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MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Disability Support Services: Audit framework

July 2026

Contents

Overview of the audit framework

Describing the framework

The diagram below provides an overview of the three main domains, and nine focus areas which will inform the evidence gathered during the enhanced audit. These domains were built around key inputs and considerations to inform best practice, and are designed to reflect the voice of disabled people to ensure that individuals in the home are not only safeguarded and healthy, but happy and thriving in the care of the provider.

Key inputs and considerations

The development of the framework was designed to encompass key standards, principles, values, and the voice of disabled people, sector partners and key stakeholders to the delivery of Disability Support Services (DSS). The framework has been designed to ensure these inputs are consistently embedded across all objectives. These include:

- **Ngā Paerewa Health And Disability Services Standards**
  A set of standards that set clear expectations for safe, high-quality, and consistent disability support services that focus on the rights, wellbeing, and experiences of disabled people.
- **DSS Service Specifications And Objectives**
  Standardised service specifications and objectives that outline what DSS are required to deliver, ensuring services meet contractual expectations and achieve intended outcomes for disabled people and whānau.
- **Enabling Good Lives Principles**
  A set of principles developed by Enabling Good Lives that are informed by disabled people. These principles guide a person-centred approach to service delivery that supports choice, control, independence, and connection to whānau and community.
- **Business Viability Standards**
  A set of standards used by the Ministry of Health to audit non-government organisations that the Ministry funds to deliver services. These assess the provider's financial liability and solvency, management structures, complaints process, staff competency, and health and safety.
- **Stakeholder Engagement**
  The voice of key stakeholders was considered and woven into the framework to inform its development and ongoing refinement. This includes engagement with disabled people, National Enabling Good Lives (NEGL), New Zealand Disability Support Network (NZDSN), providers and Disability Support Services (DSS) .
- **Te Tiriti o Waitangi**
  Te Tiriti o Waitangi played a central role in the development of Ngā Paerewa Health and Disability Services Standards, which were intentionally designed to better honour te Tiriti obligations within the health and disability sector. In turn, this framework embeds te Tiriti principles to guide audit practice, support meaningful engagement with individuals and whānau, and ensure information is collected and used in ways that uphold equity and partnership.

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Overview of the audit framework

Focus for Type 2 audits

Domain one: People

The experiences, rights and voices of disabled people are central to high-quality disability support services. This section focuses on whether people feel safe, respected, listened to and supported to live the life they choose. It looks at how services uphold rights, promote wellbeing, safeguard against harm, and work in partnership with residents, support people and whānau to deliver person-directed, culturally-safe, and equitable support.

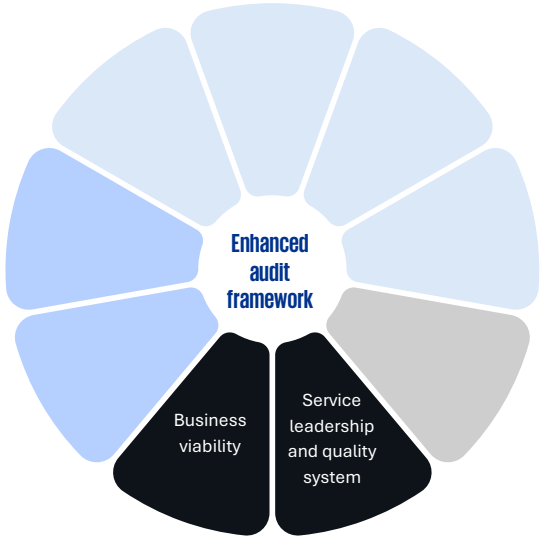
Domain two: Environment

The environment that disabled people live in plays a critical role in their safety, wellbeing, independence and quality of life. This section focuses on whether living environments are safe, accessible, clean and well-maintained. This includes ensuring providers are prepared to manage everyday risks, emergencies, and more complex safety issues. It looks at how physical spaces, systems and practices support people to feel secure, comfortable and at home, while enabling dignity, choice and participation in daily life to ensure that disabled people are not only safe and protected, but also empowered to lead happy, healthy lifestyles within the care of the provider.

Domain three: Organisation*

Organisational consistency tests whether the provider's organisational policies, expectations and systems are consistently applied in day-to-day service delivery. It looks at how the provider translates requirements from the People and Environment sub-domains into clear practice, oversight, escalation and improvement processes in the home. The focus is on whether provider-level direction is understood, embedded and working in practice to support safe, rights-based and high-quality services.

Focus for Type 1 audits



Domain three: Organisation*

Strong organisational leadership and systems are critical to delivering safe, sustainable and high-quality services. This section focuses on whether providers have effective governance, management and quality systems in place to support consistent service delivery. It considers financial viability, workforce capability, accountability, continuous improvement, and how organisations use information, oversight and learning to manage risk and improve outcomes for disabled people.

**Type 2 audits identify findings relating to the 'Organisational consistency' sub-domain only. The 'Business viability' and 'Service leadership and quality system' sub-domains are assessed separately as part of Type 1 audits and is undertaken only for providers selected by DSS. See Appendix C for audit type descriptions.*

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Framework breakdown

Domain	Sub-domain	Area
People	Rights and Person Directed Support	1A - Documentation of rights into process and policy
		1B - Clear communication
		1C - Consent
		1D - Complaints process
		1E - Onboarding
		1F - Activities and participation
		1G - Transition and discharge process
		1H - Community engagement
		1I - Neglect
	Health and Wellbeing	1J - Personal plans
		1K - Equitable individual and whānau experience
		1L - Medications
		1M - Dietary requirements and food provision
		1N - Infection protection
		1O - Monitoring and continuous improvement
		1P - Abuse protection
	Staff Capability and Conduct	1Q - Staff capability, wellbeing and suitability
	Māori and Pacific Peoples Cultural Safety	1R - Māori centred approaches
		1S - Pacific representation
		1T - Engagement in Māori health activities

Domain	Sub-domain	Area
Environment	Safeguarding and Protection	2A - Safeguarding, protection, finances and equity
		2B - Restraint safety
		2C - Seclusion safety, monitoring and elimination
		2D - Data equity and safety
	Environment and Safety	2E - Emergency and risk preparedness
		2F - Environmental hygiene infection prevention and hazardous substances
		2G - Building safety, accessibility and design
		2H - Site Security
Organisation	Business Viability	3A - Financial systems
		3B - Governance and equity
		3C - Complaints management
		3D - Staffing
		3E - Compliance
	Service Leadership and Quality	3F - Programme reporting
		3G - Restraint oversight and minimisation
		3H - Quality and risk
	Organisational consistency	3I – Rights and person directed support
		3J – Health and wellbeing
		3K – Staff capability and conduct
		3L – Māori and Pacific peoples cultural safety
		3M – Safeguarding and protection
		3N – Environment and safety

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Domain one: People

The experiences, rights and voices of disabled people are central to high-quality disability support services. This section focuses on whether individuals feel safe, respected, listened to and supported to live the life they choose. It looks at how services uphold rights, promote wellbeing, safeguard against harm, and work in partnership with individuals in the home, support workers and whānau to deliver person-directed, culturally safe, and equitable support.

	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
1A - Documentation of rights into process and policy	Individuals' rights are clearly documented and built into policies, processes and every day practice and are in line with the Code of Health and Disability Services Consumers' Rights. Individuals and their whānau experience their rights being upheld before, during, and beyond their care with the provider. NPS: • 1.1.1-2 • 1.3.1-4 • 1.4.1-3	• The provider has clear policies and processes in place to embed individuals' rights into everyday practice. • The provider uses incidents, complaints, and feedback to identify rights-related issues, respond appropriately, and drive improvement. • The provider maintains records that clearly document individuals' rights, preferences and identity, and ensures these are reflected in the support provided. • The provider demonstrates open, ongoing communication with individuals and whānau about rights and how they are upheld. • The site has visible 'your rights' information that is accessible and appropriate. • Individuals are respected, informed of their rights, and supported in ways that matter to them. • Whānau are able to advocate and believe the provider listens and responds appropriately.
1B - Clear communication	Communication is clear, timely and accessible. Residents and their whānau understand what is happening, feel listened to, and can meaningfully participate in decisions about their care and daily lives. NPS • 1.6.1-6 CRSS • 4.1.a	• The provider ensures communication is clear, timely, and understandable to residents and whānau. • The provider ensures communication methods are appropriate to individual needs, including culture and accessibility. • Individuals and whānau are supported by the provider to participate meaningfully in decisions that affect them. • The site shares information proactively, including during changes, delays, or transitions. • The provider ensures communication across services is coordinated and consistent. • The site demonstrates cultural safety, dignity, and choice in everyday communication practices. • The provider ensures translation and interpretation support can be accessed without unnecessary delay. • The provider ensures staff are aware of how to access interpreters and use them appropriately in practice. • Individuals and whānau can easily access key information when they need it. • Providers communicate in an open, transparent, and easy to understand manner. • Individuals feel supported to live in a home of their choice and with people they feel compatible with, where options exist.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
1C - Consent	Individuals are supported to make informed, voluntary decisions about their care. Consent is clearly explained, respected, and revisited as needed, with individuals and whānau appropriately involved at all stages. Individuals feel listened to, treated with dignity and fairness, and confident their rights, values, and preferences are upheld in all decisions that affect them. NPS • 1.7.1-7 • 1.7.8-9 CRSS • 4.2.b	• The provider ensures consent is clearly informed, voluntary, and aligned with individuals' rights. • The provider treats consent as an ongoing process and ensures it is revisited as circumstances change. • The provider ensures decision-making processes actively include individuals and, where appropriate, whānau. • The provider ensures there is clear authority and alignment with individuals' wishes where lawyers or representatives are involved. • The provider identifies issues relating to coercion, exclusion, privacy, or consent and uses these to inform improvement. • The site demonstrates respect for cultural values, tikanga, dignity, and privacy within consent-related practices. • Individuals and whānau understand the information being communicated to them, and are supported to provide consent based on informed consent and informed decision making. • Individuals feel they receive clear, understandable information before giving consent. • Individuals are actively included in decisions that affect them. • Individuals are treated fairly, with respect and without bias. • Individuals are comfortable with the level of involvement of whānau or lawyers in decisions about their care. • Staff support open, respectful conversations that enable informed consent and access communication supports (e.g. interpreters) to ensure understanding. • Staff understand consent as central to rights-based, person-centred practice.
1D - Complaints process	Complaints can be raised safely and easily. Complaints are listened to, handled fairly, equitably, and respectfully, and addressed in a timely manner. Individuals and whānau feel confident the process is accessible, culturally safe, and is designed to continuously improve the quality of care. NPS • 1.8.1-4 BVS • 2.1-3	• The provider ensures complaints can be raised easily, safely, and without fear of negative consequences. • The provider ensures support is available to help individuals and whānau make complaints. • The provider ensures complaints processes reflect individuals' rights, values, and beliefs and align with the Code of Rights. • The provider identifies and addresses inequitable behaviour and uses learning to inform improvement. • The provider analyses complaints and implements improvement actions to reduce recurrence. • Individuals and their whānau can readily and easily access the complaints process. • Individuals can access the complaints process in accessible formats. • Individuals and whānau feel that their complaints are listened to and taken seriously. • Individuals and whānau are treated respectfully by staff. • Individuals are able to raise complaints without fear of negative consequences. • The provider ensures the complaints process is fair, timely, and demonstrates respect for the rights, values, and beliefs of individuals.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
1E –Onboarding	Individuals, whānau, staff, and visitors are clearly informed about the service and what to expect. Entry criteria, roles, and processes are transparent and well communicated. Individuals and whānau feel welcomed, supported, and confident that information provided during onboarding aligns with their experience of the services. NPS • 3.1.1-4	• The provider ensures onboarding documentation clearly outlines all services offered in an accessible format. • The provider ensures clearly defined entry criteria are communicated to staff, and that decision-making processes are documented with clear reasons for declined entry. • Individuals, whānau, and staff clearly understand the services offered and relevant agreements and obligations related to their care. • The provider offers services and care that align with individuals' lived experience.
1F - Activities and participation	Individuals have access to meaningful activities that support their wellbeing, interests, and enjoyment. They are encouraged and supported to participate in everyday life and their community in ways that help them feel connected, valued, and included. NPS • 3.3.1 • 3.3.2 CRSS • 4.2.d	• Consistent documentation of individual participation in various activities that support their wellbeing, interests and enjoyment. • Individuals feel happy in the activities they can actively participate in. • Individuals and their whānau feel supported by the provider and the broader community. • Staff are able to easily provide holistic care to individuals by offering opportunities and experiences that are tailored to each individual's needs.
1G - Transition and discharge process	Transitions and discharges are planned, well-communicated, and centred on the needs and wishes of individuals. Providers ensure individuals and their whānau are involved decisions, understand what will happen next, and are supported to move safely and confidently, with continuity of care and clear pathways to ongoing support. NPS • 3.6.1 • 3.6.2 • 3.6.3 • 3.6.4 • 3.6.5	• The provider shows consistent engagement and collaboration with individuals and whānau throughout the transition and discharge process. • The provider has clear engagement and decision documents to detail the transition and discharge process, including clear guidelines and support for those being discharged or transitioned from the provider's care. • Individuals and their whānau have easy access to relevant information and pathways to engagement with other providers on site. • Individual(s) and their whānau feel informed and comfortable with their transition, transfer or discharge process. • Individual(s) and their whānau easily access other community organisations.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
1H - Community engagement	Individual(s) and whānau have meaningful opportunities to share their views and experiences. Their voices are actively sought, listened to and used to inform the planning, delivery, monitoring, and improvement of services. NPS • 2.3.5 • 2.3.9 – 14 CRSS • 4.2.e • 4.2.g	• The provider has documented participation of individual(s) and their whānau in the planning, delivery, monitoring and evaluation of services. • Individual(s) and their whānau feel their voice is heard in the service delivery process, and they have opportunities to feedback on or participate in the design and delivery of services.
1I – Neglect	Individuals receive the care and support they need. Their needs are identified, met consistently, and monitored. The provider has clear processes in place to recognise, report, and respond to signs of neglect and unmet care. NPS • 1.5.1	• The provider has systems in place so that each individual's needs are clearly stated, and that neglect can be identified. • The provider has clear processes regarding reporting and escalation for managing incidents and signs of neglect. • The provider has ensured there is accessible information for individuals on the level of care they should receive. • Individual(s) feel that their needs are met, and that they are cared for. • Staff can explain what SAC ratings are and how they are used to assess incident severity.
1J - Personal plans	Personal plans clearly reflect the needs, preferences, and goals of individuals. Individuals and whānau are actively involved in developing, reviewing, and approving personal plans, and feel confident these plans guide consistent, safe, and person-centred care. NPS 3.2.1-6	• The provider maintains personal plans that are highly detailed, specific to the individual, evidence whānau and individual involvement, include key risks and have defined approval processes.
1K - Equitable individual and whānau experience	Individuals and whānau experience care that is fair, inclusive, and culturally safe. They feel respected, listened to, and involved in decisions. Providers promote equitable access to support, information, and services that respond to the individual needs, values, and aspirations of disabled people. NPS • 1.4.5 • 3.2.7 • 3.3.3	• The provider documents and actively seeks opportunities to build and enhance equitable treatment and Māori-centred care. • Individuals are supported holistically throughout their care. • The provider supports equitable access to information for individual(s). • Individuals and whānau from other cultures feel their support is inclusive and reflective of their cultures, preferences and beliefs. • Staff are supported to deliver culturally relevant support to individuals and their whānau.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
1K - Equitable individual and whānau experience ctd.	Individuals and whānau experience care that is fair, inclusive, and culturally safe. They feel respected, listened to, and involved in decisions. Providers promote equitable access to support, information, and services that respond to the individual needs, values, and aspirations of disabled people. NPS • 1.4.5 • 3.2.7 • 3.3.3	• Tāngata whaikaha Māori are culturally safe, and supported by people who reflect their Māori culture through the services they receive. • Individuals of different cities are culturally safe, and supported by people who reflect their culture, beliefs and values through the services they receive. • Individuals are safe, included, and encouraged to participate and develop personal plans that reflect who they are. • Individuals are as independent as they wish to be, and are empowered to make choices and decisions that reflect their ambitions. • The provider actively includes individual(s) and their whānau in the development of personal plans, policies and procedures.
1L – Medications	Medication is managed and administered safely and appropriately. Individuals understand the medication they are taking and why. Systems are in place to reduce errors, respond to incidents, and support individuals' health, wellbeing, and dignity. NPS • 3.4.1-9	• The provider ensures policies and procedures support the safe administration of medication and clearly define the roles and responsibilities of staff. • The provider monitors and documents incidents and complaints to support appropriate oversight and response. • Individuals are aware of the medication they are taking and what it is for.
1M - Dietary requirements and food provision	Individuals receive food that meets their dietary needs, preferences, and cultural requirements. They are involved in decisions about food and meals. Food is prepared and provided safely, and in a way that supports nutrition, wellbeing, and enjoyment. NPS • 3.5.1-7	• The site maintains menu plans and personal plans that clearly evidence dietary needs, preferences, and nutritional safety. • Individuals have active participation in the food they eat. • The provider maintains clear food safety policies and mechanisms for logging and addressing issues relating to food provision. • The site supports individuals to be involved in their food provision and preparation, where appropriate.
1N - Infection protection	Infection risks are actively prevented, identified, and managed. Systems, staff capability, and resources support timely responses to infection risks, helping keep individuals, staff, and visitors safe and well. NPS • 5.2.1-11	• The provider ensures systems are in place to detect trends, outbreaks, or emerging risks early. • The provider ensures the organisation can activate a timely and proportionate response when required. • The provider ensures adequate PPE availability to support timely and safe staff behaviour during a response.
1O - Monitoring and continuous improvement	Services have a strong culture of continuous improvement. Quality, safety, and equity are regularly monitored, learning is embedded into practice, and actions are taken to improve outcomes for individuals. NPS • 2.1.1-11	• The provider has policies and procedures in place that ensure continuous improvement. • The provider has a consistent schedule of monitoring activities to ensure improvement of service quality.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
1P - Abuse protection	Individuals are protected from harm, abuse, and exploitation. They feel safe where they live, with safeguards in place to prevent abuse, identify risks early, and respond promptly and appropriately to concerns, abuse, harm or exploitation. NPS • 1.5.1 • 1.5.4 • 1.5.2-3 • 1.5.5	• The provider has clear policies that set out safeguarding responsibilities, escalation pathways, and expectations for professional boundaries. • The provider records and manages incidents and complaints to ensure discrimination, abuse, neglect, exploitation, or unsafe practices are identified, escalated, and responded to. • The provider documents and maintains procedures demonstrating proactive risk mitigation to prevent harm and reduce recurrence. • The provider has systems in place to identify, monitor, and respond to signs of potential harm or abuse of individuals. • The provider ensures incident records capture and address impacts on individual or staff wellbeing. • The site demonstrates no observable indicators of harm, abuse, or unsafe practices within the residence. • The site demonstrates that safeguarding processes and professional boundaries are embedded in day-to-day practice. • Individuals report feeling safe and secure in their residence. • Individuals are confident that concerns can be raised and will be taken seriously.
1Q - Staff capability, wellbeing, and suitability	Staff are suitably qualified, supported, and well enough to provide safe, high-quality care. The provider ensures staff have the right skills, training, and oversight. They offer consistent wellbeing support to staff and enable them to meet individuals' needs in a way that is safe and respectful. NPS • 2.4.1-7 CRSS • 4.2.f	• The provider has clear terms of reference, role descriptions, vetting, and employment requirement guidelines to appropriately recruit and retain the right people. • Staff have appropriate access to performance, supervision and wellbeing resources and opportunities. • The provider offers the right training and competency for staff to effectively meet the requirements of their role. • The provider ensures the environment, policies, procedures and organisational culture support cultural capability and equity. • The provider has the right level of capacity to support staff in building their Māori cultural competency and understanding. • Staff health and wellbeing is actively supported in the workplace.
1R - Māori Centred approaches	Māori individuals experience care that is culturally safe, respectful, and grounded in te ao Māori. The provider recognises Māori worldviews, upholds tikanga Māori, and actively supports equity and improved outcomes for Māori and their whānau. NPS • 1.1.4-5	• There are procedures and documentation in place that shows Māori and Pacific consideration in service delivery, engagement plans and policies. • The site has clear and accessible information to support staff to deliver culturally appropriate care and Services. • The provider and staff embed te reo me ōna tikanga Māori into how they communicate and care for individuals. • Individuals' worldviews and beliefs are embraced through the care they receive. • Individuals have not felt like their culture impedes the care they receive. • Individuals feel their provider champions equitable services.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
1S - Pacific representation	Pacific Peoples are appropriately represented within the workforce and leadership. The provider recognises and respond to Pacific cultures, values, and worldviews, and support equitable care and outcomes for Pacific individuals and their whānau. NPS • 1.2.4 • 1.2.1-5	• The provider demonstrates Pacific representation in leadership and across the workforce, and maintains active plans to recruit and retain Pacific peoples.
1T - Engagement in Māori health activities	Services support and encourage engagement in Māori health initiatives. Staff are enabled to build their knowledge and capability. Māori individuals' experience services that support their health, wellbeing, and aspirations. NPS • 1.1.4-5 • 1.4.4	• The provider has documented evidence of encouraging their workforce to engage in Māori health initiatives or learning across Aotearoa. • Staff feel supported in seeking and accepting opportunities to upskill in Māori health service provision.

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Domain two: Environment

The environment that disabled people live in plays a critical role in their safety, wellbeing, independence and quality of life. This section focuses on whether living environments are safe, accessible, clean and well-maintained. This includes ensuring providers are prepared to manage everyday risks, emergencies, and more complex safety issues. It looks at how physical spaces, systems and practices support individuals to feel secure, comfortable and at home, while enabling dignity, choice and participation in daily life to ensure that disabled people are not only safe and protected, but also empowered to lead happy, healthy lifestyles within the care of the provider.

	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
2A - Safeguarding, protection, finances and equity	Individuals are protected from harm abuse and discrimination. They feel safe where they live, and have their finances managed openly and fairly. Services are secure, inclusive, and help individuals to stay connected to their community. Individuals and whānau feel respected, listened to, and treated equitably. NPS • 1.5.2-3 CRSS • 4.2.c • 4.2.h	• The provider has the right policies and workforce capability to ensure individuals are protected and safeguarded from harm. • Providers support and enable individuals to manage their own finances where possible. • The site is secure and promotes individual safety. • Information for individuals to connect with the wider community is readily available. • Individual(s) and support workers feel like they are acknowledged, respected and included throughout the care and services they receive.
2B - Restraint safety	Restraint is avoided wherever possible and used safely if absolutely necessary. Services focus on preventing restraint, and using the lest restrictive options. Staff are trained, incidents are reviewed, and individuals and whānau are supported before, during and after any restraint incident. NPS • 6.1.5-6 • 6.2.1-8 • 6.3.1 • 6.1.1-4 CRSS • 4.2.i	• The provider has the right policies and workforce capability to eliminate restraint, and provide safe restraint practices in the event they are used. • The provider adheres to strict monitoring, reporting and escalation pathways for the use, and elimination of, restraint use. • The provider conducts regular reviews of their restraint policies and procedures. • The provider's organisational culture is reflective of the effort to minimise and eliminate the use of restraints. • Individuals and staff are collaboratively involved in post-restraint event processes.
2C - Seclusion safety, monitoring and elimination	Seclusion is rarely used and actively reduced over time. If seclusion is used, it is closely monitored, clearly justified, and reviewed with strong oversight, staff training, and a clear commitment to elimination seclusion altogether. Night safety orders are not used. In the event they are, there is clear justification, systems and processes in place as to how and why they are used. NPS • 6.4.1-9	• The provider has the right policies and process in place to use, evaluate and reduce the use of seclusion. • The provider conducts regular reviews and training to work towards elimination, and reduction of, seclusion. • The provider does not use night safety orders. If they do, the provider has sufficient evidence to justify the use of night safety orders. • The site has a designated, approved and compliant room for seclusion, if the provider uses seclusion. • The provider can confirm they do / do not use night safety orders. • Whānau are included in seclusion events. • Staff are supported to understand, respond to, mitigate and eliminate the use of seclusion.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
2D - Data equity and safety	Individual(s)' information is collected, stored, used and shared in a culturally safe, respectful, fair and purposeful way. Personal and Māori information is collected, stored, and shared in a way that is secure, transparent, and trusted. Individuals and whānau are involved and respected throughout the data management process. NPS • 2.3.6	• The provider has systems and processes in place to collect and share Māori health information. • Whānau and individuals feel involved in the collection, storing and sharing of information about them. • Staff have the capability and support to share data safely and equitably.
2E - Emergency and risk preparedness	Individuals are prepared, protected, and know what to do in an emergency. Services are ready to respond quickly and safely to emergencies and security situations with clear plans, trained staff, working equipment, and easy-to-understand information. Individuals feel confident they know how to get help and stay safe if something goes wrong. NPS • 4.2.3-4,8 • 4.2.1-7	• The provider has the right level of capability, capacity, resources and information to appropriately respond to emergency and security situations. • The site has adequate resources to identify and respond to emergencies quickly and safely. • Individuals understand what to do in an emergency or security situation.
2F - Environmental hygiene, infection prevention and hazardous substances	The environment is clean, healthy and well managed. Infection risks are controlled, cleaning is done properly, and hazardous substances are stored, used and disposed of safely to protect everyone's health. NPS • 5.2.1-11 • 5.5.1-5	• The provider promotes environmental hygiene through policies, procedures and access to resources and capability. • The provider promotes infection prevention through the use of skilled personnel to monitor and test the facilities. • The provider ensures hazardous substances are appropriately stored, accessed and disposed of. • The facility has adequate storage, disposal and guidelines for accessing and using hazardous substances. • The facility is clean, hygienic, and well maintained. • The facility has safe and appropriate laundry services and resources.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
2G - Building safety, accessibility and design	Buildings are safe, accessible, and feel like a home. Spaces are well-maintained, easy to move around, culturally appropriate, and support privacy, comfort and everyday living. NPS • 4.1.1-7 BVS • 4.1-7	• The provider provides facilities that are safe and compliant. • The provider promotes accessibility through facilities that are safe to, and enable, safe movement throughout. • Individuals have personal spaces that allow them to feel safe and comfortable. • Māori are consulted on the design of new plans where appropriate. • The facilities are clean, homely, well maintained, and safe. • The facility is compliant and safe. • Individuals' personal space are adequate, safe and promote healthy, happy living. • Shared communal spaces are fit-for-purpose and accessible. • Bathroom ad hygiene facilities are adequate and accessible to individuals. • Individuals feel that the facilities and spaces they live in and access are accessible, private, clean, well maintained and fit-for-purpose. • Individuals have autonomy over their own bedroom / personal space.
2H - Site security	Individuals and staff are safe and secure in their living environment. Security measures and processes are in place to protect people, prevent unauthorised access, and support a safe and welcoming home. NPS • 4.2.6	• The provider has clear measures and processes in place for site security to ensure user safety. • The provider has clear security systems in place to ensure the site is secure.

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Domain three: Organisation

Strong organisational leadership and systems are critical to delivering safe, sustainable and high-quality services.

- The ‘business viability’ and ‘service leadership and quality system’ sub-domains focus on whether providers have effective governance, management and quality systems in place to support consistent service delivery. It considers financial viability, workforce capability, accountability, continuous improvement, and how organisations use information, oversight and learning to manage risk and improve outcomes for disabled people.

- The ‘organisational consistency’ sub-domain tests whether the provider’s organisational policies, expectations and systems are consistently applied in day-to-day service delivery. It looks at how the provider translates requirements from the People and Environment sub-domains into clear practice, oversight, escalation and improvement processes in the home. The focus is on whether provider-level direction is understood, embedded and working in practice to support safe, rights-based and high-quality services.

	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
3A - Financial systems	The provider ensures ongoing financial solvency through fit-for-purpose financial management systems, accurate and timely reporting, regular independent audits, and robust forward financial planning to support long-term sustainability. BVS • 1.1-5	• The provider maintains financial solvency and exercises effective oversight of liquidity and obligations. • The provider implements fit-for-purpose financial management systems, governs them clearly, and applies them consistently. • The provider produces accurate, timely financial reporting that supports management and governance decision-making. • The provider commissions regular independent financial audits and addresses audit findings. • The provider actively uses forward financial planning, reviews it against actual performance, and supports long-term sustainability. • The provider has clear and consistent processes for generating accurate and complete financial reports, with defined procedures followed by accounting staff. • The provider uses its financial management system to support financial control, reporting, and regulatory compliance. • The provider uses financial planning and forecasting to support decision-making, with regular review of performance against actual results.
3B - Governance and equity	The provider supports access to appropriate expertise to enable safe, compliant, and high-quality service delivery including effective governance, oversight, and continuous improvement. NPS • 2.1.1-11 • 5.1.1-4 BVS • 5.1-5	• The provider maintains legal status and complies with regulatory requirements. • Governance defines, communicates, and applies clear management structures and assigns and enforces clear roles, accountabilities, and reporting lines, including clinical governance. • Governance actively oversees infection prevention programmes. • The provider identifies, declares, and manages conflicts of interest. • The provider aligns policies with legal, constitutional, and contractual obligations. • The provider establishes and uses a formal mechanism to access infection prevention expertise. • Governance consults experts to inform strategy, risk management, and improvement. • Governance records decisions and demonstrates oversight through clear documentation. • The provider has clear and understood governance and management arrangements in place, including legal compliance and documented decision-making.
	The provider ensures equity is embedded in governance and service delivery through effective oversight, meaningful Māori representation, and active participation of individuals and whānau in planning, decision-making, and evaluation. NPS • 1.2.4	• The provider embeds equity objectives into policies and plans and takes action to address identified barriers. • Governance actively oversees equity outcomes through decisions, monitoring, and review. • Governance defines, achieves, and maintains effective Māori representation on governance bodies. • The provider enables individuals, whānau, and Māori to meaningfully influence service planning, evaluation, and organisational decision-making. • Governance has meaningful and appropriate Māori representation.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
3C – Complaints management	The provider ensures complaints are handled safely, fairly, and consistently to improve service quality and equity for individuals and whānau. BVS • 2.1-3	• The provider maintains a clear, accessible, and rights-based complaints process. • The provider makes complaints information visible and available in accessible formats. • The provider records complaints, resolves them consistently, and acts on findings. • Governance oversees complaint themes and associated improvement actions. • The provider handles complaints equitably and in culturally safe ways. • The provider ensures staff understand how to support complaints to be raised safely and without negative consequence. • The organisation regularly reviews complaints processes to drive improvement. • The provider demonstrates that complaints pathways are safe, accessible and consistently supported by staff. • The provider demonstrates that complaints processes are actively reviewed and used to drive ongoing improvement. • The provider ensures staff are confident receiving, recording, escalating and responding to complaints. • The provider ensures staff understand the complaints process and can apply it consistently in day-to-day practice.
3D – Staffing	The provider ensures staff are capable, suitable, and well-supported to deliver safe, high-quality and equitable services. NPS • 2.3.5-14 BVS • 3.1-8	• The provider has clear, current staffing policies and procedures that align with legal and regulatory requirements. • The provider applies fair, transparent, and consistent recruitment processes. • The provider ensures staff understand their roles, responsibilities, and inclusion requirements. • The provider clearly documents, approves, and manages any exceptions to staffing policies. • The provider offers relevant and sufficient training that enables staff to perform their roles safely and effectively. • The provider ensures governing personnel understand and appropriately apply their skills and qualifications in oversight and decision making. • The provider supports staff in a way that builds confidence in recruitment processes, training, and organisational support. • The provider demonstrates that roles and responsibilities are understood in practice, training is delivered as intended, and performance management processes are operating effectively. • Staff are satisfied and comfortable with recruitment and upskilling processes and are empowered to deliver their role effectively. • Governance personnel can confidently apply their skills and qualifications in their governance roles, including managing service providers, health equity, cultural safety, and te Tiriti o Waitangi. • Human resources provide recruitment and retention policies and documentation that is compliance and supports staff understanding of their roles, responsibilities and inclusion requirements.
3E - Compliance	The provider consistently meets legislative, contractual, and regulatory requirements through effective governance, record-keeping, and information management systems. NPS • 2.5.1-3	• The provider monitors and reports compliance obligations through defined processes. • The provider maintains accurate, complete records that meet legislative and privacy requirements. • The provider operates compliant and secure information management systems. • The provider maintains written agreements for all staff, volunteers, and contractors that align with legal and organisational requirements.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
3F - Programme reporting	The provider ensures effective monitoring, reporting, and escalation of infection prevention issues, with clear outcome agreements and systems in place to measure performance, manage risk, and support continuous improvement. NPS • 5.2.1-11 • 5.3.1-3 • 5.4.1-5	• The provider has clear and effective reporting and escalation mechanisms for infection prevention programmes. • The provider regularly monitors, reviews, and reports on operational areas (including IP performance) through defined review cycles. • The provider uses outcome agreements to clearly set expectations and performance measures. • The organisation systems enable outcomes tracking, reporting performance, and managing risk. • Management takes active action to address issues and achieve agreed outcomes.
3G - Restraint oversight and minimisation	The provider has strong governance, executive accountability, and inclusive oversight in place to minimise and eliminate the use of restraint through effective leadership, data, and collaboration. NPS • 6.1.5-6	• Governance commits clearly to restraint minimisation and elimination. • An executive leader holds accountability for restraint outcomes. • Executives regularly report restraint use to governance. • Governance accesses and uses aggregated restraint data for oversight. • The provider's oversight includes meaningful representation from whānau, Māori, and people with lived experience. • Oversight participants report genuine involvement and influence. • Policies and leadership are effectively communicated and implemented to support the minimisation and elimination of restraint use. • Individuals and their whānau have consistent opportunities to collaborate with oversight groups.
3H – Quality and risk	The provider ensures risks to service quality, safety, and equity are identified, managed, and continuously improved through effective quality and risk management systems. NPS • 2.2.1-8	• The provider operates a risk-based quality and risk framework. • The provider monitors risks, incident, inequities and health equity outcomes. • The provider tracks improvement actions and reviews them for effectiveness. • The provider ensures staff understand their responsibilities for escalating and reporting critical incidents.
3I – Rights and person-directed support	The provider has systems that uphold rights, informed choice and participation through clear communication, accurate records, and consistent use of policies and escalation pathways, so unmet care, neglect, or concerns are identified and addressed early. Supported by evidence from: 1A – Rights and person-directed support 1B – Clear communication 1C – Consent 1D – Complaints process 1E – Onboarding 1G – Transition and discharge process 1H – Community engagement 1I – Neglect	• The provider has accessible, current policies and guidance that embed rights, consent, communication, complaints, onboarding, transition and discharge, community engagement and neglect prevention and response processes into day-to-day practice. • The provider ensures all staff understand expectations, document decisions consistently, and know when and how to escalate concerns. • The provider uses records and feedback to confirm individuals and whānau are informed, listened to, involved in choices, and supported to raise concerns. • The provider reviews incidents, complaints, feedback, and service information to identify gaps, respond promptly, and strengthen practice.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
3J – Health and wellbeing	The provider has systems and oversight that support safe, equitable and person-directed health and wellbeing practices, including personal planning, medication, food, infection prevention, monitoring, improvement and abuse protection. Supported by evidence from: • 1J – Personal plans • 1K – Equitable individual and whānau experience • 1L – Medications • 1M – Dietary requirements • 1N – Infection protection • 1O – Monitoring and continuous improvement • 1P – Abuse protection	• The provider has documented systems, policies and oversight for personal plans, medication, food provision, infection prevention and abuse protection. • The provider ensures staff understand and apply policies, procedures and escalation pathways for personal plans, medication, food provision, infection prevention, monitoring, improvement and abuse protection in day-to-day practice. • The provider ensures staff understand and follow procedures that support individual needs, preferences, culture, communication, safety and wellbeing. • The provider monitors records and reviews risks, incidents, complaints, trends and wellbeing impacts to ensure issues are escalated, followed up, and used to prevent recurrence.
3K – Staff capability and conduct	The provider has workforce systems that support suitable recruitment, role clarity, training, supervision, wellbeing, cultural capability and safe practice in the home. Supported by evidence from: • 1Q – Staff capability, wellbeing and suitability	• The provider has clear workforce policies, role descriptions, vetting, employment requirements and recruitment processes. • The provider ensures staff receive the training, supervision and support needed to perform their roles safely, respectfully and consistently. • The provider monitors and supports staff wellbeing, performance, competency and cultural capability. • The provider ensures expectations for conduct, equity, and safe practice are understood and applied in day-to-day service delivery.
3L – Māori and Pacific peoples Cultural Safety	The provider has systems that support culturally safe practice for Māori and Pacific peoples through guidance, workforce capability, representation, leadership support, and engagement in Māori health and learning initiatives. Supported by evidence from: • 1R – Māori centred approaches • 1S – Pacific representation • 1T – Engagement in Māori health activities	• The provider has policies, guidance, and resources that support culturally appropriate care for Māori and Pacific peoples. • The provider supports staff to embed te reo me ōna tikanga Māori and culturally safe practice into communication and support. • The provider supports Pacific representation and culturally responsive practice through workforce and leadership planning. • The provider encourages, documents, and reviews staff engagement in Māori health initiatives and learning to strengthen culturally safe practice.

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	Objectives What are we trying to achieve?	Indicators of good practice What do we expect from the providers?
3M- Safeguarding and protection	The provider has systems that protect individuals from harm, support safe and equitable information and financial safeguards, and provide clear oversight of restraint, seclusion and safety practices. Supported by evidence from: • 2A – Safeguarding, protection, finances and equity • 2B – Restraint safety • 2C – Seclusion safety, monitoring and elimination • 2D – Data equity and safety	• The provider has clear safeguarding, financial safeguarding, restraint, seclusion, information sharing, and escalation policies in place. • The provider ensures staff know how to identify, record, report, respond and identify improvement actions for safeguarding, financial, restraint, seclusion and data safety concerns. • The provider ensures data collection, storage, sharing and use practices are understood and applied consistently in the home, with safeguards to protect privacy, maintain data quality and identify inequities or risks.
3N – Environment and safety	The provider has systems and oversight that support safe, accessible, clean and well-maintained living environments, with clear preparedness, reporting, escalation and response processes for emergencies, incidents and environmental risks. Supported by evidence from: • 2E – Emergency and risk preparedness • 2F – Environmental hygiene, infection prevention and hazardous substances • 2G – Building safety, accessibility and design • 2H – Site security	• The provider has procedures, resources and oversight for emergency preparedness, security, hygiene, hazardous substances, infection prevention, maintenance, accessibility and building safety. • The provider ensures staff know what to do, who to contact, and how to escalate environmental, emergency, security, or maintenance issues. • The provider monitors checks, incidents, maintenance, accessibility issues, and emergency preparedness activities to ensure they are recorded, reviewed and followed up. • The provider considers individual needs, dignity, privacy, cultural appropriateness, and accessibility when reviewing or changing living environments.

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Enhanced audit: Maturity framework

This section introduces the maturity framework used to assess performance across all audit questions. The maturity scale provides a consistent, transparent way to evaluate how well practices are established, embedded, and sustained over time, and supports fair comparison across providers.

Maturity framework

Type 2 audits Type 1 audits

This maturity framework provides a structured and consistent way to evaluate performance across the enhanced audit, with a focus on both lived experience and system strength. It assesses how well practices are designed, implemented, embedded, and sustained over time, rather than simply whether minimum requirements are met.

The framework brings together what disabled people and whānau experience in practice, with how effectively governance and management provide support, oversight, accountability, and continuous improvement. By applying a common five-point scale, it supports fair and transparent assessment across providers, helps identify strengths and gaps, and distinguishes between emerging practice, consistent delivery, and leading, system-enabled performance. The maturity ratings are intended to inform assurance judgements while also supporting learning, improvement, and longer-term system stewardship.

This maturity framework was designed using KPMG's Te Puāwaitanga maturity model. The essence of Te Puāwaitanga is derived from a whakatauki '*He kākano āhau i ruia mai i Rangiātea'.* This is metaphorically translated to '*I am a seed, descended from greatness'.*

Domain	Initial	Developing	Established	Embedded	Leading
	Kākano (seed)	Pakiaka (roots)	Māhuri (sapling)	Rākau (tree)	Tōtara (mature tree)
	1	2	3	4	5
Overarching framework	This is a stage of emergence. Disabled people experience inconsistency and gaps in support; governance is reactive, fragmented, and largely compliance-driven.	This is a stage of awareness with a lot of potential for growth. Disabled people are sometimes listened to, but experiences vary; governance is aware of issues and beginning to put basic structures in place	This is a stage of understanding. Disabled people generally feel safe and respected, though not always consistently; governance and management systems are defined and operating, but not yet embedded everywhere.	This is a stage of competence. The foundations for success are established. Disabled people consistently experience person-directed, rights-based care; governance provides clear oversight, uses data and assurance effectively, and drives improvement.	This is a stage of excellence. Disabled people experience empowering, culturally grounded support where their voice shapes services; governance is mature, proactive, and system-focused, sustaining quality, equity, and learning over time.
People	Disabled people experience inconsistency in how their rights, safety, voice, and wellbeing are upheld. Practice is fragmented and often reactive. Governance and service systems are focused on basic compliance, with limited assurance that people feel safe, informed, or meaningfully involved in decisions about their lives.	There is growing awareness of people-centred, rights-based practice. Safeguarding, communication, consent, and personal planning processes exist, but individuals' and whānau experiences vary. Individuals are sometimes listened to, though their involvement is not yet consistent or embedded.	Individuals generally feel safe, respected, and informed. Rights, communication, consent, complaints, onboarding, and personal planning are clearly defined and operating. People and whānau are involved in decisions that affect them, though practice is still maturing and not yet consistent.	People consistently experience person-directed, rights-based, and culturally safe support. Safeguarding and communication are embedded in daily practice, consent is actively upheld, and personal plans reflect people's goals and preferences. Learning from feedback and complaints supports continuous improvement.	Individuals experience empowering, equitable, and culturally grounded care where their voice shapes services. Rights, safety, and wellbeing are sustained strengths, supported by mature systems and strong relationships with whānau. Practice is continuously refined through learning and lived experience.
Environment	Living environments meet basic safety needs but do not consistently support wellbeing, independence, or equity. Risk management is reactive, and systems for emergency preparedness, infection prevention, accessibility, and restraint or seclusion oversight are fragmented.	Foundational systems are in place to manage environmental risks, safety, and hygiene. Awareness of equity, accessibility, and preparedness is increasing, though practice is uneven. Disabled people may feel safe in many situations, but confidence varies.	Environments are generally safe, accessible, and well maintained. Emergency preparedness, infection prevention, data safety, and risk controls are defined and operating. Most disabled people feel secure, supported, and able to participate in daily life within their environment.	Environmental safety, accessibility, and preparedness are embedded and proactive. Risks are anticipated and managed early, restraint and seclusion are minimised, and buildings support dignity, independence, and inclusion. Learning and monitoring drive continuous improvement.	Environments actively enable disabled people to thrive. Safety, accessibility, equity, and wellbeing are sustained strengths, supported by strong systems and community connections. The physical and operational environment feels secure, inclusive, and genuinely like home.
Organisation	Organisational policies, procedures and expectations are not consistently reflected in day-to-day practice within the home. Staff rely heavily on individual judgement, with significant variation in how organisational requirements are understood, applied and evidenced.	Policies and procedures are in place, however these are not yet consistently understood or applied. Staff demonstrate partial awareness of organisational expectations, but there is limited evidence of application.	Organisational policies, procedures and expectations are generally understood and applied within the home. Most key organisational requirements are implemented consistently, although some variation in practice remains.	Organisational expectations are consistently translated into day-to-day practice within the home. Staff demonstrate a strong understanding of policies and procedures, and evidence shows consistent application in a reliable way.	The home demonstrates strong alignment between organisational expectations and service delivery. Policies, procedures and standards are consistently applied, actively monitored and refined over time, with practice reflecting a highly mature and reliable approach that supports positive outcomes and experiences for disabled people.
	Governance and management systems are fragmented and largely compliance-driven. Oversight of quality, risk, equity, and financial sustainability is limited, and organisational learning is reactive.	Core governance, financial, and compliance structures are in place, with increasing awareness of equity and quality improvement. Oversight exists, but assurance and consistency across the organisation are still developing.	Governance and management systems are defined and operating. Financial viability, compliance, workforce capability, and quality and risk processes are monitored. Leadership provides clearer oversight, though systems are not yet fully embedded everywhere.	The organisation demonstrates strong, consistent governance and leadership. Quality, safety, equity, and financial sustainability are actively overseen using data, assurance, and learning. Systems support accountability, transparency, and continuous improvement.	The organisation is mature, proactive, and system-focused. Governance sustains high-quality, equitable services over time, with strong stewardship, financial resilience, and learning embedded across the organisation. Decision-making is informed by data, assurance, and lived experience.

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Appendices

This section contains key reference materials to support the understanding of the enhanced audit framework

Standards reference index

Enabling Good Lives principles	
Self-determination	Disabled people are in control of their lives.
Beginning early	Invest early in families and whānau to support them; to be aspirational for their disabled children to become independent, rather than waiting for a crisis before support is available.
Person-centred	Disabled people have supports that are tailored to their individual needs and goals, and that take a whole life approach rather than being split across programmes.
Ordinary life outcomes	Disabled people are supported to live an everyday life in everyday places; and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation – like others at similar stages of life.
Mainstream first	Disabled people are supported to access mainstream services before specialist disability services.
Mana enhancing	The abilities and contributions of disabled people and their families are recognised and respected.
Easy to use	Disabled people have supports that are simple to use and flexible.
Relationship building	Supports build and strengthen relationships between disabled people, their whānau and community.

- *More information on Enabling Good Lives and the principles to guide change can be found on their website or through this link.*
- *More information on Ngā Paerewa Health and Disability Standards can be found on the Ministry of Health website or through this link.*

Ngā Paerewa Health and Disability Standards	
1.1	Pae Ora healthy futures
1.2	Ola manuia of Pacific peoples in Aotearoa
1.3	My rights during service delivery
1.4	I am treated with respect
1.5	I am protected from abuse
1.6	Effective communication occurs
1.7	I am informed and able to make choices
1.8	I have the right to complain
2.1	Governance
2.2	Quality and risk
2.3	Service management
2.4	Health care and support workers
2.5	Information
3.1	Entry and declining entry
3.2	My pathway to wellbeing
3.3	Individualised activities
3.4	My medication
3.5	Nutrition to support wellbeing
3.6	Transition, transfer, and discharge
4.1	The facility
4.2	Security of people and workforce
5.1	Governance
5.2	The infection prevention programme and implementation
5.3	Surveillance of health care-associated infection (HAI)
5.4	Environment
6.1	A process of restraint
6.2	Safe restraint
6.3	Quality review of restraint
6.4	Seclusion

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DSS Community Residential Services Specification – November 2025

4.1.a	Disabled People will be encouraged and supported to increase their independence (to the capacity of the Disabled Person), self-reliance, and be provided with information that enables them choice and control.
4.2.b	Disabled People will be supported to live in a home of their choice (where a choice of homes exists) and, as far as possible, with people with whom they are compatible. The home is accessible, homely, clean, well maintained and provides privacy and autonomy.
4.2.c	Disabled People will live in an environment that safeguards them from abuse and neglect and ensures their personal security and safety needs are met.
4.2.d	Disabled People will be encouraged to experience opportunities for optimum health, wellbeing, growth and personal development including staff proactively seeking opportunities and experiences for Disabled People they support.
4.2.e	Disabled People will be actively supported to integrate into their community and to be involved with friends, partners and family, in accordance with their choice and personal goals.
4.2.f	Support staff will be well trained and competent, including culturally competent, to positively support Disabled People and meet their needs.
4.2.g	Disabled People (and, to the extent consistent with their will and preference or any relevant court order, their family/whānau, guardian or advocate), will have opportunity for input into all aspects of the service (such as staffing, Personal Planning, and Governance).
4.2.h	Disabled People may access support and Advocacy from existing community-based providers such as DAPAR or People for Us and other family violence or sexual violence community services.
4.2.i	Unless specifically permitted to do so under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, the Provider will not use seclusion, and will not use restraint where behavioural support interventions are better methods of ensuring the Disabled Person's safety. See Prevention and Management of Abuse: Guide for services funded by Disability Support Services (and any document that replaces this document in the future).

Business Viability Standards for non-government organisation audit and review

1	Financial management and systems.
2	Resolution of complaints related to service provision.
3	Staffing.
4	Health and safety.
5	Management structure and systems.

DSS-developed outcome domains

1. Rights and person-directed support	
1.1	Evidence of supported decision making.
1.2	Individual involvement in daily routines and planning.
1.3	Accessible complaints process.
1.4	Respect of privacy, gender identity, culture and language.
2. Health and wellbeing	
2.1	GP visits, specialist referrals, medication reviews.
2.2	Nutritional and mobility assessments.
2.3	Health action plans and documented follow-ups.
3. Safeguarding and protection from harm	
3.1	Incident logs, reviews, and escalation pathways.
3.2	Staff knowledge of safeguarding obligations.
3.3	Record of restraint use, with debrief and clinical oversight.
3.4	Access to independent advocacy or support persons.
4. Staff capability and conduct	
4.1	Mandatory training (e.g., first aid, safeguarding, trauma-informed care).
4.2	Staff turnover rates and exit interview themes.
4.3	Cultural safety and te Tiriti responsiveness training.
5. Environment and safety	
5.1	Environment hazard checks.
5.2	Evacuation drills and health and safety compliance.
5.3	Individual feedback on their physical environment.
6. Service leadership and quality systems	
6.1	Governance meeting minutes and action logs
6.2	Review of complaints and learning loops
6.3	Staff and family satisfaction metrics
7. Māori and Pacific peoples cultural safety	
7.1	Māori cultural safety and belonging
7.2	Māori rights to self determination
7.3	Pacific peoples cultural safety and belonging
7.4	Pacific peoples models of care and representation

- *More information on Disability Support Services can be found on their website through this link.*
- *More information on the Ministry of Social Development can be found on their website through this link.*

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Glossary

Key terms, references and stakeholders

Name	Definition
Individuals	Individuals living in residential care and homes.
Support person(s)	People and staff who provide support to individuals.
Whānau	Family, friends and community of individuals.
Disabled people / disabled person	Refers to the broader disabled people community.
Staff	People who work with individuals and/or with the provider.
Provider	Provider of residential care facilities and services.
Ngā Paerewa Health and Disability Services Standards	A set of standards that set clear expectations for safe, high-quality, and consistent disability support services that focus on the rights, wellbeing, and experiences of disabled people.
DSS Service Specifications and Objectives	Overarching service specification for Community Residential Services in Community Group Homes funded by DSS – MSD.
Enabling Good Lives	A foundation and framework to guide positive change for disabled people, families, communities and governance structures.
Business Viability Standards	A set of standards the Ministry of Health uses to audit non-government organisations.
New Zealand Disability Support Network	A network of organisations and individuals that provide support to disabled people.
Te Tiriti o Waitangi	A foundational document of Aotearoa that outlines the rights and responsibilities of Māori and the Crown. In the context of this audit, it emphasises the importance of Māori-led approaches and equity in health and disability services.
Home Agreement	An agreement outlining the rights, responsibilities, and support arrangements for individuals, ensuring legal protection, personalised support, and access to community and medical services.
Residential Care Subsidy	Financial support paid directly to the provider to support individuals to access long-term residential care.
Infection Prevention	Programmes, capabilities and oversight to prevent infection, and respond when a risk of infection arises.

Regularly-used acronyms

Acronym	Definition
DSS	Disability Support Services
NZDSN	New Zealand Disability Support Network
EGL	Enabling Good Lives
MSD	Ministry of Social Development
NPS	Ngā Paerewa Standards
CRSS	Community Residential Service Specifications
BVS	Business Viability Standards
SAC	Severity Assessment Code
IP	Infection Prevention

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Audit types

Audit Type 1: Organisational audits	Audit Type 2: Service/care audit	Audit Type 3: Service/care audit	Audit Type 4: Organisation audit	Audit Type 5: On-demand Audit
• Providers who operate community group homes of four or fewer beds. • In-person site visits to head offices. • Focuses on business viability and compliance across the audit framework domains. • Audit framework alignment – Organisation.	• Community group homes of four or fewer beds. • Assesses the practical application of policies, processes, service practices, quality of care and delivery approaches. • Focuses on safeguarding and the living experience of individuals living in the home. • Audit framework alignment – People and Environment	• Other DSS providers engaged in the connection and delivery of care, including those who have touchpoints with disabled people and whānau. • May also include broker services to support the delivery of supports and care. • Examples include Behaviour Support Services, Equipment and Modification services.	• DSS providers engaged in service delivery relating more to navigation services, including Disability Information Advisory Services. • Also includes other services such as Rehab Services. • Limited scope audit focusing on policies, systems and infrastructure to assess how they engage with other service providers and the disabled people they support.	• Bespoke audits that are commissioned as required. These are applicable to all providers. • Often initiated due to critical quality issues being identified. • Delivered by a multi-disciplinary rapid response team. • Includes Tracer Audits (individual service user experience), Issue-Based Audits (targeted e.g., financial, clinical, performance) and No-Notice Audits (conducted without prior notice if safety is at risk).

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Ngā Mihi

Inherent Limitations

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