# Bucklands Beach Resthome Limited - Bucklands Beach Rest Home

## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Bucklands Beach Resthome Limited

**Premises audited:** Bucklands Beach Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 7 March 2022 End date: 8 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:** 18

# 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 haumaru │ person-centred and safe environment
* te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
* here taratahi │ restraint and seclusion.

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

**Key to the indicators**

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

Bucklands Beach Rest Home provides rest home level care for up to 21 residents. On the day of the audit there were 18 residents.

The unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability services standards and the contract with the district health board. The audit process included the review of existing policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, general practitioner, staff, and management.

The service is managed by the owner/manager who is a registered nurse. They have owned the service for over 20 years and provide clinical and managerial oversight and support. The manager has maintained a minimum of eight hours of professional development relating to the management of an aged care facility. There is a second registered nurse who is able to provide some support on a weekly basis. There is a low turnover of caregivers with all having been in the service for a number of years. Residents and relatives interviewed were complimentary of the service provided.

There were no areas for improvement identified at the previous audit.

Two shortfalls require improvement in relation to medication management.

## 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 service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers Rights (the Code). Information about the Code and related services is readily available to residents and families. Complaints processes are implemented, and complaints and concerns managed and documented. There are no staff or residents who identify as Maori and no residents who identify as Pacific. Care plans identify resident needs and interventions as per their wishes. All plans are completed in partnership with the resident and family whenever possible. The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service.

## 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 owner/manager documents and reviews the strategic plan and provides full operational and clinical management, leadership, and oversight. There is a quality and risk management plan in place that is monitored by the owner/manager. The quality and risk management plan takes a risk-based approach by including following elements into the programme: internal audits, review and investigation into incidents and accidents health and safety reporting, infection control data collection and complaints management. A health and safety system is in place with identified health and safety goals.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training is in place.

## Ngā huarahi ki te oranga │ 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. |  | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |

The service holds records of entry and discharge (or transfer from the service). Ethnicity data is recorded. Residents are assessed by the need’s assessment service coordination service prior to admission to determine the required level of care. The owner/manager (registered nurse) assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Assessments and review of care plans are completed six-monthly.

The diversional therapist provides a wide variety of activities which include cultural celebrations. The programme includes entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences.

Medication policies reflect legislative requirements and guidelines. The owner/manager, registered nurse and the caregivers are responsible for administration of medications. The electronic medicine charts reviewed met prescribing requirements and reviewed at least three-monthly by the general practitioner. Medications are stored securely.

The family of one residents provides culturally appropriate food for them. The menus show that nutritional values have been included. The service is open to working alongside residents to ensure all cultural preferences are accommodated.

## Te aro ki te tangata me te taiao haumaru │ 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 building has a current Building Warrant of Fitness and a Fire Evacuation Scheme. Fire drills occur six-monthly.

Residents can freely mobilise within the communal areas with safe access to the outdoors.

Security systems are in place.

## 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 |

A pandemic plan is newly updated and implemented. There are ample supplies of personal protective equipment with these in use on the days of audit. Staff understood and were observed to wash hands and use hand sanitizer appropriately.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practises through meetings, and education sessions. There is evidence of sound communication between the owner/manager, staff, residents, family, and the general practitioner.

## 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 |

The restraint coordinator is the owner/manager. The restraint management policy and staff state that restraint is not used in the service. There are no residents with restraint. The restraint-free environment is monitored to ensure that restraint is not used.

## 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 | 15 | 0 | 0 | 1 | 0 | 0 |
| **Criteria** | 0 | 44 | 0 | 1 | 1 | 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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.  As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | Not Applicable | There are no staff who identify as Maori and no residents who identify as Maori. The managers stated that to date there has not been a focus on actively recruiting or retaining a Māori health workforce across all organisational roles however the service is working to address this. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.  Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.  As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | Not Applicable | A Pacific Health plan identifies that activities provided for Pacifica residents will be organised with local Pacific community input. The service and organisation are still working to find a link with Pacific organisations to support implementation of their Pacific Health Plan. There are no residents currently that identify as Pacifica. There is one staff member who identifies as Pacific. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others.  Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | The Code of Health and Disability Services Consumer Rights (The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) Rights is displayed at the entrance to the facility in accessible formats such as te reo Māori and English. The owner/manager (registered nurse) discusses aspects of the Code with residents and their relatives on admission and encourages them to access support whenever required. This would occur for Maori residents if in the service.  Discussions relating to the Code are held during the monthly resident/family meetings. All five residents and four relatives interviewed, reported that the residents’ rights are being upheld by the service. Interactions observed between staff and residents were respectful. This lends itself to encouraging Māori mana motuhake (self-determination). |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | Not Applicable | The owner/manager and both caregivers interviewed described how they supported residents to choose what they want to do. This would include encouraging residents to speak te reo Maori and to find support from other providers or family to help with ensuring tikanga was respected. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. A social profile is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident. The profile aligns with what the resident enjoys participating in.  The caregivers interviewed understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. Residents have control over and choice over activities they participate in. Cultural identity is included in the care plan and overall goals.  The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The owner/manager states that they would provide Te Tiriti o Waitangi training in the future. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse. | Not Applicable | The service has policies to prevent any form of discrimination, coercion, harassment, or any other exploitation. The training plan provides education on abuse, cultural safety, discrimination, and exploitation. Training has not been provided in 2021 or 2022. The owner/manager is looking at developing policies around abolishing institutional racism, encouraging staff to keep up to date with the latest literature on institutional racism with this used to improve services, and to identify and address any issues of racism if they occur.  Staff encourage residents to be as independent as possible. This means that strengths of the resident are identified in the assessment and care planning process. This applies to residents of any ethnicity. Currently staff do not have training on reviewing their own practice to ensure that they ensure equitable outcomes for Maori. Staff do actively try to reduce and eliminate deficit-based words such ‘no you can’t do that’. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.  Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.  As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | Not Applicable | There is an informed consent policy. In all resident files reviewed there was a general consent form for support and care signed. Care staff were knowledgeable around informed consent. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy. There was evidence in files reviewed of family/EPOA discussion with the GP for a medically indicated not for resuscitation status. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident’s care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs were on resident files where available. The service does not yet have competency in best practice tikanga guidelines. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.  Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.  As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | The complaints procedure is provided to residents and relatives on entry to the service. The owner/manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.  There have been two complaints logged in the complaint register in 2021 (none to date in 2022). All complaints are recorded on the register, and include a comprehensive investigation, follow-up, and replies to the complainant. Corrective actions are in place when identified through the investigation process.  Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available in the foyer of the service. Residents have a variety of avenues they can adopt to make a complaint or express a concern. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The owner/manager also reviews the satisfaction survey results and acts to address any concerns raised. The last satisfaction survey was completed in 2020 with three respondents. All were very satisfied with services provided.  The Code of Health and Disability Services Consumers’ Rights is visible, and available in English.  Information around d the Nationwide advocacy service is displayed. Residents and family are informed on entry to the service about advocacy services. This would include access for Maori to advocates who identified as Maori. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.  Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.  As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | Not Applicable | The service provides rest home level of care for up to 20 residents. On the day of the audit there were 18 residents. All residents were under the age related residential care (ARRC) contract.  The owner/manager documents and reviews the strategic plan. The quality plan then cascades from the plan and was reviewed annually. The last quality plan was reviewed in 2021 with a new one in place for 2022. The service plans to align the strategic plan with the MoH strategies including He Korowai Oranga: Maori Health Strategy or include government strategi direction in achieving outcomes for Maori. The service plans to align the strategic plan with the Disability Support Services Strategic Plan or the MoH Whaia Te Ao Marama 2018-2022: the Maori Disability Action Plan.  The service does not have a governance body per se as the owner/manager (registered nurse) providers full operational and clinical management, leadership, and oversight. The service plans to collaborate with mana whenua in business planning or service development. The owner/manager is committed to making a meaningful planned approach to improving service delivery. The owner/manager understands cultural risk as demonstrated through the assessment and care planning process. The owner manager is committed to providing an environment and level of service that is relevant for all residents including Maori. |
| Subsection 2.2: Quality and risk  The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.  Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.  As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | FA | The service has a documented and implemented quality and risk management programme. The programme is led by the owner/manager who is quality improvement focused. There is a quality and risk management plan in place that is monitored by the owner/manager. The quality and risk management plan takes a risk-based approach by including following elements into the programme: internal audits, review and investigation into incidents and accidents health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data (e.g. skin tears, falls, and infections) and is collated and analysed. Quality data and outcomes are discussed with staff in the staff meetings. Staff meetings are held monthly noting that there have been some gaps in holding of meetings because of Covid 19 and lock downs.  A risk management plan is in place. Staff health and safety training begins during their induction to the service. There is expected to be regular health and safety training with elements included in staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise the risk. Contractors are formally inducted into the facility’s health and safety programme.  A health and safety system is in place with identified health and safety goals. Hazard identification forms and an up-to-date hazard register is in place. Health and safety policies are implemented and monitored by the monthly health and safety committee. There are regular manual handling training sessions provided. The noticeboard keeps staff informed on health and safety meetings. The owner/manager is informed round Worksafe expectations of a person conducting a business.  Surveys are completed annually noting that there was a high level of satisfaction from the survey completed in 2020. A survey was not completed 2021 because of Covid 19.  Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 notifications completed for a pressure injury, a trespass order and a sudden death has been referred to the coroner. There have been no outbreaks at Bucklands Beach.  The service is able to analyse use of te reo Maori, tikanga and cultural practices through review of the care plans. Ethnicity data is collected.  The Health Quality and Safety Commission quality domains are not yet inked into the quality framework per se however the service does focus on resident engagement and participation (through an open door policy , surveys and resident meetings); clinical effectiveness )through training and access to DHB staff; quality improvement and resident safety through the health and safety programme; and engagement of the workforce through staff meetings and again, an open door policy whereby staff or residents or others ca access the owner/manager at any time.  Policies have all been updated by an external consultant to reflect the new standards. The consultant is also able to provide support and evidence-based practice. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a rostering and staff allocation policy that describes rostering and references staffing and acuity levels of residents. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.  The registered nurse is the owner/manager with one other registered nurse who currently works four hours in the weekend. The owner/manager spends at least 40 hours on site (Monday to Friday). The RNs all have current first aid certificates. Interviews with the caregivers confirmed that they have sufficient staff and residents and family interviewed stated that that staff were able to manage their cares. Staff are replaced when on leave as confirmed in rosters reviewed for the past two months. All stated that call-bells were answered in a reasonable time.  There are currently 18 rest home residents.  The morning shift includes two caregivers; one from 7am to 3pm and one from 7am to 1.30pm.  The afternoon shift includes two caregivers; one from 2.45pm to 11pm and one from 4.45pm to 8.30pm.  The night shift is covered by one caregiver from 10.45 to 7.15. The owner/manager is on call with the registered nurse able to provide support if the owner/manager is on leave.  Position descriptions reflect expected positive behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint portfolio or infection prevention portfolio. The service supports and encourages support workers to obtain an NZQA qualification.  There is an annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. A training plan has been documented with the service playing ‘catch up’ for training in 2022. Training in 2021 was limited because of Covid lock downs. The service has completed the following training in 2021/2022: medication, dressings, warfarin, health and safety, vital signs and escalation care quiz, management of challenging behaviour, food safety, wound care, transferring residents. Tangihanga and cultural safety training was last held in July 2019. Currently there is one caregiver with level 4 NZQA and are one caregiver with level 3 NZQA. Cultural training was provided last in 2019 for all staff however, cultural competency is not determined.  A competency programme is in place. Core competencies around medication management have been completed for some staff (link 3.4.3). Other competencies include hand hygiene. Training for clinical staff is linked to external education provided by the district health board and through Ko Awatea. Registered nurse specific training has been completed in 2021/2022 around the new standards, assessments, falls, managing challenging behaviour (from the Mental Health Services for Older Adults), continence and interRAI. The owner/manager is interRAI trained. The owner/manager provides oversight of all staff.  The service is encouraging staff to focus on equity for Maori through training, and to review relevant literature and to use decision making tools that are focused on achieving health equity for Maori. |
| Subsection 2.4: Health care and support workers  The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.  Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.  As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | FA | There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (owner/ manager, cook, activities coordinator and two caregivers) evidenced implementation of the recruitment process, employment contracts, police checks and completed orientation.  There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.  A register of practising certificates is maintained with the owner/manager and registered nurse both having a current annual practicing certificate. There is an appraisal policy. All staff have had an annual performance appraisal.  The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes is relevant to all staff.  Information held about health care and support workers is accurate, relevant, secure, and confidential. Ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements and as per policy. |
| Subsection 3.1: Entry and declining entry  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.  Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.  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. | FA | The service holds records of entry and discharge (or transfer from the service). Ethnicity data is recorded. If there were Maori residents, then the data would include reference to their ethnicity. There is no declined entry as all residents have a needs assessment prior to entry. The service is able to access Maori services through the DHB for any information in te reo Maori or to access kaumatua or kuia. |
| Subsection 3.2: My pathway to wellbeing  The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.  Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.  As service providers: We work in partnership with people and whānau to support wellbeing. | FA | The service has a range of policies that includes intimacy and sexuality and informed choice and informed consent.  Five rest home resident files were reviewed. The owner/manager had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission within the required timeframes.  Long-term care plans had been developed within three weeks, for all resident files reviewed. InterRAI assessments had been completed six monthly and with resident changes to health. Long-term care plans are evaluated six monthly or earlier in all resident files sampled, and evidence resident progression towards meeting goals. The service uses a paper based resident management system which includes all risk assessments, social history and profiles, care plans and evaluations, monitoring forms, observations, incidents, and progress notes. All correspondence including admission agreements, discharge summaries, enduring power of attorney and advanced directives are also housed electronically.  Residents and whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed describe working in partnership with the resident and whānau to develop initial and long-term care plans and complete the interRAI assessments. The assessments all included identification of cultural needs, consideration of lived experience, strengths, and aspirations. The service also completes specialised risk assessments on entry and six monthly as part of the review of the old and completion of the new care plan. The assessments include the mini nutritional assessment. Norton (pressure), continence, pain, dietary, Coombe (falls), oral assessment and level of personal ability (and the level of supervision required).  The care plans were resident focused and individualised with clear and flexible goals. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks including medication. Cultural, spiritual and lifestyle needs are addressed throughout the long-term care plan. Caregivers could describe cultural needs for one resident who could not speak English. The plan also included reference to communication and the strengths the family brought to the care of the resident.  Care plans include allied health, and a team approach was evident. There is close liaison and consultation between the GP and the service. The GP confirmed that the service provided good care for residents. There is a contracted physiotherapist when required and a podiatrist visits six weekly. The short-term acute needs are documented onto a wound assessment and management plan or a short-term care plan. Short-term care plans were sighted e.g. for infections such as urinary tract infections and cellulitis.  Residents have the choice to remain with their own GP, however there is a ‘house’ general practitioner (GP) who provides medical services to residents. The GP visits once a week and completes three-monthly reviews, admissions and sees all residents of concern. The GP stated she is notified in a timely manner for any residents with health concerns. There is an after-hours service available.  Residents interviewed reported their needs were being met. Relatives interviewed stated their relative’s needs were being appropriately met and stated they are notified of all changes to health as evidenced in the progress notes.  There was one stage one and a stage two pressure injury on the ball of a foot for one resident. One resident had a cut on their toe. All had a short-term care plan documented with a wound assessment and management plan in place. Wounds were healing as seen through photos of each wound and written evaluations.  Staff interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources.  Monitoring charts included weights, observations included vital signs and neurological observations, and one for challenging behaviour when this occurred. All were completed within the required timeframes as set in the long-term care plan.  Initial care plans for long term residents reviewed were evaluated by the registered nurses within three weeks of admission. The GP has reviewed residents three monthly. InterRAI assessments are completed within the required timeframe and reassessments following a six-monthly case conference meeting. Relatives are invited to attend GP reviews, if they are unable to attend, they are updated of any changes.  A verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained.  The service uses a holistic model of care that relates to the whare tapa wha model. If Maori were in the service, they would be encouraged to identify their own pae ora outcomes in their care plan. The interventions required to achieve these would be clearly documented, communicated, and understood as they are for residents currently in the service. |
| Subsection 3.3: Individualised activities  The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  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. | FA | The activities programme is provided by the diversional therapist (DT) with five years previous experience in the role. The DT works 20 hours a week Monday to Friday. Residents are encouraged to join into activities that are offered. There is a three-monthly plan that offers a range of activities including spiritual, cultural, intellectual, physical, and social activities. Specific activities include news, quizzes, exercises, bingo, cards, bowls, crafts, art etc. Birthdays are celebrated along with special days/times of the year e.g. Mat ariki, Chinese New Year, Cambodian New year, Waitangi Day etc. Residents are also encouraged to engage in the community as much as possible. If there were Maori residents, they would be encouraged to engage equally in these activities and to provide leadership whenever possible. Residents have input into the programme and activities are discussed at resident meetings. Residents and staff interviewed advised that they enjoy the activities programme and that it is varied and entertaining. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Moderate | The medication policy was reviewed, and policies and procedures are in place for safe medicine management and clearly define roles and responsibilities. The reviewed medication policy had been updated to the new standards. Medications are stored safely in the medication cupboard in a locked trolley. The internal audit schedule includes medication management. All medication errors are reported and collated within the quality data and corrective actions are completed in a timely manner and will include a reassessment of competencies where required.  The owner/manager, registered nurse and caregivers administer medications with three of the six staff files reviewed having completed medication competencies.  All medication on robotic rolls is checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications occur. One resident self-administered one tablet at night with all other medications administered by staff. The resident has a competency signed off by the GP. There are no standing orders or ‘nurse initiated’ medications used. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed at admission, and prescribed by the GP. There are no agency staff administering medications  The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. The weekly stocktakes had not always been completed for controlled drugs.  Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had current photo identification and allergy status and sensitivities documented. The GP had reviewed the medication charts three monthly. ‘As required’ medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes and on the electronic chart. Residents and relatives interviewed stated they are updated when medication changes, including the reason for changing medications and any side effects. The caregivers and owner/manager described how they would provide appropriate support and advice for Māori residents in a timely and easily accessed manner. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences.  Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.  As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The service has policies that relate to food services with a food control plan in place (expiry May 2022). There are five weekly menus that have last been reviewed by a dietician in August 2020. The menus show that nutritional values have been included. One resident identifies as Asian, and family are actively engaged in providing them with food that meets their cultural preferences. The cook at times cooks Asian ingredients including rice. There are no Maori in the service however the cook interviewed stated that they would work with the resident who identified as Maori and their family to cook appropriate meals. |
| Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.  Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.  As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The owner/manager interviewed described exits, discharges, or transfers as being coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. A transfer plan would be documented in the client record following discussion with the resident and family with risks documented. Referral documentation is maintained on resident files. Discussion with the staff confirmed that the service accesses support either through the GP, specialists, and allied health services as required. |
| Subsection 4.1: The facility  The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.  Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.  As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function. | FA | The service is located beside the beach in close proximity and within walking distance to shops. The building has a current building warrant of fitness that expires 8 June 2022. The service checks hot water temperatures weekly and those reviewed confirmed that these were at 45 degrees Celsius or just below. Equipment is tested and tagged annually with medical equipment also calibrated annually.  The site is accessible for people using mobility aids including a wheelchair. The facility has wide corridors and sufficient space for residents to safely mobilise using mobility aids or for the use of hospital recliners on wheels. Residents were observed moving freely around the areas with mobility aids where required. There are handrails in hallways, bathrooms, and toilets. There is safe access to the outdoor areas.  Residents bring their own possessions into the home and adorn their room as desired as observed during the audit.  The site includes older buildings and there are no plans to rebuild currently. The owner/manager states that they would engage residents and family including Maori if they were building or renovating. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe.  Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.  As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | The New Zealand Fire Service approved the fire evacuation plan on 2 Sept 1999. There are planned and implemented strategies for emergency management. Fire drills occur six-monthly.  There is a policy related to security of the site. The building is secure after hours, with staff completing security checks at night. The front entrance gate closes at set times. Visitors are required to check in, sign the welcome book and notify a staff member that they are on site. Staff were able to describe how they kept residents safe and ensured that only visitors who were able to visit did so. The service had recently had an incident of a person trying to come on site and appropriate authorities had been notified. Staff were observed to be extra vigilant on the day. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.  Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.  As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The service has a pandemic plan in place with this implemented because of the Covid 19 pandemic. There are clearly defined roles and responsibilities with all staff included in updates and communication. The lead in the implementation of the pandemic plan is the owner/manager. The infection control committee is the staff meeting. The staff also connect with the GP and the external consultant who has provided updates on the pandemic planning. Staff have had training around Covid 19 and, hand hygiene and the use of personal protective equipment (PPE) throughout 2020 and 2021.  Personal protective equipment is ordered through the MOH portal and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted on site with this accessible to all staff. The owner/manager and senior caregiver check levels of stock and expiry dates. All staff and residents have been double vaccinated with boosters for most people. Visitors are being asked to be double vaccinated with restrictions to visiting in place for those who are not. All visitors are asked to sign in, show their vaccine passport and use hand sanitizers prior to entering the facility. All new residents are requested to be double vaccinated. The staff were able to describe processes applied as per Ministry of Health and Public Health directives through periods of lockdown. All staff and visitors wear masks when on site.  Staff were observed to practice good hand hygiene on the days of the audit.  The owner/manager is planning to develop training and information on infection control in te reo Maori. The service is able to access the DHB should they take a partnership approach with Maori to provide culturally safe practice in infection control. The owner/manager and staff ask for feedback from residents and includes satisfaction with cultural support. The service plans to work in partnership with Māori for the protection of culturally safe practice in infection control, and thus acknowledge the spirit of Te Tiriti. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | There is a policy describing surveillance methodology for monitoring of infections. The owner/manager collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the monthly staff meeting and includes discussion around trends and analysis of infections and corrective actions as required. The service completes monthly comparisons of infection rates for types of infections.  Systems in place are appropriate to the size and complexity of the facility. There have been no outbreaks since the last audit.  The staff communicate with each resident when an infection is identified. This includes discussion and communication with the resident, family, GP and staff around treatment, progress and support required. The resident records include a short-term care plan to document support and treatment needs with progress documented in the progress notes. The records for a resident who had a number of infections was reviewed. The documentation included assessment that identified issues, a short-term care plan, evidence of progress documented and evidence of discussion and communication with the GP. The resident interviewed confirmed that they had been kept informed and had worked in partnership with the staff and the GP to address the infection. The infection was healed in a timely manner. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The organisation values include promoting independence. The service has a policy of non-restraint and those interviewed stated they are committed to providing services to all residents without use of restraint. The owner/manager and staff work in partnership with family/whanau to ensure services are mana enhancing and use least restrictive practices. The owner/manager (restraint coordinator) interviewed described the focus on maintaining a restraint-free environment. There has not been any restraint used since the last audit.  The owner/manager links with the MHSOP service (Mental Health Services for Older People) and they support any resident who has challenging behaviour. Staff also have training around management of challenging behaviour with this last provided in July 2021. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 3.4.1  A medication management system shall be implemented appropriate to the scope of the service. | PA Low | There is one fridge that holds medication. Temperatures are checked weekly. Weekly stocktakes of controlled drugs are not being completed. | Weekly stocktakes of controlled drugs are not being completed as per policy due to losing a registered nurse. This has since been addressed and risk identified as low. | Complete weekly stocktakes of controlled drugs as per policy.  90 days |
| Criterion 3.4.3  Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy. | PA Moderate | Five staff records were reviewed including the owner/manager, two caregivers, the cook, and the activities coordinator. The registered nurse record was reviewed to confirm that they had a practicing certificate, first aid certificate and medication competency and another caregiver record was reviewed to confirm that they had a medication competency. The cook, and two caregivers had a medication competency that had been completed annually however the owner/manager, the registered nurse and a caregiver did not have a current medication competency completed within the last year (two of three had completed a competency last in 2020). The activities coordinator was not required to have a medication competency | Three of the six staff who administer medications do not have a current annual medication competency. Since the draft report these have all been updated and now current. | Ensure that all staff who administer medication have a competency completed annually  90 days |

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

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

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

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

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End of the report.