

Te Ata Resthome Limited - Te Ata Rest Home

Introduction

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

The audit has been conducted by 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: Te Ata Resthome Limited

Premises audited: Te Ata Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 22 March 2022 End date: 23 March 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 26

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō 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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Te Ata Rest home provides rest home level care for up to 29 residents. The service is operated privately and the owner/manager (manager) oversees all aspects of service delivery with the assistance of a clinical nurse manager who is a registered nurse.

The most significant changes to the service since the last certification audit in 2018, is the appointment of a new clinical manager in February 2021 and the implementation of a shared and integrated information management system which started in 2020.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standard 2021 and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, the manager, staff and a general practitioner.

There were no findings as a result of this audit. One criterion (2.5.2) related to information systems was rated as continuous improvement.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The provider maintains a socially inclusive and person-centred service. The residents confirmed that they are treated with dignity and respect at all times. Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding.

Consent is obtained where and when required.

All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

There was no evidence of abuse, neglect, or discrimination.

A complaints register is maintained with complaints resolved promptly and effectively.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The organisation is governed by the owner/manager who monitors organisational performance and ensures ongoing compliance. The mission, values, scope and goals of the organisation are documented. Quality activities are implemented, and business goals

defined and monitored. There is a documented risk management system. This includes health and safety requirements. Adverse events are reported and recorded and used to make improvements.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. There are always a sufficient number of qualified staff on duty. Competencies are identified and monitored. Staff performance is reviewed.

Health information is securely stored and adequately documented. Resident's records are well maintained and integrated.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The owner/manager efficiently manages entry processes. The registered nurses and the general practitioners (GPs) assess residents on admission. The service works in partnership with the residents and their whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflected cultural preferences. Bathroom facilities are maintained and conveniently located.

Testing, tagging and calibration of equipment is completed as required. There is a current building warrant of fitness.

Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies.

There is a functional call bell system. Security is maintained. Hazards are identified.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. The programme is reviewed annually. Specialist infection prevention advice is accessed when needed.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment.

Cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. No infection outbreaks have been reported since the last audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The organisation has no history of restraint use. All staff receive training on restraint minimisation and the management of behaviours of concern.

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	27	0	0	0	0	0
Criteria	1	168	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</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>	FA	<p>Te Ata Rest Home has reviewed and implemented policies and processes that embed and enact Te Tiriti o Waitangi in all aspects of its work. The service is clearly Māori centred which is reflected in all aspects of service delivery, their documented values, overall strategy and annual business goals. These have been developed with input from an independent cultural adviser who sits on their Māori Health and Wellbeing Advisory Committee. Te Ata have an established staff cultural advisory team who include the three Māori staff currently employed.</p> <p>The manu motuhake of residents is acknowledged and respected. All residents were surveyed in February 2022 and asked 'what is important to me to make me feel that I have control over my pathway/destiny'. The results of these were entered into residents' care plans. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and that they felt culturally safe. On the days of audit nine of the 26 residents identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and</p>	FA	<p>The manager has developed a Pacific plan that supports culturally safe practices for Pacific peoples who may use the service. The plan cross references to the Ministry Pacific Health and Wellbeing plan</p>

<p>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> <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>2020-2025 and refers to the Fonofale Model. Te Ata has never admitted a Pasifika resident, but there are two Pasifika staff employed who said they believed the service would provide culturally safe services for Pasifika residents.</p>
<p>Subsection 1.3: My rights during service delivery</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>	FA	<p>All staff receive training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and in ongoing annual training, as was verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and Māori languages and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters are prominently displayed at the reception area and notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by involving residents, family/ whānau or their representative of choice in the assessment process to determine residents' wishes and support needs. The resident who identified as Māori confirmed that the service is whānau centred and respectful of values and beliefs, they are involved in setting their own goals and in making decisions about the care they receive.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and</p>	FA	<p>Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics is sought from residents and their</p>

<p>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>family/whānau on admission. These were noted in the residents' care plans sampled. Residents and family/whānau confirmed that they were consulted on individual values and beliefs and staff respected these.</p> <p>The services provided demonstrated respect for residents' dignity, privacy, confidentiality, and preferred level of independence. There are shared and individual rooms. The shared rooms have dividing curtains that provide visual and personal privacy. Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors and curtains. The bathrooms had clear signage when in use.</p> <p>Residents are supported to maintain as much independence as possible, for example make their own bed if able, and can freely attend to activities of choice in the community. Residents and family/whānau confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence and choices.</p> <p>Te reo Māori and tikanga is actively promoted and incorporated in all activities. For example, te reo words were posted on notice boards around the facility to increase staff and residents' awareness and encourage them to learn. New words are posted monthly by the diversional therapist. The manager is attending te reo Māori classes for professional development and improve their knowledge. Staff have received training on Te Tiriti o Waitangi and the principles of the Treaty are incorporated into daily practice. There are documented procedures to ensure recognition of Māori values and beliefs. The Māori Health Plan is current and focusses on wellness or holistic health embodied in the Māori health model Te Whare Tapa Wha. Guidance on tikanga best practice is available. A resident who identifies as Māori confirmed that staff seek advice from them for any cultural needs to enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>Professional boundaries, misconduct, and code of conduct information is included in the staff employment agreement. The</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 our services are safe and protected from abuse.</p>		<p>employee handbook has information in relation to discrimination, abuse and neglect. These are discussed with all staff during their orientation. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from any form of exploitation. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of exploitation.</p> <p>Residents' property is labelled on admission. Residents' money is stored safely in the manager's office and residents confirmed they can access their money whenever they want. The clinical manager stated that any observed or reported racism, abuse or exploitation is addressed promptly. Residents expressed that they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys, to monitor the effectiveness of the processes in place to safeguard residents.</p>
<p>Subsection 1.6: Effective communication occurs</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>	FA	<p>Information provided to residents and family/whānau is mainly in the English language. Interpreter services are engaged through the local DHB if required. Written information and verbal discussions are provided to improve communication with residents and their family/whānau. Open communication with resident and family/whānau is promoted through the open-door policy maintained by the clinical manager (CM) and the registered nurse (RN). Residents and family/whānau confirmed that open communication is practised, the managers and the clinical team are approachable and responsive to requests. A record of phone or email contact with family/whānau was maintained.</p> <p>Communications and referrals with allied health care providers was recorded in residents' electronic records. Residents and family/whānau stated they were kept well informed about any changes to their/their relative's status and were advised in a timely manner about any incidents or accidents and medical reviews. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and</p>

		<p>procedures that meet the requirements of the Code.</p> <p>Residents are given an opportunity to discuss any concerns they may have to make informed decisions. This was observed on the days of the audit and confirmed in interviews with residents. Members of Te Ata Rest home's Māori Health Advisory committee are included in the care and decision making process, if this is agreed to or requested by the resident and the whānau.</p> <p>There is a diverse range of staff who speak a variety of languages, and who can be utilised where appropriate. Family/whānau may assist with interpretation where appropriate. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow.</p>
<p>Subsection 1.7: I am informed and able to make choices</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 control.</p>	FA	<p>Staff understood the principles and practice of informed consent. Permissions granted and general consent are part of the residents' admission agreement which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Consent for residents who were unable to consent were signed by the residents' legal representatives. Resuscitation treatment plans were signed by residents who are competent and able to consent and by the general practitioner (GP) for residents who were unable to provide consent. The clinical manager (CM) reported that the GP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's family/ whānau as verified in interviews with family/whānau and residents. Advance directives were documented where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved for example, family/whānau, with the resident's consent. Residents who share rooms have consented to this as evidenced in the admission agreements signed. The CM reported that residents are offered a support person through</p>

		the advocacy services when required. During the admission process residents provide information on their representative of choice, next of kin or enduring power of attorney (EPOA). These were documented in the admission records sampled. Communication records verified inclusion of support people where applicable.
<p>Subsection 1.8: I have the right to complain</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>	FA	<p>The complaints process complies with consumer rights legislation. All residents are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed. Residents and family/whānau confirmed they have had the complaints procedure explained to them and they know how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or family/whānau complaint they may receive.</p> <p>There have been four documented complaints since 2020 which had been added to the complaint register. Records confirmed that each complaint was acknowledged, investigated and managed in line with Right 10 of the Code. All four complaints had been closed to the satisfaction of the complainant.</p>
<p>Subsection 2.1: Governance</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 owner/manager, who is the governing body, assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> Supporting meaningful inclusion of Māori in all aspects of service delivery and honouring Te Tiriti. A staff cultural/Māori health advisory committee was established in 2021. An external Māori advisor has been working in consultation with the service provider ensuring that their strategic planning and governance are responsive and inclusive. This person continues to be an independent member of the Māori Health and Wellbeing Advisory Committee. The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation The manager/owner who identifies as Māori, is developing te reo language skills and is experienced and suitably qualified. This

		<p>person has been involved in the provision of aged care for many years.</p> <ul style="list-style-type: none"> • The purpose, values, direction, scope and goals for the organisation are documented. Service monitoring and review of organisational performance occurs at planned intervals. • The service demonstrates leadership and commitment to quality and risk management • Te Ata is focused on improving outcomes for Māori and people with disabilities <p>A sample of management reports showed adequate information to monitor performance is reported.</p> <p>The manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p> <p>The service has an age-related residential care contract (ARC) with Waikato DHB for rest home level care, respite and an 'ageing in place' and a 'rest and recuperation' agreement. Te Ata also provide a community day activity programme under agreement with the DHB and a home based support service.</p> <p>Twenty six residents were receiving services under the ARC contract at the time of audit. One of these was aged under 65 years but is funded under the ARC.</p>
<p>Subsection 2.2: Quality and risk</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</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. The quality management systems included performance monitoring, measurement, and analysis, and progress against quality outcomes is evaluated. A programme of internal audits assists in identifying and correcting any service shortfalls. Other quality activities include reviewing and updating policies and procedures, the management of incidents/accidents, which include clinical incidents such as infections, falls, pressure injuries and other wounds (for example, skin tears),</p>

<p>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>	<p>complaints, regular resident satisfaction surveys, a regular family/whānau satisfaction survey, and monitoring of quality improvement projects for outcomes.</p> <p>The senior management team meet regularly (management review) to consider all quality activities and identify and address areas of current need. This forum, conducts critical analyses of organisational practices and works in ways to improve health equity.</p> <p>Residents, whānau and staff contribute to quality improvement by being provided information gleaned from the analysis of quality data at a range of meetings. Outcomes from the last resident and family/whānau satisfaction surveys (December 2021) were favourable with no negative feedback. The owner identified the need to repeat education for residents on 'their rights'. Training was provided to residents shortly afterwards. Staff feedback is solicited during annual performance appraisals and one to one conversations with the manager they report to.</p> <p>There are known procedures for staff to manage clinical and non-clinical emergencies. Policies and procedures which are implemented, provide a good level of assurance that the service is meeting accepted good practice and adhering to relevant standards. The policies and procedures reviewed prior to the onsite audit were current and covered all necessary aspects of service delivery and contractual requirements. There is an effective document control system in place.</p> <p>Staff report and record adverse and near miss events directly into an integrated electronic information system which immediately alerts the manager, clinical manager and other RN. The process adheres to the guidelines provided by the National Adverse Event Reporting Policy. A sample of incidents forms confirmed that incidents were investigated, analysed for trends and where changes are needed to be made to prevent recurrence, corrective actions were implemented in a timely manner. For example, a quality improvement plan is in process to reduce a recent spike in medicine errors (failure to sign off</p>
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		<p>the electronic chart).</p> <p>The manager understands and demonstrated compliance with essential notification reporting requirement by submitting two section 31 notifications in 2021. One of these was related to a missing resident, and the other was related to an external provider's vaccination error. Appropriate remedial actions were implemented (documents sighted) in response to these.</p> <p>The manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The 2022 Business Continuity Plan which is reviewed annually, documents all potential risks to service delivery and the organisation. This details the severity and likelihood of occurrence and clearly describes mitigation strategies for each risk. There is a dedicated health and safety committee who meet regularly to oversee safety in the workplace. There have been no staff accidents which required reporting to WorkSafe since the previous audit in 2018.</p>
<p>Subsection 2.3: Service management</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> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. The clinical manager is on site during business hours Monday to Friday, the second RN is on site in the afternoons Monday to Friday. Three care staff are rostered for morning shifts, three in the afternoon shift and one senior care staff member on night duty. These staff are supported by an 'on the floor' full time employed rest home coordinator who works hours across these shifts. The clinical manager and other RN share week on week off on call duties when there is not an RN on site. At least one staff member on each shift has a current first aid certificate.</p> <p>Allied staff such as a full time employed diversional therapist, cleaner/laundry person, kitchen staff and a driver/gardener are</p>

		<p>allocated sufficient hours to meet residents' needs and smooth service delivery. A cleaner/laundry person is on site seven days a week.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Education includes mandatory training topics such as infection control, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. There has been a recent focus on cultural training and Māori operating principles, person centred care, prevention of abuse and neglect, respect and communication, sexuality, infection prevention related to COVID-19 and the Omicron variant including donning and doffing of personal protective equipment (PPE). Eight senior care staff are maintaining competencies to administer medicines and insulin therapy. These staff and the two RNs were being regularly assessed to ensure compliance with procedures.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. Of the 21 care staff employed, nine have achieved level 4, eight have level 3, and one is at level 2 on the NZQA framework. Three staff have not yet commenced. Both RNs are accredited and maintaining competencies to conduct interRAI assessments. Staff records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</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</p>	FA	<p>Human resource management policies and processes are based on good employment practice and meet relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts with having regular on 'one-on-</p>

<p>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>ones' with management staff.</p> <p>Formal performance appraisals occur at least annually and all staff had completed or were scheduled to attend a performance review for 2021/2022.</p> <p>Staff ethnicity data is recorded and used in accordance with health information standards organisation. There is a diverse mix of staff employed. (Refer subsection 1.1 and 1.2)</p>
<p>Subsection 2.5: Information</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>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The provider has successfully implemented an electronic shared consumer information management system, which has resulted in significant improvements and a rating of continuous improvement in criterion 2.5.2.</p> <p>The service uses an electronic information management system. There is an electronic medication management system for long-term residents and a paper-based medication system as an interim measure for residents not yet entered into the electronic medication management system, for example, new admission or respite care residents. Records were legible with the name and designation of the person making the entry identifiable. InterRAI assessment information is entered into the Momentum electronic database and reports uploaded into individual residents' electronic files. Staff have individual passwords to access the electronic systems. The information is accessible for all staff who use it with differing levels of security depending on who is accessing it.</p> <p>All necessary demographic, personal, clinical and health information</p>

		<p>was fully completed in the residents' files sampled for review. Clinical notes were current, integrated with GP and allied health records, and met current documentation standards. Archived records are held securely on site and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed.</p> <p>No personal or private resident information was on public display during the audit. The service provider is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</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>	FA	<p>The Eldernet website has accurate information about the services provided and costs of accessing services. The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry, or from written information on the Eldernet website. The CM stated that at times enquiries are made over the phone and information about the services provided can be explained and discussed with the enquirer as required. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>The manager and the CM are responsible for liaising and facilitating all requests for admission to the service. The admission criteria are documented to guide staff on entry processes. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). All residents admitted required rest home level of care as verified by the NASC notification records in the records sampled for review.</p> <p>The CM reported that the rights and identity of the residents are protected by ensuring residents' information is kept confidential. Family/whānau were updated where there was delay to entry to service. This was verified in enquiry records and meeting minutes sampled.</p> <p>The CM reported that if a referral is received and the prospective</p>

		<p>resident does not meet the entry criteria or there is no vacancy, entry to services is declined. The resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The decline to entry was documented on the enquiry records sampled. The service maintains a record of the enquiries and the declined entry. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is conducted monthly. The service works in partnership with local Māori communities, organisations and Māori Health practitioners and traditional Māori healers for residents and whanau who may benefit from these interventions.</p>
<p>Subsection 3.2: My pathway to wellbeing</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>	FA	<p>The RN and CM are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate or per the resident's request. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. Cultural guidelines are used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. Cultural assessments were completed by staff who have completed appropriate cultural training. The person-centred care plans were developed within three weeks of an admission using the Te Whare Tapa Wha model of care. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau representatives of choice were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The person-centred care plans sampled reflected identified residents'</p>

		<p>strengths, goals and aspirations aligned with their values and beliefs documented. Detailed strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any whānau goals and aspirations identified were addressed in the care plan. A record of who participated in the development and evaluation of care plans was documented in the person-centred care plan.</p> <p>Cultural information for residents who identify as Māori includes the person's hapū and iwi, any information relating to the whānau, whakapapa; tinana; hinengaro; wairua and mana. The assessment process validates Māori healing methodologies, such as karakia, rongoa, spiritual assistance, tohunga, whanaungatanga.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP. Records of referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed every three months and included members of the multidisciplinary team. Medical records were evidenced in sampled records.</p> <p>Residents' care was evaluated on each shift in care plan intervention notes and reported in the progress notes by the care staff. Any changes noted were reported to the RN, as confirmed in the records sampled. The person-centred care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans</p>
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		<p>were completed for any events, identified acute resident care needs, or as a result of a care measurement trigger. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>The Māori Health plan in place and the Te Whare Tapa Wha model of care in use supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The staff confirmed they understood the process to support residents and whānau. The resident interviewed who identified as Māori confirmed satisfaction with the processes in place.</p>
<p>Subsection 3.3: Individualised activities</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 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>	FA	<p>The diversional therapist (DT) provides the activities programme. Residents' activity needs, interests, abilities, and social requirements are assessed on admission using a recreation assessment form that is completed by the DT with input from residents and family/whānau. The activities programme is regularly reviewed through satisfaction surveys and in individual residents' meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review and when there is a significant change in the resident's ability. This was evident in the records sampled.</p> <p>Activities on the programme reflected residents' goals, ordinary</p>

		<p>patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. The activities on the programme include exercises, van trips, quiz competitions, men's groups, 'happy hour', cooking, nail care and reminiscing, short walks, shopping trips, 'bingo' and birthday celebrations. Monthly themes and international days are celebrated. Cultural events celebrated include kapa haka performance for Matariki and Waitangi celebrations. Interested residents who identify as Māori go to the local library to learn the Māori art. Daily activities attendance records were maintained. Residents were observed participating in a variety of activities on the days of the audit. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</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>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines.</p> <p>The service uses an electronic medication management system and a paper-based system. The paper-based system is used as an interim measure for residents not yet enrolled into the electronic system. Care staff were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GPs. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. The GP stated that over the counter medication and supplements will be documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently</p>

		<p>recorded on the medicine charts sampled. Standing orders are used; they were current and complied with guidelines.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely, and medication reconciliation is conducted by RNs when regular medicine packs are received from the pharmacy and when a resident is transferred back to the service. This was verified in medication records sampled. All medications in the medication storage cupboard and trolley were within current use by dates. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents, including Māori residents and their whānau, are supported to understand their medications. This was observed on the days of the audit where a resident required an explanation about their medicine, and this was provided by the CM. The CM reported that when requested by Māori, appropriate support and advice is provided in consultation with the GP.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner, if required.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. A quality improvement plan is in process to reduce a recent spike in medicine errors (failure to sign off the electronic chart). Regular medication audits were completed with corrective action plans implemented.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</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>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A dietary preference form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual dietary preference forms were available in the kitchen folder.</p> <p>The food is prepared on site by three cooks and is in line with recognised nutritional guidelines for older people. Kitchen staff have received required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian on 24 November 2020.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the local council. The current food control plan will expire in October 2022. Food temperatures were monitored appropriately and recorded as part of the plan. On the day of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' weight is monitored regularly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. Menu options culturally specific to te ao Māori is offered to Māori residents. Māori bread is offered at mealtimes and Māori residents are involved in preparing a 'boil up' meal if desired. Whānau are welcome to bring culturally specific food for their relatives. The resident interviewed who identified as Māori expressed satisfaction with the food options.</p> <p>Residents who are more independent can prepare a cup of tea, coffee or milo independently in the kitchenette in the dining room. Mealtimes were observed during the audit. Residents received the support they</p>
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		needed and were given enough time to eat their meal in an unhurried fashion. Residents who chose not to go to the dining room for meals had meals delivered to their rooms. Confirmation of residents' satisfaction with meals was verified by residents, satisfaction surveys results, and resident meeting minutes.
<p>Subsection 3.6: Transition, transfer, and discharge</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 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>	FA	<p>There is a transition, transfer, exit or discharge policy to guide staff on transfer, transition, exit and discharge processes. Transfers and discharges are managed by the RN and CM in consultation with the resident, their family/whānau and the GPs. For residents who are transferred to acute services, a 'yellow envelope' system is used. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer or discharge process. The CM reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for transfer was documented on the transfer letter and progress notes in the sampled files.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. The discharge plans sampled confirmed that where required, a referral to other allied health providers to ensure safety of the resident was completed. Upon discharge, any resident's paper-based information is collated, and stored in a locked cupboard in a secure area or a resident is discharged from the electronic information management system. If resident's information is required subsequently by the GP or a service, a written request is required for the file to be transferred.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers and social support or kaupapa Māori agencies where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GPs or RNs. Examples of referrals completed were in residents' files sampled, including to the mental health team, eye specialists and</p>

		wound nurse specialist. The resident and the family were kept informed of the referral process, reason for transition, transfer or discharge as confirmed by documentation and interviews.
<p>Subsection 4.1: The facility</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>	FA	<p>The building had a current warrant of fitness (expiry 17 June 2022) and the fire suppression and alert systems are checked by an external agency each month. Electrical equipment is tested and tagged annually, and medical equipment is checked for safety. There are no hoists, but the service owns two oxygen concentrators, a number of electric beds, electrical scales and other biomedical equipment which requires regular calibration. Staff carry out regular environmental inspections for health and safety and hazards. New hazards are reported and recorded on the hazards register and reviewed by the health and safety committee. These systems ensure that residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements.</p> <p>The environment was observed to be both comfortable and accessible, promoting independence and safe mobility. Mobility equipment was being used by residents to maximise their safety when ambulating. Spaces were culturally inclusive and suited the needs of the resident group. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau said they were happy with the environment, including heating and ventilation, privacy and maintenance. There is policy that states residents and whānau are consulted and involved in the design of any new buildings. This has not been required recently.</p>
<p>Subsection 4.2: Security of people and workforce</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>	FA	<p>Emergency, natural disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Six monthly fire evacuation drills had been occurring. The most recent drill occurred in November 2021, and another is due in April 2022. The fire evacuation plan was approved by the New Zealand Fire Service in 2007. Adequate supplies for use in the event of a civil defence emergency meet the National</p>

As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		<p>Emergency Management Agency recommendations for the region. This includes access to 30,000 litres of water, sufficient food supplies and an agreement with the power provider to install a generator in the event of power outage. A back up battery lighting system is installed which is checked monthly. There were fully equipped civil defence kits and four outbreak trolleys available in the case of an infectious event.</p> <p>Staff were observed to respond to call bell alerts in a timely way. This was confirmed by residents and whānau interviewed. Appropriate security arrangements are in place. On the days of audit, all entry points to the home were locked as all visitors required RAT testing before entry.</p> <p>Residents and staff said they were familiar with emergency and security arrangements. All senior care staff, the RNs and the diversional therapist are maintaining current first aid certificates.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</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>	FA	<p>The governing body is the owner/manager who develops and authorises all plans, policies and procedures, including the infection control programme with input from the RN/ clinical manager. All infection events are reported and recorded as part of the quality and risk management system.</p> <p>Surveillance of infections and the use of antibiotics is discussed and evaluated at regular management review meetings, as confirmed by a sample of meeting minutes sighted.</p> <p>Policy described who and how to access expertise in infection matters and specifically in the case of a significant infection event. Processes related to this were known by the owner/manager and clinical manager.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	FA	<p>The CM is responsible for overseeing and coordinating implementation of the infection prevention (IP) programme and is supported by the RN. The infection control coordinator's (ICC) role, responsibilities and reporting requirements are defined in their job description and infection prevention and control policy.</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>	<p>The service has a clearly defined and documented IP programme implemented that was developed with input from external IP services. The IP programme was approved by the management and is linked to the quality improvement programme. The IP programme is reviewed annually - last reviewed on 8 March 2022.</p> <p>The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>The ICC has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. The ICC and the RN provide education. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, and increasing fluids during hot weather. This was confirmed in the short-term care plans sampled.</p> <p>The ICC liaises with the manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the DHB. The ICC reported that they will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated, sterilised or disinfected based on recommendation</p>
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		<p>from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination, sterilisation and disinfection policy to guide staff. Regular infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>There is a Māori cultural consultant on the cultural advisory committee for the service who provides support with culturally safe practices in IP and control. Tea towels are washed in a tea towels only specific washing machine. The CM reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements. The CM and the manager stated that educational resources in te reo Māori will be provided when required.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</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 antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The implemented Antimicrobial Stewardship (AMS) programme is appropriate for the size, scope and complexity of the service and has been approved by the management. The Antimicrobial Stewardship policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm (including drug resistance and toxicity). Responsible use of antimicrobials is promoted.</p> <p>The service has minimal stock of antibiotics on site. This stock is used in case of emergency where the antibiotics cannot be promptly delivered by the contracted pharmacy or as standing orders with appropriate processes followed. The stock supply is monitored monthly, and monitoring records were sighted. The effectiveness of the AMS programme is evaluated by monitoring the quantity of antimicrobial prescribing, administration, and occurrence of adverse effects. Monthly statistics were collated and recorded on monthly</p>

		analysis of antibiotics use records.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory and any identified multi-drug-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Surveillance records include ethnicity data.</p> <p>Regular infection prevention audits were completed including personal hygiene, cleaning, laundry, and hand hygiene and kitchen compliance. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audits outcomes at monthly meetings and through compiled reports. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous month, reason for increase or decrease and action advised. Weekly management meetings focus on infection prevention.</p> <p>Residents were advised of any infections identified and family/whānau where required. This was confirmed by short-term care plans sampled and verified in interviews with residents and family/whānau.</p>
<p>Subsection 5.5: Environment</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</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Decanted cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. There is enough personal protective equipment (PPE) available which includes masks, gloves, aprons and goggles. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p>

<p>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 antimicrobial resistant organisms.</p>		<p>The designated cleaners have a dual role as laundry staff and are onsite daily. The laundry services are completed on site. The facility was observed to be clean throughout. The cleaners and laundry personnel have attended training appropriate to their roles. There are regular internal audits to monitor environment cleanliness. These did not reveal any significant issues.</p> <p>Linen is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. The effectiveness of laundry processes is monitored by the internal audit programme that is overseen by the ICC.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. Resident surveys confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is 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>	FA	<p>Te Ata has always maintained a restraint free environment. This commitment was demonstrated by documents and interviews with the owner/manager who is the governing body. At the time of audit there was no restraint use as has been the case since 2007. All staff and the senior management team are kept informed about there being no restraint at their regular meetings.</p> <p>Policies and procedures for the management of restraint, if it is ever needed, meet this standard. However, these have not had to be used. The clinical manager is the restraint coordinator. This documented and defined role provides support and oversight for preventing and minimising restraint. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>Criterion 6.1.4 does not apply as no restraint has ever been used.</p>

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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.5.2 Service providers shall maintain an information management system that: (a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication; (b) Makes the information manageable; (c) Ensures the information is accessible for all those who need it; (d) Complies with relevant legislation; (e) Integrates an individual's health and support records.	CI	Te Ata began implementing a resident integrated management system (V Care) in 2020. Prior to this all resident information was paper based and entries were hand-written. The information was often duplicated across multiple forms, incomplete or not filed in the correct location. Since implementing V Care numerous benefits have been proven. Resident information is updated as it happens so reporting is in real time. For example, staff were observed entering activities of daily living, physical health recordings, behaviours of concern, or family communication throughout their shifts. This allows immediate access to updated information by the clinical manager and senior managers and provides quicker collation and analysis of cares delivered to each person. The RNs are notified immediately of any changes in a resident. The information is much more person centred and also provides allied health providers (for example, GPs, podiatrists, physiotherapists) a current and updated view of each resident's status, allowing them to be fully informed and participate in multidisciplinary reviews. The clinical manager and other RN can also access resident data offsite, for example, if they are with a	The accuracy and efficiency of resident related information has been significantly improved. Staff time saved is redirected to resident cares, which has led to better outcomes for residents. The clinical team including the GPs are informed immediately of changes in a resident, which leads to more timely responses.

		resident at an outpatient appointment. The time saved for staff has been redirected to resident care. Information is more accurate because of the single point of entry. There are 11 screens throughout the facility for real time data entry.	
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End of the report.