts. 90 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.