

# Kingswood Healthcare Morrinsville Limited - Kingswood Rest Home

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

**Legal entity:** Kingswood Healthcare Morrinsville Limited

**Premises audited:** Kingswood Rest Home

**Services audited:** Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 29 April 2022 End date: 29 April 2022

**Proposed changes to current services (if any):** To configure the certified services provided at Kingswood Rest Home to include a thirty (30) bed secure unit to accommodate 26 psychogeriatric and four (4) high needs hospital/medical residents. In addition to

this the service is seeking approval for the reconfiguration of 16 rest home level care beds to dual purpose beds for additional provision of hospital level care.

**Total beds occupied across all premises included in the audit on the first day of the audit: 46**

# 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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

## General overview of the audit

Kingswood Healthcare Morrinsville Limited provides rest home and secure dementia specialised care and is certified to provide for up to 46 residents. The service is seeking to include a (30 bed secure unit to accommodate psychogeriatric level care residents, including four beds for those patients with high needs. In addition to this, a reconfiguration to change 16 rest home beds to dual purpose beds has been included in this audit report.

This partial provisional audit was undertaken to establish the level of preparedness of the service provider to provide this new health and disability service. The audit process included review of policies and procedures, observations and interviews with the general manager, managers, staff and the building project manager.

There were no improvements required from the previous audit. Two areas of improvement were identified during the audit. One area in workforce and structure in relation to all new staff being employed are yet to receive full orientation and training on all aspects of service delivery. The other area of improvement pertains to person centred and safe environment.

## **Ō tatou motika | Our rights**

Not applicable to this audit.

## **Hunga mahi me te hanganga | Workforce and structure**

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance meetings, honouring the Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

The organisation has a documented business plan with strategies outlined. The purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

Staffing levels and skill mix meet the cultural and clinical needs of residents. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery. An active recruitment project has been undertaken to employ additional staff internationally and this has been successful. Existing and new staff are employed to cover adequately the new configuration. A quality and compliance manager has followed this project through from 2021 to the present time.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Plans are in place for providing activities for the proposed new psychogeriatric and hospital level services when approval is gained.

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

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

## **Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment**

The facilities at Kingswood Rest Home are well maintained and meet the needs of all residents. There is a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating and meet the needs of people with disabilities. There is provision for residents to be able to walk around the psychogeriatric unit safely and securely.

Staff are fully trained in emergency situations and policies and procedures are available to guide staff. Emergency equipment and resources are available and accessible in an emergency. Training will be provided for all newly employed staff to cover the new service prior to occupancy.

There is an area of improvement required in relation to the certificate of public use not being available on the day of the audit.

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

The governing body ensures the safety of residents and staff through planned infection prevention and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. The clinical nurse manager oversees the programme. A registered nurse is training to be the infection control nurse.

Staff demonstrated good principles and practice around infection prevention and especially related to the pandemic.

Aged care surveillance is undertaken for specific infections. Follow-up action is taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe cleaning and laundry services.

## Here taratahi | Restraint and seclusion

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were no restraints in use at the time of the audit. A comprehensive assessment, approval, monitoring process, with regular reviews is in place when required. Staff interviewed have a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

### Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	12	0	2	0	0	0
Criteria	0	89	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment rating	Audit evidence
<p>Subsection 1.1: Pae ora healthy futures (HDSS.2021:1.1)</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	Not applicable	Not applicable
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa (HDSS.2021:1.2)</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not applicable	Not applicable

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery (HDSS.2021:1.3)</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>Not applicable</p>	<p>Not applicable</p>
<p>Subsection 1.4: I am treated with respect (HDSS.2021:1.4)</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>Not applicable</p>	<p>Not applicable</p>
<p>Subsection 1.5: I am protected from abuse (HDSS.2021:1.5)</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using</p>	<p>Not applicable</p>	<p>Not applicable</p>

our services are safe and protected from abuse.		
<p>Subsection 1.6: Effective communication occurs (HDSS.2021:1.6)</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	Not applicable	Not applicable
<p>Subsection 1.7: I am informed and able to make choices (HDSS.2021:1.7)</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and</p>	Not applicable	Not applicable

control.		
<p>Subsection 1.8: I have the right to complain (HDSS.2021:1.8)</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	Not applicable	Not applicable
<p>Subsection 2.1: Governance (HDSS.2021:2.1)</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body is accountable for delivering a quality service ensuring and supporting meaningful inclusion of Māori in governance groups and honouring the te tiriti. An organisational chart was available and is appropriate for the size of this aged related residential care service. The strategic plan for 2019 to 2023 has a mission and vision statement and clear objectives are documented. The values are based on transparency, reputation in the community and staff ensure they work as a team to provide the best care possible. Robust quality and risk management systems are in place. Monitoring and reviewing performance at planned intervals are encouraged for quality improvement. The service providers are focused on improving outcomes for Māori and pacific people and those people with disabilities. The service provider has an engagement with Mana Whenua to ensure tapu and noa protocols are clearly identified and four senior staff employed have in-depth knowledge of tikanga practices adopted for all areas of service delivery. A sample of reports to the directors showed adequate information is provided.</p> <p>The general manager and the quality and compliance manager interviewed are both experienced and are suitably qualified to work in the aged care sector. The general manager works between two facilities and the quality compliance manager only works at Kingswood Rest Home Morrinsville site. The service holds contracts with the Waikato District Health Board to provide rest home and</p>

		dementia care for up to 49 residents. There are 16 rest home level care beds and 30 secure dementia care beds that are fully occupied. This partial provisional audit is to ascertain the preparedness for (30) psychogeriatric beds/hospital medical (which are fully booked) with another seven residents on the waiting list. The service provider is also seeking approval to reconfigure the current 16 rest home beds to dual purpose beds (hospital level).
<p>Subsection 2.2: Quality and risk (HDSS.2021:2.2)</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	Not applicable	Not applicable
<p>Subsection 2.3: Service management (HDSS.2021:2.3)</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	FA	<p>The quality and compliance manager and the clinical nurse manager discussed the proposed roster to cover this service. The design and outlay of the new 30 bed facility has been taken into consideration throughout the process. The roster is developed and prepared in readiness. The clinical nurse manager explained the documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery based on good practice.</p> <p>On the morning shift there will be one registered nurse and four care staff and the quality and compliance manager (Q &amp; C) will be available Monday to Friday. The staffing for the afternoon shift and night is the same coverage, with staff working 12-hour shifts. On the night duty two care staff will undertake additional cleaning and laundry duties. Twelve new confirmed staff are</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>commencing at Kingswood Rest Home on the 8 May 2022 from overseas. Training and full orientation/induction will be provided and is prioritised to be completed, prior to the opening of the facility (refer to 2.4.4). The proposed date for the official opening is planned for 12 May 2022 and opening for residents on the 19 May 2022.</p> <p>The training programme reviewed for all staff for 2022 to 2023 is being implemented and a record of all staff education is maintained. This includes mandatory and elective education. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirement of the provider's agreement with the Waikato District Health Board (WDHB). Staff interviewed stated there were adequate staff on duty to provide culturally and clinically safe care. The clinical nurse manager stated that staffing is adjusted to meet the changing needs of residents. All registered nurses have a current first aid certificate and these were sighted at audit.</p> <p>If approval is gained for the dual occupancy rest home/hospital, there will be registered nurse cover on all shifts seven days a week, 24 hours a day for the rest home/hospital (dual beds). In addition to this, there is full time cover of the clinical nurse manager and an enrolled nurse on site 9am until 5pm Monday to Friday. The afternoon shift will be increased by one caregiver and by another two hours in the afternoon, so that there is no gap with care staff in service delivery for the residents.</p> <p>The rosters are developed in preparedness for both the new psycho-geriatric (PG) service/hospital medical (high needs) and for the dual beds rest home/hospital required.</p> <p>There is adequate staffing for the secure dementia care services provided. Full general practitioner cover on a contract arrangement is already in place and an after-hours medical service provides cover for Kingswood Rest Home. A cleaner and activities personal are available and are already fully orientated to their roles for the new unit.</p> <p>Service providers such as a contracted podiatrist, GP, pharmacist, pharmacy are already providing cover appropriately to meet the needs of the residents.</p> <p>The new facility has 30 beds, 26 PG and four PG/Hospital/medical high needs. No rooms were occupied on the day of the audit.</p>
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<p>Subsection 2.4: Health care and support workers (HDSS.2021:2.4)</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. Staff for this new project have been sought from overseas and the management team and the quality and compliance manager interviewed have ensured everything is in place for the new employees when they arrive in New Zealand. Ethnicity of staff is recorded and used in line with health information standards. Twelve staff identify as Māori. All staff have job descriptions for their individual roles and annual appraisals are performed by management and these are filed in the individual staff records reviewed. There is a process for verifying all annual practising certificates annually for all health professionals. Staff interviewed confirmed that the organisation's policies are being consistently implemented.</p> <p>Staff being employed to cover the psychogeriatric service will need to receive appropriate comprehensive training/induction to cover all aspects of service delivery including emergency events and infection prevention, prior to the opening of the facility (refer to 2.4.4). The staff covering the rest home are fully trained and able to care for those residents with higher level needs. Training records were reviewed.</p>
<p>Subsection 2.5: Information (HDSS.2021:2.5)</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>Not applicable</p>	<p>Not applicable</p>
<p>Subsection 3.1: Entry and declining entry (HDSS.2021:3.1)</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of</p>	<p>Not applicable</p>	<p>Not applicable</p>

<p>accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		
<p>Subsection 3.2: My pathway to wellbeing (HDSS.2021:3.2)</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	Not applicable	Not applicable
<p>Subsection 3.3: Individualised activities (HDSS.2021:3.3)</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people</p>	FA	<p>The activities coordinator, activities assistant and care staff provide an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages in life.</p> <p>Activity assessments and plans identify individual interests and consider the individual person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities. Opportunities for all Māori residents (11) in total with three in the rest home, three in dementia unit 1 and five in dementia unit 2, to participate in te ao Māori are facilitated. The activities coordinator interviewed stated that the</p>

<p>using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>feedback from residents and family/whanau confirmed they find the programme meets their needs. Activities plans are developed for each individual resident. For residents living in the two dementia care services activities are planned to cover the 24-hour period. Resources are available for staff to access.</p> <p>One on one activities are planned should any hospital level care residents require one-on-one activities if the dual beds are authorised. Activities are planned to meet the needs of psychogeriatric level care residents once residents are admitted and individual needs are assessed.</p>
<p>Subsection 3.4: My medication (HDSS.2021:3.4)</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) is implemented for all other service areas. Staff who are currently responsible for administration of medicines have been fully trained. Medication competences are completed every year. Records were reviewed. The clinical nurse manager stated that any new staff who will be employed in the psychogeriatric unit and responsible for medicine management will receive the appropriate training as required before the service commences. There are adequate staff already trained to complete this role when the service is fully approved. The medication room is of a good size. Wrist band access was already installed and functioning efficiently. A demonstration was provided on how this security system works.</p> <p>Medications are supplied to Kingswood Rest Home from a contracted pharmacy. The pharmacist, general practitioners and the clinical nurse manager ensure a safe system, with medication reconciliation occurring. Medication is supplied in blister packs and the packs are checked when delivered from the pharmacy to the rest home and dementia care services.</p> <p>The rest home medication is stored appropriately and provision for hospital level care residents has been safely addressed. Any controlled drugs currently are securely stored meeting legislative requirements and senior registered nurses are responsible for the weekly checks and processes are in place.</p> <p>No residents are or will be self-administering medicines as per the services current policies. Residents, including Māori residents and their whanau, are supported to understand their medications.</p> <p>Additional policies have been developed January 2022 in relation to antipsychotic and benzodiazepine medications. An antipsychotic medication management plan has been developed for implementation as required. A</p>

		<p>further policy and procedure for management of emergency and medication stocks considered as part of the medication system for the additional services is available to guide staff. When approval being sought is provided for both the configurations the service will be well prepared for both psychogeriatric and hospital level care residents (dual beds) to access the relevant services.</p> <p>There are currently no standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing (HDSS.2021:3.5)</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for older people. The menu plans have been reviewed by a qualified dietitian last on the 8 April 2022. Recommendations made at that time have been implemented. There is a qualified chef and senior cook who both work full time and are supported by kitchen hands seven days a week.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whanau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified through satisfaction surveys and resident meeting minutes. The men's club grow and are encouraged to prepare special foods that they enjoy.</p> <p>The food will be prepared in the main kitchen and transported to the psychogeriatric service in a bay marie and served by staff to the residents at lunchtime which is the main meal and the evening meal will also be provided in a timely manner. Breakfast foods will be available in the unit and staff will prepare this each day. Staff interviewed are aware of the food service process, as this is already occurring in the rest home and in the two dementia units currently. Staff are prepared to be able to assist residents in both the rest home/hospital and the psychogeriatric unit as needed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge (HDSS.2021:3.6)</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing</p>	Not applicable	Not applicable

<p>when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility (HDSS.2021:4.1)</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose, well maintained and that they meet legislative requirements. The certificate of public use however for the new building was not sighted at the audit. On inspection there is access to outdoor areas and residents will be able to walk freely around the new building. The grounds around the rest home and dementia services are well maintained and seating and shade is readily available.</p> <p>The environment for the new build of 30 beds is near completion and rooms were set up to demonstrate what furniture and furnishings are being provided. The environment is comfortable and accessible, promoting independence and safe mobility. There is level paving around the facility. Personalised equipment has been purchased and is available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups to be admitted to this service with psychogeriatric diagnoses and those with high needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the new facility. There is a separate bathroom for staff and visitors.</p> <p>The rest home has large bathrooms and toilet spaces which are shared between every two rooms. On inspection the bathrooms clearly would be able to accommodate hospital level residents on shower chairs and there is ample space for use of hoists. The bedrooms are large with wide doorways. The use of wheelchairs and hoists can be facilitated and accessed easily by staff and residents who are needing to use mobility equipment. The rooms are suitable for hospital level care residents. Current residents are happy with the</p>

		<p>environment, including heating and ventilation, privacy and maintenance. The heating in the new building is via ceiling heating.</p> <p>Consultation and engagement with Mana Whenua has occurred throughout the building process (record has been maintained) and a Kaumatua has been appointed for the organisation and will be involved with the formal opening of the new whare when approval is gained from the Ministry of Health (MoH). There is a designated family/whanau room, but this is located at another building in the complex. There is an area of improvement identified in relation to the certificate of public use not being displayed.</p>
<p>Subsection 4.2: Security of people and workforce (HDSS.2021:4.2)</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and staff interviewed knew what to do in the event of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service and this was verified at the time of the audit. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. A second generator has been purchased for use in the new build with a 12 hour battery life in the event of a power outage. All resources and equipment are accessible to staff in an emergency. Checks are regularly made of all emergency equipment and resources.</p> <p>The call bell system is a nurse call system in the rest home. A display board is centralised for staff to action. In the new build a wireless system is in place. Sensor mats purchased will be installed in all rooms. When activated the room number will be displayed on the panel in the office and will also be displayed on the mobile phones carried by all staff. Appropriate security arrangements are in place. Signage is in place for the use of close circuit television (CCTV) across all facilities, inclusive of the new build. Staff interviewed were familiar with emergency and security arrangements. Staff to be employed for the new service are to receive orientation/induction and training in emergency and security processes prior to the service opening (refer to 2.4.4).</p>
<p>Subsection 5.1: Governance (HDSS.2021:5.1)</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes have been developed and are appropriate to the size and complexity of the services provided. The programmes have been signed off by governance and dated. The infection prevention programme covers the total site and input has been sort for the new configurations. The programmes developed are linked to</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>the quality improvement system and are reviewed and reported on annually. Expertise and advice are sought as needed. A documented pathway supports reporting of progress, issues and any significant events to governance.</p> <p>A pandemic/infectious diseases response plan is clearly documented and has been regularly tested especially with the Covid 19 pandemic. The service has utilised the pandemic tool kit and this has worked efficiently and effectively. On inspection there are sufficient resources and personal protective equipment (PPE) and testing kits to cover the organisation including another facility owned by the service providers. Staff have received full training and records are maintained. Signage is available as needed.</p>
<p>Subsection 5.2: The infection prevention programme and implementation (HDSS.2021:5.2)</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The clinical nurse manager is overall responsible for implementation and overseeing of the infection prevention and (AMS) programmes. A registered nurse has recently been appointed as the infection prevention nurse (IPN) for the psychogeriatric service. The updated job description was reviewed for the IPN role outlining the responsibilities and accountabilities and a summary of the position. Training is currently being provided and time has been allocated weekly to cover this service and new role. Expertise and advice can be sought as needed from the general practitioners, pharmacists, microbiologist, public health advisors, WDHB infection prevention team and other health professionals as needed. Advice has been sought from Mana Whenua and other contacts in relation to the new building and policies. The infection prevention policies reflected the requirements of the standard and are based on accepted good practice. Staff interviewed were familiar with policies through planned education. Education records and the annual training plan was reviewed. Residents and their family are educated about infection prevention and displays are evident in and around the facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation (HDSS.2021:5.3)</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible</p>	FA	<p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated monthly by monitoring antimicrobial use and identifying any areas for improvement. The clinical nurse manager, senior registered nurses, enrolled nurses and contracted general medical practitioner's (GPs) are well informed of the processes in place.</p>

<p>antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) (HDSS.2021:5.4)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HSIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection prevention programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and any required actions. Results of the surveillance programme are shared with staff. The surveillance programme will be extended to cover the psychogeriatric/high needs medical hospital service when approved. Any hospital level residents admitted to the rest home will be included in the current processes in place. Learnings from Covid 19 pandemic have now been incorporated into practice.</p>
<p>Subsection 5.5: Environment (HDSS.2021:5.5)</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>The clinical nurse manager interviewed stated that staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training. Chemicals are stored safely. Laundry is undertaken onsite in a separate laundry. Sluice rooms are provided for cleaners to store their equipment and resources in safely and these rooms are locked when not in use.</p> <p>In the psychogeriatric service there is a washing machine in the clean utility room (for residents personal clothing to be laundered). A designated laundry person and cleaner are fully trained and available for this service.</p>
<p>Subsection 6.1: A process of restraint (HDSS.2021:6.1)</p> <p>The people: I trust the service provider is</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The governance group demonstrated commitment to this. At the time of this audit no residents were using a restraint. Policies and procedures are in place if restraint</p>

<p>committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>is used as a last resort when all alternatives have been explored. An information booklet is available for family/residents on restraint minimisation and safe practice.</p>
<p>Subsection 6.2: Safe restraint (HDSS.2021:6.2)</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>Not applicable</p>	<p>Not applicable</p>
<p>Subsection 6.3: Quality review of restraint (HDSS.2021:6.3)</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing</p>	<p>Not applicable</p>	<p>Not applicable</p>

improvement activities.		
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All current employees have completed full orientation at the commencement of employment. Records reviewed cover all essential components of the service roles each employee is responsible for. Competencies required were completed and other relevant training was provided and recorded. Employment/orientation packs are already prepared for the new staff arriving from overseas. Visa information and current status on all employees is available to ensure all requirements have been effectively met. All staff will need to be fully orientated, trained and buddied up with current skilled staff prior to occupancy/opening of the psychogeriatric/high needs facility.</p> <p>Existing staff in the rest home service are fully trained to meet the needs of residents</p>	<p>Current staff have completed all relevant education and training for the planned psychogeriatric service/high needs however, the additional staff employed from overseas to cover the psychogeriatric facility are required to have full orientation and to have completed applicable education and competencies before the service commences.</p>	<p>To ensure all staff who will be employed in the psychogeriatric service have received the appropriate orientation, training and completed relevant competencies prior to opening of the facility.</p> <p>Prior to occupancy days</p>

		with higher level needs if dual/hospital beds are approved.		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>The building was fully completed. Internal aspects of the new build were still being completed at the time of the partial provisional audit such as painting and decorating. Rooms were being set up with all furniture and furnishings. The lounge/dining and kitchen areas were near completion. The certificate of public use was not displayed.</p>	<p>The certificate of public use for the new building was not reviewed during the audit.</p>	<p>The certificate of public use for the new building was not sighted or on display at the time of the audit. This has to be available prior to occupancy.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, a Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display
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End of the report.