

# Mission Residential Care Limited - Mission Residential Care Ltd

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Mission Residential Care Limited
<b>Premises audited:</b>	Mission Residential Care Ltd.
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 12 May 2021    End date: 13 May 2021
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	52

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. 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 standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards 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 standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards 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 standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Mission Residential Care Limited (Kemp Rest Home and Hospital) is a not-for-profit organisation that is owned by the City Mission. The service provides rest home and hospital level of care for up to 81 residents.

On the day of the audit there were 52 residents. The general manager, residential services is responsible for the overarching operations of the City Mission's residential services. The nurse manager is responsible for the day-to-day operations and management of Kemp Home and Hospital. The service has a stable workforce.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of resident's and staff files, observations and interviews with residents, relatives, staff, management and general practitioner.

The residents and relatives spoke positively about the care, including cultural and spiritual supports provided at Kemp rest home and hospital.

The service has fully met the Health & Disability standards. The service has been awarded a continuous improvement rating for recognition of Māori values and beliefs and good practice for reduction of falls.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

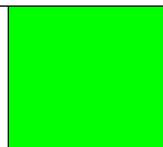


Standards applicable to this service fully attained.

Kemp Home and Hospital endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrate an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Standards applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. A nurse manager (RN) is responsible for the day-to-day operations of Kemp Home. Quality and risk management processes are documented and implemented. Adverse, unplanned and untoward events are responded to in a timely manner. Appropriate employment processes are adhered to. An education and training programme for staff is established. Care staff and residents reported that staffing levels are adequate to meet the needs of the residents.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

All standards applicable to this service fully attained with some standards exceeded.

Residents are assessed prior to entry to the service. A baseline assessment is completed upon admission and an interRAI assessment within three weeks. Lifestyle support plans are developed by the service's registered nurses, who also have the responsibility for maintaining and reviewing the support plans.

InterRAI assessment tools and monitoring forms are used to assess the level of risk and ongoing support required for residents. Lifestyle support plans are evaluated six monthly or more frequently when clinically indicated. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.

The activity programme is varied and reflects the interests of the residents including community interactions.

There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Competencies are completed. Medication profiles are up to date and reviewed by the general practitioner three-monthly or earlier if necessary.

The menu is designed and reviewed by a registered dietitian. Residents' individual needs are identified. There is a process in place to ensure changes to residents' dietary needs are communicated to the kitchen. Regular audits of the kitchen occur.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The service displays a current building warrant of fitness. Reactive maintenance is carried out. Furniture and fittings are selected with consideration to residents' abilities and functioning. Residents can and do bring in their own furnishings for their rooms. The service has policies and procedures for management of waste and hazardous substances and incidents are reported on in a timely manner. Documented policies and procedures for the cleaning services are implemented with monitoring systems in place to evaluate the effectiveness of these services. Laundry is undertaken on site. Policies and procedures are in place for essential, emergency and security services, with adequate supplies should a disaster occur. There is staff on duty with a current first aid certificate.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff are provided with access to training in restraint minimisation and challenging behaviour management. At the time of audit there were three residents using restraints and three residents using an enabler. The approval process for restraint use includes ensuring the environment is appropriate and safe. Assessments and care plans identify specific interventions or strategies to try (as appropriate) before restraint is used. Restraint use is reviewed a minimum of three-monthly.

## Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

## Summary of attainment

The following table summarises the number of standards 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)
<b>Standards</b>	1	49	0	0	0	0	0
<b>Criteria</b>	2	99	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location in English and in te reo Māori. Policy relating to the Code is implemented and staff could describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with the managers (general manager, nurse manager) and staff including: six caregivers, six registered nurses (RNs), one cook, one diversional therapist, one maintenance, one housekeeper, confirmed their understanding of the key principles of the Code and with examples provided of how the Code applies to their job role and responsibilities.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The service has policies and procedures relating to informed consent and advanced directives. All eight resident files reviewed included signed informed consent forms and advanced directive instructions. Staff are aware of advanced directives. Admission agreements were sighted which were signed by the resident or nominated representative. Discussion with residents and families identified that the service actively involves them in decision making.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Information on advocacy support services is included in the resident information pack that is provided to residents and their family on admission. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy support services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate as much as they wish, in a safe and appropriate manner.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives at entry to the service. A record of complaints, both verbal and written is maintained electronically by the general manager using a complaints' register. The complaints process is linked to the quality management system. There have been fifteen complaints lodged since the previous audit. On review of these complaints, they were managed appropriately and have been signed off by the general manager as resolved.</p> <p>Residents and family members advised that they are aware of the complaint procedure. Discussion around complaints and/or concerns are included in staff meetings.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The nurse manager discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the two-monthly resident/family meetings. Interviews with five residents (one rest home and four hospital) and seven relatives (seven hospital including one YPD) confirmed that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has</p>	<p>FA</p>	<p>Residents are treated with dignity and respect. Privacy is respected, and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents preferred names. Values and beliefs information are gathered on admission</p>

regard for their dignity, privacy, and independence.		with family involvement and are integrated into the residents' care plans. Spiritual needs are identified. There is a policy on abuse and neglect and staff have access to regular training.  Residents are assisted and supported to maintain as much independence as possible.
Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. There were seven residents who identified as Māori at the time of the audit. Two files reviewed and interviews with residents who identify as Māori indicated that their values and beliefs are identified in their care plan and are acknowledged and respected by staff.  Māori consultation is available through documented iwi links. Caregivers interviewed, including three caregivers who identify as Māori, were aware of the importance of whānau in the delivery of care for Māori residents. A selection of the caregivers can speak te reo Māori to the residents, observed during the audit.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they are involved in developing the resident's plan of care, which includes the identification of individual values and beliefs. All care plans reviewed include the resident's social, spiritual, cultural and recreational needs.
Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Code of conduct training is provided through the in-service training programme. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.
Standard 1.1.8: Good Practice	FA	Evidence-based practice is evident, promoting and encouraging good practice. Registered

<p>Consumers receive services of an appropriate standard.</p>		<p>nursing staff are available 24 hours a day, seven days a week. A general practitioner (GP) visits the facility three days a week and provides after hours clinical service.</p> <p>The GP reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. Physiotherapy services are provided as required according to resident need. A podiatrist is on site approximately every six weeks. The service has links with the local community and encourages residents to remain independent.</p> <p>Standards of infection control throughout the 2020 pandemic situation remained robust, with fewer infections in general for both residents and staff. All staff have complied with the request to be Covid tested where appropriate.</p> <p>Kemp Home and Hospital has a particular focus on providing holistic and inclusive services, encouraging whānau to be beside their loved ones and participate in their care.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process for open disclosure. Residents/relatives have the opportunity to feedback on service delivery through open-door communication with management. Two-monthly resident meetings encourage open discussions around the services provided (meeting minutes sighted). Accident/incident forms reviewed provided evidence that families are informed of incidents/accidents. Families interviewed stated they are notified promptly of any changes to residents' health status including any incidents or accidents.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required through the DHB.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Kemp Rest Home and Hospital is part of the Wellington City Mission faith based not-for-profit organisation. The service provides rest home and hospital level of care for up to 81 residents. There are 21 rest home beds (including five dual-purpose beds) and two hospital wings with 40 beds. One wing of 20 beds was closed at the time of audit. The service advised that it was considering the best use of the beds for the future.</p> <p>On the day of audit, there were 13 rest home residents and 39 hospital residents including one hospital resident under the younger person's contract and one hospital resident under the long-term chronic health contract. All other residents were under the ARCC. There were no respite residents.</p> <p>The general manager of residential services is a registered nurse with experience in aged care</p>

		<p>management and has been in the role more than 20 years. She reports to the City Missioner (CEO) and board. The City Missioner visits the facility fortnightly. The nurse manager has been with Kemp Rest Home and Hospital nineteen years and in the role of nurse manager for seventeen years. The nurse manager has day to day oversight of both clinical and non-clinical services. She is supported by a registered nurse (RN)/team leader who is second in charge to the nurse manager.</p> <p>The 2020 business plan and goals have been reviewed. Achievements for 2020 include (i) a strengthening of links with local iwi, Ngati Toa in particular; (ii) participation in an external quality assurance programme; (iii) continued achievement by the caregivers with Careerforce, and (iv) Covid training, preparation and response has also been a major focus.</p> <p>The 2021 business plan and goals identify the City Mission philosophy of care and includes goals around future models of care, providing a home like and safe environment for residents and ensuring the facility is administered on business like principles with effective communication between all stakeholders.</p> <p>The general manager maintains an annual practicing certificate and has maintained at least eight hours annually of professional development related to managing a rest home and hospital, including interRAI management training, risk management and Covid updates.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During the temporary absence of the general manager the nurse manager provides clinical and non-clinical management of the facility including the on-call requirement. The RN/team leader is second in charge to provide cover for the nurse manager. A current practicing certificate for the general manager operations, nurse manager and RN/team leader were sighted.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Kemp Home and Hospital, under the direction of the Wellington City Mission, implements a quality system that was purchased from an external consultant. System components cover the collection, collation and reporting of data (e.g., incidents/accidents, complaints (if any), infection control, restraint use) and the development of corrective actions where opportunities for improvements are identified. Staff interviewed confirmed that they are actively involved in the quality management systems being implemented.</p> <p>Policies and procedures implemented provide assurance that the service is meeting accepted good practice and adhering to relevant standards. There are clinical policies/procedures to</p>

		<p>support hospital and rest home level care. Policies and procedures are regularly updated with assistance provided by an experienced external consultant.</p> <p>An internal audit programme is being implemented as per the audit schedule. Service meetings include a two monthly clinical meeting, a two monthly combined quality/staff/infection control/restraint meeting, and a two-monthly residents' meeting. Regular agenda items include accidents/incidents, infections, complaints, training, internal audit results, corrective actions, health and safety and restraint minimisation. Meeting minutes reflect quality results being discussed with staff. A satisfaction survey is completed annually for both residents and staff.</p> <p>Where internal audits reflect areas for improvement, a corrective action plan is generated and transferred to a corrective action register. Corrective actions that reflect improvements are either signed off when resolved or are signed off when the audit has been repeated and meets the acceptable target.</p> <p>There is a health and safety, and risk management system being implemented. The hazard register is reviewed annually. A falls reduction plan was sighted for the service. Falls prevention strategies are in place that include the identification of interventions on a case-by-case basis to minimise future falls. Sensor mats, physiotherapy services and falls prevention education sessions for staff, residents and their whānau are utilised. Falls have reduced consistently over the past two years due to these initiatives, resulting in a rating of continuous improvement.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The service collects incident and accident data and manually collates this information for analysis. Quarterly and annual reports are produced, which are then discussed at the staff meetings.</p> <p>There were 24 resident-related incident forms reviewed. All incident forms (one near miss, two episodes of challenging behaviour, two witnessed falls, fourteen unwitnessed falls and five classified as 'other') identified a timely RN assessment of the resident and corrective actions to minimise resident risk and recurrence. Neurological observations were completed for all unwitnessed falls (where required) according to policy. The caregivers interviewed could discuss the incident reporting process. The nurse manager investigates and signs off on all incident reports.</p> <p>The nurse manager interviewed could describe situations that would require reporting to relevant authorities. Public Health were notified appropriately for one outbreak in 2019.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources management policies in place. Ten staff files were selected for review (one registered nurse, two kitchen staff, one housekeeper, one administrator, one diversional therapist, an enrolled nurse, two caregivers and the nurse manager). Signed employment agreements and job descriptions were sighted. Copies of practising certificates for RNs and external health professionals were sighted.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed could describe the orientation process and stated that they believed new staff were adequately orientated to the service. Evidence that the orientation programme was completed was present in the staff files reviewed.</p> <p>Review of the in-service education programme for 2020 reflected more than eight hours of training per person. Caregivers complete Careerforce aged care qualifications and are supported by two external assessors. Registered nurses are supported to attend external education. Staff complete competencies relevant to their roles.</p> <p>Four of ten registered nurses have completed interRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The human resources policy determines staffing levels and skill mixes for safe service delivery. A roster is in place which provides sufficient staff cover for the provision of care and support for up to 81 residents, with a current occupancy of 52 residents.</p> <p>The nurse manager/RN is on duty during the day Monday to Friday. The general manager and nurse manager provide the on-call requirement. There is an RN on duty in the hospital 24 hours. The rest home has either an RN or enrolled nurse on the morning and afternoon duty. There is an RN on morning duty in the rest home in the weekends. Additional RN staffing is rostered to complete interRAI assessments and care planning (as needed).</p> <p>Caregivers on duty for the hospital (39 residents) are as follows: morning shift – six caregivers on full shifts; afternoon shift – four caregivers on the full shift and one caregiver on a short shift finishing 9 pm and on the night shift there is one caregiver.</p> <p>Caregivers on duty in the rest home (13 residents) are as follows: morning shift – one caregiver full shift; afternoon shift – one caregiver on full shift and one caregiver on night shift.</p> <p>Residents and relatives stated there were adequate staff on duty at all times. Staff stated they feel supported by the management team who respond quickly to after-hours calls.</p> <p>Staff are employed specifically for housekeeping, laundry and kitchen duties. Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of</p>

		residents.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in a separate locked and secure area. Medical and allied health professional notes are integrated into the resident's clinical file. Entries in to the resident file are legible, timed, dated and signed by the relevant caregiver or RN, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>The service has implemented a new process to ensure that the service can safely provide for residents referred. All residents are assessed by the need's assessment agency prior to entry for rest home or hospital level of care. Prior to admission the service endeavours to visit all new residents and commence a basic assessment and initial plan of care. The RN also ensures a Covid screen has been undertaken and that family are fully aware of the pending admission and services provided by Kemp home and hospital. On admission the service tries to ensure the RN who visited the resident prior to admission is the RN who welcomes them to the service.</p> <p>The service has specific information available for residents/families/whānau at entry and it includes associated information such as the Code of Rights, advocacy and the complaints procedure.</p> <p>There is a comprehensive admission booklet available to all residents/family/whānau on enquiry or admission the information includes examples of how services can be accessed that are not included in the agreement. Registered nurses interviewed were able to describe the entry and admission process. The GP is notified of a new admission.</p> <p>Eight signed admission agreements were sighted. The admission agreement reviewed aligns with a) – k) of the Aged Residential Care Contract. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p>	FA	<p>The service has transfer/discharge/exit policy and procedures in place. The procedures include a transfer/discharge form. The RNs reported that they include copies of all the required</p>

<p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>information, medications and belongings.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medicine management policies and procedures are in place and implemented. They follow recognised standards and guidelines for safe medicine management practice in accordance with the guideline: medicines care guides for aged residential care. Medicines are stored securely in each of the two wings. Medication fridge and room temperatures met requirements. Unwanted or expired medications are collected by the pharmacy weekly. Medicines (blister packs) are delivered monthly by the pharmacy and checked by an RN on site. All eye drops were noted to be dated at opening. No expired medications were noted on any trolleys or medication storage shelves.</p> <p>Two medication rounds were observed; the procedure followed by the registered nurse was correct and safe. The service uses a paper-based medication administration system.</p> <p>Registered nurses administer medications to all residents. Carers complete competency for second checking only. Sixteen paper-based medication charts were sampled. All had photo identification, allergies noted, and the medication charts were clear with directions for medication use and correctly signed and dated discontinuation of medications. Standing orders are in use and follow best practice.</p> <p>The self-medicating policy includes procedures on the safe administration of medicines, with no residents self-medicating.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The residents' individual food, fluids and nutritional needs were met. There is a current food control plan expiring August 2022. Residents are provided with a balanced diet, which meets their cultural and nutritional requirements. The meals are cooked on site. The kitchen also provides occasional meals for meals on wheels and the city Mission. Food is served directly from the kitchen service and also sent to the individual unit servery's in bain maries. Food temperatures are recorded when food is placed in bain maries and on exit from kitchen. Fridge temperatures are recorded for the fridge in each servery.</p> <p>There is a menu that has been reviewed by a registered dietitian (February 2020) who also provides dietetic input around the provision of special menus and diets where required. A dietary assessment is completed on all residents at the time they are admitted. Residents with weight loss are reviewed and dietary modifications made as required. Residents with special dietary needs have these needs identified. Resource information on these diets is available in</p>

		<p>the kitchen.</p> <p>A dietary assessment for each resident is sent to the kitchen alerting the chef of any special requirements, likes and dislikes, or meal texture required. Feedback on satisfaction with meals is obtained from residents. Corrective actions are undertaken if required.</p> <p>Special equipment is available and on observing mealtimes, it was noted there were sufficient staff to assist residents.</p> <p>A kitchen cleaning schedule was in place and implemented. The chiller, fridge and freezer temperatures were monitored. The kitchen was observed to be clean and well organised, and all aspects of food procurement, production, preparation, storage, delivery and disposal complied with current legislation and guidelines.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The reason for declining service entry to potential residents to the service is recorded and should this occur, the service stated it would be communicated to the potential resident/family/whānau and the appropriate referrer. Potential residents would only be declined if there were no beds available or they did not meet the service requirements.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The resident's needs, support requirements and preferences were collected and recorded within required timeframes. The RNs complete a variety of assessment tools on admission including an interRAI assessment. Four of ten RNs are interRAI trained. Assessments reviewed included falls, pressure risk, dietary needs, continence, pain, mobility, cognitive and depression. The outcomes of these assessments including interRAI were reflected in all long-term care plans reviewed.</p> <p>A schedule is maintained of assessments and reviews with responsibilities and timeframes clearly allocated.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Eight resident files were reviewed for this audit; this included two rest home and six hospital level. The long-term care plans reviewed were resident focused, integrated and promoted continuity of service delivery. The facility uses a paper-based, integrated document system where the general practitioner, allied services, the RNs, diversional therapist, physiotherapist and other visiting health providers write their care notes. Interventions sighted were consistent</p>

		<p>with the assessed needs and best practice. The care plans reflected a person centred and individualised approach to care. Goals were realistic, achievable and clearly documented. The service recorded intervention for the achievement of the goals.</p> <p>The care plan for the younger person reflected the need for the age group. Family for the younger person were very happy with the resident's support and care. The resident who identified as Māori stated the staff were very good, they had training around both her care and cultural needs. This resident has a Māori-specific assessment and care plan documented.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the registered nurse initiates a GP consultation. There was evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented on the resident family/whānau contact sheet held in the resident file.</p> <p>There were no residents with wounds however there were six residents on the wound log to ensure observations for areas of concern: two residents with cellulitis (both just for daily checks) and four with hand contractures (all for daily checks). RNs interviewed explained that the service has provided a high level of education around skin care and manual handling (both formal and informal training).</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Monitoring occurs for weight, vital signs, blood glucose, pain, re-positioning, neurological observations food and fluid intake, bowel monitoring and behaviours of concern.</p> <p>Long-term care plans are updated for any changes to health.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the</p>	CI	<p>Activities are led by a diversional therapist and activity person and a team of four volunteers over six days a week. A chaplain also visits twice a week.</p> <p>On admission, the diversional therapist completes an assessment for each resident and an activity plan is completed. A record is kept of individual resident's activities and progress notes completed monthly. Reviews are conducted six-monthly (or earlier should the resident's</p>

<p>service.</p>		<p>condition determine) as part of the care plan evaluation/review. The resident and family (where possible) are involved in the development of the activity plan. Activities are personalised and meaningful to the residents.</p> <p>The activity programme confirmed that independence is encouraged, and choices are offered to residents. A wide range of activities, addressing the abilities and needs of residents in the hospital and rest home, are offered. Activities included physical, mental, spiritual and social aspects of life to improve and maintain residents' wellbeing. Specific activities include craft, exercise, outings, a dog visit, music, discussion group, card club, happy hour, friday flicks (using a new 50-inch TV), bible study, pampering and quizzes. Participation in the activities included care staff.</p> <p>The diversional therapist and assistant have current first aid certificates.</p> <p>Residents interviewed confirmed the activity programme was developed around their interests. Resident meetings are held where residents and relatives have input. Minutes are recorded, and changes are made to reflect the activities the residents want.</p> <p>The service has paid particular attention to cultural needs of residents. Cultural care as part of the overall activities and care interventions has been awarded a continuous improvement.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Long-term care plans have been reviewed six monthly and updated when needs changed. Paper based clinical reviews were documented in the multidisciplinary review. Progress notes were completed and reflected response to interventions and treatments. Changes to care were documented. Documentation of GP visits were evidenced that reviews were occurring at least three-monthly. Additional reviews included the three-monthly medication reviews by the GP. Short-term care plans were in use for short term issues.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The service facilitates access to other services (medical and non-medical) and where access occurs, referral documentation is maintained. Residents' and/or their family/whānau are involved, as appropriate, when referral to another service occurs. Registered nurses interviewed described the referral process should they require assistance from a wound specialist, physiotherapist and dietitian. The review of resident files included evidence of recent referrals.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>The service has documented policies and procedures for the safe and appropriate storage and disposal of waste and hazardous substances. Waste is appropriately managed. Chemicals were observed to be safely secured, this included security whilst being used when cleaning - there is a locked cupboard on the cleaning trolley. Safe chemical handling training has been provided. Personal protective equipment/clothing was sighted and plentiful. Staff were observed wearing disposable gloves and aprons appropriately.</p> <p>Staff questioned demonstrated knowledge of handling chemicals.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The Kemp Home and Hospital employs a full-time maintenance person. The maintenance person ensures daily maintenance requests are addressed and a planned maintenance schedule is maintained. Essential contractors are available 24 hours. Electrical testing is completed annually. An external contractor completes annual calibration and functional checks of medical equipment.</p> <p>Hot water temperatures in resident areas are monitored. Temperature recordings reviewed were between 43-45 degrees Celsius. Heater surfaces are also monitored for safety. Rooms are refurbished as they become vacant.</p> <p>The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids.</p> <p>There is safe access to the outdoor areas. Seating and shade is provided.</p> <p>The care staff and RNs interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are both shared ensuite and communal use bathrooms/toilets in the hospital. Communal toilet facilities have a system that indicates if it is engaged or vacant.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Residents' rooms are of an adequate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Transfer of residents can occur between rooms. Mobility aids can be managed in communal bathrooms. Rooms are personalised with furnishings, photos and other personal adornments and the service encourages residents to make the room their own. There was room to safely store mobility aids such as walking frames in the bedroom during the day and night if required.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas within the facility include a lounge and dining area in each unit along with additional smaller lounges and a shared activities room. Seating and space is arranged to allow both individual and group activities to occur. The facility is light, odour free, with outlooks out to the grounds. There are two designated resident smoking areas, one inside and one a protected area outside. All furniture is safe and suitable for the residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There is dedicated laundry staff seven days a week. Residents and family interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes.</p> <p>The service conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective. Where improvements can be made these are implemented. Current safety material data sheets about each product are located with the chemicals. The chemicals are stored appropriately in locked cabinets at all times. The chemical mixes are prepared from a wall-mounted system that works effectively.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available including two barbeques and gas bottles. There is sufficient water (ceiling tanks and bottled water) and food stored on site for at least seven days in the event of an emergency. There is an emergency generator for power.</p> <p>The fire evacuation scheme was approved by the fire service 24 February 2004. There are six-monthly fire drills. Fire safety is completed with new staff as part of the health and safety induction and is ongoing as part of the education plan. There is a first aider on duty at all times.</p>

		Resident's rooms, communal bathrooms and living areas all have call bells. Security policies and procedures are documented and implemented by staff. The buildings are secure at night with afterhours doorbell access, which is activated by staff on duty. A security company completes security rounds and are available as required.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>There are sufficient doors and external opening windows for ventilation. All bedrooms have good sized external opening windows which are designed and installed to promote ventilation and to be secured as needed.</p> <p>The residents and family interviewed confirmed the internal temperatures and ventilation are comfortable during the summer and winter months.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Kemp Home and Hospital has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. A registered nurse is the designated infection control nurse with support from the nurse manager and all staff through the quality meeting acting as the infection control team. Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation and as part of the annual training plan. An annual review for infection control was documented for December 2020.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>A registered nurse is the designated infection control (IC) nurse. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team (comprising all staff) has good external support from the local laboratory infection control team and IC nurse specialist at the DHB. The infection control team is representative of the facility. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p> <p>The service maintains a large supply of PPE. There is a comprehensive Covid management plan. The service undertook a post-Covid review after the most recent lockdown and implemented changes where the service noted any shortfalls or areas for improvement.</p>

<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>There are infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by an external contractor and have been reviewed and updated.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control nurse has completed infection control training through online training and attends DHB meetings. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. All infections are collected on an infection (yellow) form and collated by the IC coordinator. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Infections are part of the key performance indicators. Outcomes and actions are discussed at quality/staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible. An outbreak in March 2019 was appropriately managed. A post-outbreak summary was documented and presented to staff.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.2. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Interviews with the staff confirmed their understanding of restraints and enablers. At the time of the audit, the service had three (hospital level) residents using bed rails as restraint, one hospital YPD resident using a lap belt as an enabler and two (hospital level) residents with bedrails as enablers. Staff training is available around restraint</p>

		minimisation and management of challenging behaviours, indications for restraint use, consent process, duration of restraint and monitoring requirements.
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (nurse manager) are documented and understood. The nurse manager has a sound understanding of the restraint minimisation programme. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Suitably qualified and skilled staff, in partnership with the resident and their family/whānau, undertake assessments. Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. Ongoing consultation with the resident and family/whānau are evident. The files for three hospital level residents using bed rails as a restraint, two hospital level residents using bedrails as enablers and one hospital YPD resident using a lap belt as an enabler were reviewed. The completed assessments considered those listed in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The restraint approval process includes ensuring the environment is appropriate and safe. Assessments and care plans identify specific interventions or strategies to trial (as appropriate) before restraint is used.</p> <p>The care plans reviewed of three residents with restraint, identified observations and monitoring with monitoring records indicating it is occurring at the frequency determined in the restraint assessment.</p> <p>Restraint use is reviewed through the three-monthly evaluation process and six-monthly multidisciplinary meetings. A restraint register is in place, providing a record of restraint use and is completed for residents requiring restraints and enablers.</p>

<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluation has occurred three-monthly as part of the ongoing reassessment for the residents on the restraint register. Evaluation timeframes are determined by risk levels.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	<p>FA</p>	<p>The restraint programme, including reviewing policies and procedures and staff education, is evaluated annually by the facility management team.</p>

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	The achievement of the rating that service provides quality improvements from data analysed is beyond the expected full attainment. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis and reporting of findings has occurred. There is evidence of action taken based on findings that has made improvements to service provision. The projects include reviewing if the improvements have had positive impacts on resident safety or resident satisfaction. Example: Falls have reduced over the past 2019 and 2020 calendar years.	Data collected and collated are used to identify areas that require improvement. Residents falls are monitored monthly with strategies implemented to reduce the number of falls including: highlighting residents at risk; providing falls prevention training for staff, residents and whānau; ensuring adequate supervision of residents; and encouraging resident participation in the activities programme; physiotherapy assessments for residents at risk; routine checks of all residents specific to each resident’s needs (intentional rounding); the use of sensor mats; and increased staff awareness of residents who are at risk of falling.  Caregivers and RNs interviewed were knowledgeable in regard to preventing falls and those residents who were at risk. The falls prevention programme has been reviewed monthly and is regularly discussed at relevant meetings. Over the last 24 months (January – December 2019-2020) falls have reduced from 101 to 74 (2018-2019), and then from 74 to 38 (2019-

			2020).
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The resident population includes between 10 to 25% of residents who identify as Māori or have a connection to Te Ao Māori as well as a high number of residents who identify as Pacifika. The service has a stated policy that states that kaumātua are taonga and that it is a privilege to provide care and support. They further state that it is an honour to embrace a Kaupapa Māori approach to care and grow staff understanding of this cultural approach. Staff interview echoed this philosophy and approach.</p>	<p>The service established a monthly Māori and Pacifika group. The group provides cultural events, performances and music (as examples). The group is an expression of pride and is an important whakawhanaungatanga and connection to uplift and support Wairua. The cultural philosophy of care has been approved by three local kaumātua and also Māori residents and staff. Staff cultural training has included a hui, Te Ao Māori values, tikanga Māori, waiata and some have attended a two-day Kaupapa Māori approach to care seminar. All meetings on the day of audit (opening and closing meetings) followed Māori protocol. It was clear that the service has cultural care at the heart of its philosophy.</p> <p>The residents and family interviewed (including one Pacifika and two Māori residents) were very complimentary regarding cultural care. Staff were observed speaking in te reo Māori to residents.</p>

End of the report.