

# Matamata Country Lodge Limited - Matamata Country Lodge

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## 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 HealthShare 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:

<b>Legal entity:</b>	Matamata Country Lodge Limited
<b>Premises audited:</b>	Matamata Country Lodge
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 20 April 2022    End date: 21 April 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	78

# Executive summary of the audit

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## Introduction

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

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

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
Yellow	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
Red	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

Matamata Country Lodge provides rest home and hospital level care for up to 99 residents. This includes 17 apartments that have been assessed as suitable for delivery of rest home level care. The service is owned and operated by a trust who trade as The Main Group.

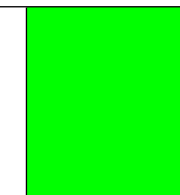
The most significant changes to the service since the last certification audit in 2018 is the appointment of a new facility manager in November 2019. The facility has also made four reconfiguration requests in 2021. The first three requests (15th February, 24th March and 26th November 2021) involved changing existing rest home beds to dual purpose beds to accommodate the demand for hospital level care. These requests were approved by the Ministry of Health subject to the specified rooms being verified as suitable for hospital level care at the next on site audit. An additional request was made in mid-2021 to increase the total number of beds available from 98 to 99 by splitting an apartment into two bedrooms. This was approved by the Ministry of Health on 24 August 2021. These changes were taken into consideration during the onsite audit and verified as safe and suitable.

A new lounge wing has been added to the facility since the last audit, however this is yet to be opened.

This certification audit was conducted against the Ngā paerewa Health and Disability Services Standard 2021 and the service's agreement with the district health board (DHB). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family/whanau members, managers, staff and a general practitioner (GP).

There were no findings as a result of this audit. Two criterion related to activities and nutrition have been allocated a continuous improvement rating.

## Ō tatou motika | Our rights

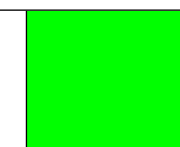
Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained
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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 on entry and then 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. The one resident who identified as Māori said they were treated equitably and that the service supports their self-sovereignty/mana motuhake. There was no evidence of abuse, neglect, or discrimination.

A complaints register is maintained with complaints resolved promptly and effectively. The complaints process meets the requirements of consumer rights legislation.

## 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
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The organisation is governed by an executive management team who monitor organisational performance and ensure 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 learning from these are 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. A sufficient number of qualified staff are employed and rostered to be on site to meet the needs of residents 24 hours a day, seven days a week. Competencies are defined 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 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.		Subsections applicable to this service fully attained
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The Provider offers person-centred care and encourage family/whanau involvement. On admission information is provided to the resident and family/whanau that outlines the rights of the resident and the services provided.

Care plans are developed following personalised assessments that include the resident, family/whanau and a multidisciplinary team. Evaluation of the care plans occurs regularly with modifications and referrals to other specialist services being made as appropriate. The activities programme supports the residents to maintain their physical and mental wellbeing. Community outings are available. Medicines are appropriately prescribed, dispensed, stored and administered. Staff who administer medications are trained and assessed as competent to do so.

The food service provides nutritional meals and residents with specific requirements have these met. The kitchen has a current food control plan. Residents and their family/whanau expressed satisfaction with the meals.

Transfer, transition and discharge of residents occurs with the input of family/whanau and is planned and co-ordinated.

## **Te aro ki te tangata me te taiao haumaruru | 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
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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 reflect cultural preferences. Bathroom facilities are maintained and conveniently located. Testing 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
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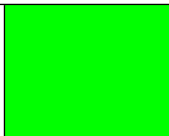
There is a documented infection prevention and antimicrobial stewardship programme that is reviewed annually and has been approved by the executive team and the owner. A registered nurse is the infection control co-ordinator and implements and reports on the programme.

The service has a suite of infection prevention and antimicrobial stewardship policies and procedures to guide practice. The pandemic and infection outbreak policy has been tested. The surveillance programme is suitable for the service type and monthly reports are analysed and acted on when indicated.

Infection prevention education is provided to staff, residents and family/whanau. Residents, family/whanau interviewed reported satisfaction with the information they receive regarding infection control precautions.

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

## 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 implemented policies and procedures that support the minimisation of restraint. Ten restraints were in use at the time of audit. These included two bed rails and eight lap belts, known as T belts by the service. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Staff demonstrated a sound knowledge and understanding about safe restraint use.

## 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	29	0	0	0	0	0
Criteria	2	172	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>	<p>FA</p>	<p>Matamata Country lodge has policies, procedures and processes in place to embed and enact Te Tiriti o Waitangi within all aspects of its work. For example, the documented philosophy recognises the special relationship between iwi and the crown, documented copies of resident’s rights and responsibilities are available and presented in te reo. The Māori health strategic plan is specific and fully describes Māori participation in all levels of employment, developing a Māori workforce, ensuring Māori and their whanau have access to services and that mana motuhake is respected.</p> <p>The one resident who identified as Māori reported that staff respected their right to self-determination and they felt culturally safe. A health plan has been developed for Māori with input from cultural advisers/local iwi and is used for residents who identify as Māori.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. There are currently two Māori staff members (health care assistants) who confirmed they are supported in a culturally safe way and that their mana and culture is respected. Ethnicity data is gathered when staff are employed and this data is analysed at a senior management level.</p>

		<p>Residents are involved in providing input into their care planning, activities, and dietary needs. Staff described how care is based on the four cornerstones of Māori health Te Whare Tapa Whā. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. Interviews with the Māori resident and staff confirmed that the service is actively supporting Māori by identifying their needs and aspirations.</p> <p>The service maintains liaison with their local DHB Māori health unit and has identified and documented contact details for local iwi representatives and a list of kaupapa Māori kaupapa health providers who can assist with cultural advice, rongoā, mirimiri or other tikanga practices.</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 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>	FA	<p>On the days of audit, there were no residents who identify as Pasifika. The organisations Pacific Health Policy refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact details for local Pasifika groups available for guidance and consultation. The policy also states Pacific models of care will be utilised within the plan of care when indicated.</p> <p>Should a Pasifika resident be admitted, the service has well described policies and procedures and a plan for delivering care in a culturally safe and respectful way. A number of staff employed identify as Pasifika, and all other staff have attended training and education in delivering culturally safe care including care to residents as Pasifika. These staff said they would assist clinical staff with planning processes 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>	FA	<p>Residents and their family/whanau have their care delivered in a manner that reflects the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed discussed the Code and how they implemented it into their everyday care. This was observed during the audit. Education records and staff interviews verified that training relating to the Code is ongoing.</p> <p>Minutes of resident meetings confirmed that the Code and the</p>

<p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Nationwide Health and Disability Advocacy Service were discussed at every meeting. This was confirmed during resident and family/whanau interviews. The admission pack contains a copy of the Code and information about the Advocacy Service. Resident and family/whanau interviews confirmed that they were aware of the Advocacy Service.</p> <p>The Code is displayed in English and Māori in each wing of the facility. The one resident who identified as Māori confirmed that Māori mana motuhake was recognised and respected.</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 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>FA</p>	<p>During the audit residents were observed to be treated with respect and regard for their dignity and privacy. All residents have their own room, many with their own ensuite. Clinical files sampled contained documented entries that confirmed residents shared information about their values, culture, religion and other social components of their life. This information was treated with privacy and respect and incorporated into the support and care provided to the resident.</p> <p>Policies and procedures support tikanga Māori and the use of te reo. Education records and staff interviews verified that Te Tiriti o Waitangi training is provided and staff described how they implemented this knowledge when engaging in discussions with, or providing cares to, residents. The resident who identified as Māori confirmed activities and visiting arrangements enabled participation in te ao Māori. The resident advised that any specific requests to take part in the Māori world are actioned and facilitated.</p>
<p>Subsection 1.5: I am protected from abuse</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>FA</p>	<p>The service has policies and procedures to protect people from abuse, discrimination and neglect. Staff are provided orientation and ongoing training on these policies and procedures. Prior to employment a criminal vetting process is undertaken and a staff code of conduct is signed. Staff described the service's policy on abuse and neglect including what to do should there be any signs of such practice. They also discussed professional boundaries, what they were and how they maintain them. Residents and family/whanau interviewed confirmed that professional boundaries were maintained. The residential admission agreement details the services that are</p>

		<p>included in the contract and services that incur additional cost.</p> <p>Residents and the family/whanau reported that personal belonging are treated with respect and this was confirmed by observation during the audit. Staff described Te Whare Tapa Whā model of care that is provided to residents. This was verified in clinical files sampled. The Provider addresses racism in the educational programme. Staff interviewed were able to describe racism and stated they felt safe to raise any concerns regarding racism with management if required.</p> <p>There have been no reported incidents of abuse, neglect or discrimination.</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>Residents expressed satisfaction with the communication they received from all the multidisciplinary team, stating it was easy to understand. Family/whānau stated that communication was open and effective and they felt listened too. They reported much of the communication was occurring via email and they found this an effective and convenient form of communication. They confirmed they were updated regularly on their family member's health status, any changes, incidents or accidents. This was verified in clinical files sampled. Interpreter services are available when required and staff advised how they would access interpreter services.</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>	FA	<p>The service has a current informed consent policy which reflects tikanga and it is embedded into practice. The policy meets the requirements of the Code. Staff described how they gain consent from residents prior to performing tasks. For example residents were provided with information prior to accepting medication. Clinical files contained a service agreement which included consents relating to photos, storage of personal health information and participation in outings. Evidence of consent to vaccinations were also sighted. The resident's resuscitation status was documented. Some residents had an advance directive which had been signed by the resident, the GP and a family/whanau member. Residents unable to consent had an enacted enduring power of attorney (EPOA) document in their clinical</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>		<p>file.</p> <p>Residents and family/whanau stated they were given sufficient information and timeframes, in a suitable format, to make decisions appropriate to their individual values, beliefs and culture as per tikanga.</p>
<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>	<p>FA</p>	<p>The complaints policy and procedure complies with all criteria in this subsection and consumer rights legislation. The residents' code of rights is available in te reo and addresses how services are delivered to ensure equity for Māori. All resident/relative satisfaction surveys are specifically targeted to Māori residents to assist in the improvement of the provision of culturally safe services. All incoming residents and whanau are provided with easy to understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. More information about the complaints process and associated forms are on display throughout the facility. Residents, including a Māori resident, and family/whānau said they were satisfied with how complaints information was explained and that they know how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or family/whānau concern or complaint they may receive.</p> <p>The complaint register lists three complaints received in 2020, four in 2021 and none in the year to date. One involved the nationwide health and disability advocacy service. Each of these complaints were acknowledged, investigated and managed in line with Right 10 of the Code. The records showed that all seven complaints had been resolved to the satisfaction of the complainant. There have been no known complaints submitted directly to the DHB or the Office of the Health and Disability Commissioner since the previous audit in 2018.</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</p>	<p>FA</p>	<p>The Main Group is the governing body. The group has a long history of owning and operating aged care facilities in the Waikato region and has recently divested two of its three aged care facilities. Matamata Country Lodge is now the sole care facility under its governance. The director, business manager and other senior leaders, including the</p>

<p>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>		<p>facility manager, assume accountability for delivering a high-quality service to the residents in the care home and the small retirement village located on the same site. The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation.</p> <p>The group philosophy, strategic plan and policies and procedures demonstrate various ways that meaningful inclusion of Māori and honouring Te Tiriti occurs in all aspects of service delivery. The organisations mission, vision and value are documented. Service monitoring and review of organisational performance occurs at planned intervals.</p> <p>The leadership team demonstrate a commitment to quality and risk management, ensuring there are no barriers for tangata whaikaha and that service delivery is fair and equitable for Māori. A sample of the facility manager monthly reports up to the owner and minutes from quarterly management team minutes provide extensive information to monitor performance. All information is reported and discussed. The reports present what the facilities focus is for the month, health and safety (including incident and accidents) and infection events, changes in residents and staff, staff training and education and service achievements/works completed.</p> <p>The facility manager has 30 years management experience which includes 17 years in the health and disability sector. The person in this role is supported by a clinical nurse manager and two clinical nurse leaders. The facility manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field by attending local DHB sector forums. The clinical nurse manager, two clinical nurse leads and the other registered nurses and enrolled nurses meet regularly to analyse clinical indicators, resident's response to care and adherence to best known nursing practice.</p> <p>Matamata Country Lodge holds contracts with their DHB to provide hospital (medical and geriatric) residential care, and rest home level care, up to a maximum of 99 residents. This includes respite and palliative care and the provision of care to younger people with</p>
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		<p>disabilities (YPD) through a Ministry of Health (MOH) contract or by the long term support–chronic health conditions (LTS-CHC) scheme.</p> <p>On the days of audit there were a total of 78 residents receiving care. Thirty eight residents were receiving hospital level care and forty residents were receiving services at rest home level. There were no people in the facility for respite care nor any residents who were under the age of 65 years. One resident who entered the service under the LTS-CHC scheme and one who entered under the MOH, YPD contract, are now over the age of 65. On the days of audit 11 beds were unoccupied.</p> <p>Two of the rest home residents were occupying apartments which had been assessed as suitable for the provision of rest home care but were not holders of an occupation right agreement (ORA). The total configuration for services is now 21 dedicated hospital level care beds, 35 dual purpose (rest home or hospital level care beds) and 43 dedicated rest home level care beds, total 99 beds. Fifteen apartments are approved as suitable for rest home level care.</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 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>FA</p>	<p>Matamata Country Lodge has an established quality and risk management system that adheres to the principles of continuous quality improvement. A telephone interview with the owner/operator confirmed senior executive commitment to quality and risk and participation by staff and the people who use the service. The facility manager reports a range of quality related information, and any potential risks, directly to the senior executive at least monthly. The system checks all aspects of service delivery and measures and analyses quality data which is used to map progress toward quality outcomes. 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 adverse events, which include clinical incidents such as infections, falls, pressure injuries and wounds (for example, skin tears), complaints, regular resident and relative satisfaction surveys and developing quality improvement projects. The Provider has been allocated continuous improvement in activities and food services for ongoing innovative projects. This includes the memory lane project in</p>

		<p>activities and the development of the new lounge (refer subsections 3.3 and 3.5).</p> <p>A small group of senior managers meet regularly. This group is referred to as the 'opportunity for improvement team' and considers all quality activities and identifies and addresses areas of current need. This forum conducts critical analyses of organisational practices and works in ways to improve health equity. For example, results of internal audits which compare practice to policy and best known practice, trends in quality data, review of resident acuity and their specific conditions and any other emergent issues. Aspects of health equity are discussed in terms of what each individual resident needs, including their cultural needs in order to maximise their wellbeing and ensuring that related and appropriate support is being provided. Interviews with residents, their whanau and allied health providers confirmed this as a strength of the service.</p> <p>Residents, family/whanau and staff contribute to quality improvement by being provided information obtained from the analysis of quality data at a range of meetings. All resident/relative satisfaction surveys are specifically targeted to Māori residents to assist in the improvement of the provision of culturally safe services. Outcomes from the last resident and relative surveys in 2021 demonstrated high satisfaction scores between 93% and 100% in some areas. The levels of satisfaction have been consistently high since 2019. Evidence of actions taken to address areas that required improvement were documented. Staff feedback is gathered during annual staff surveys, performance appraisals and one to one conversations with their manager. Staff are also involved with internal auditing.</p> <p>Staff confirmed they knew the procedures for managing clinical and non-clinical emergencies. Implemented policies and procedures provide a good level of assurance that the service is meeting accepted good practice and adhering to relevant standards and guidelines. 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</p>
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		<p>control system in place.</p> <p>Staff report and record adverse and near miss events on hard copy forms. The service is soon to introduce an integrated electronic system which will record and categorise events. In the meantime all report forms are reviewed by the clinical nurse manager and clinical nurse leaders for each wing. The process adheres to the guidelines provided by the National Adverse Event Reporting Policy. A sample of incidents forms and staff interviews confirmed that incidents were investigated, analysed for trends and where changes were needed to prevent recurrence, corrective actions were implemented in a timely manner. For example, immediate action was taken to prevent injuries during hoist manoeuvres. All care and clinical staff attended a training session and resource folders, that describe step by step processes for the safe use for each type of sling, are now located in work areas. Information about trends in adverse events and changes to processes to prevent incidents are presented and discussed at a range of staff meetings. Visual display of month to month data and information related to falls prevention is displayed in staff areas.</p> <p>The facility manager understood and demonstrated compliance with essential notification reporting requirements by submitting two Ministry of Health Section 31 notifications in 2020, one in 2021 and two in 2022. Two of these involved police call outs for residents at risk in the community, two were related to pressure injuries which were acquired elsewhere (for example, not at the facility) and the most recent was reporting registered nurse shortage for one night shift. Appropriate actions and debriefs occurred in response to these.</p> <p>The facility 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, Quality and Risk Plan is reviewed annually and 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</p>
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		reporting to WorkSafe NZ since the previous audit in 2018.
<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. Staffing levels are adjusted to meet the changing needs of residents and considers the layout of the facility. The service succeeded in maintaining resident cares and containing a Covid 19 outbreak in March 2022 where 36 residents and 36 staff were infected. Staff who were testing negative and were asymptomatic worked extra shifts and staff from every discipline 'pitched in' to ensure all residents were well attended. All staff interviewed said they were allocated sufficient hours to complete the work allocated to them but many were currently working extra shifts. There were three registered nurse vacancies at the time of audit. These were being recruited for. Residents and family/ whānau interviewed said they were satisfied with the number of staff available at all times.</p> <p>A 'normal' roster comprises the facility manager being on site during business hours Monday to Friday and the clinical nurse manager on site Monday to Thursday. There is a clinical nurse leader allocated to oversee hospital level care residents and one allocated for rest home residents. One registered nurse is rostered for each of the three wings for morning shifts plus 15 health care assistants. There is one registered nurse and one enrolled nurse on site in the afternoons plus 12 health care assistants and one registered nurse and five health care assistants at night. At least one staff member on each shift has a current first aid certificate.</p> <p>Allied staff such as one diversional therapist and two activities coordinators are on site Monday to Friday, as is a receptionist/office administrator. There is one person in the laundry seven days a week, three cleaners Monday to Friday and one cleaner on Sunday. Two cooks and kitchen assistants are rostered on seven days a week for sufficient hours to meet residents' food needs and smooth service delivery. Maintenance staff are on site Monday to Friday and on call. A gardener is employed for 32 hours a week. An external contractor</p>

		<p>oversees human resources.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Education includes mandatory training topics and competencies for infection control, management of emergencies including fires, manual handling and safe transfer, safe restraint, 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). Senior care staff are maintaining competencies to administer medicines. The nine registered nurses and four enrolled nurses were also being regularly competency assessed for medicine administration, syringe drivers and insulin therapy 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 50 care staff employed, 23 have achieved level four, two have level two, and 13 are at level one on the NZQA framework. Five registered nurses are accredited and maintaining competencies to conduct interRAI assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. The owner/operator has implemented a range of performance recognition rewards to acknowledge staff efforts and maintain a steady workforce.</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. Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept to confirm all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example the New Zealand (NZ) Nursing Council, the NZ medical council,</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>pharmacy, physiotherapy and podiatry.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO. There is a diverse mix of staff employed (refer subsection 1.1 and 1.2)</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 and having regular on 'one-on-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>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. Clinical notes were current, integrated, and legible and met current documentation standards. Residents' files are held securely and archived for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Resident records were legible with the name and designation of the person making the entry identifiable. InterRAI assessment information is printed and added to the residents' hard copy files. The service provider has purchased an integrated electronic records management system but has not yet implemented this due to the Covid 19 outbreak and preparation for this audit.</p> <p>The 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</p>	<p>FA</p>	<p>Residents enter the Matamata Country Lodge following a Needs Assessment Service Co-ordination (NASC) assessment where the level of care required is determined to be either rest home or hospital. Information about the service and entry criteria is documented in</p>

<p>the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>information packs that are provided to potential residents and their family/whanau. The process for determining a person's entry into the service is documented and respects the person's rights. It also allows for ongoing consultation with family/whanau. Updates are provided where delays to service entry are anticipated.</p> <p>There is a process for communication of this with the person and their family/whanau when a prospective resident is declined entry. Records of entry and decline rates are kept and specific data for Māori has been initiated. The service has connections and working relationships with local Māori communities and health providers. These relationships are used to support and benefit Māori and their whanau (refer subsection 1.1 regarding working with Māori health practitioners and traditional healers). Family/whanau members stated they were satisfied with the admission process and the information that had been provided during the admission process.</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>	<p>FA</p>	<p>Matamata Country Lodge have established policies and procedures that ensure that the continuum of care is provided in collaboration with individual residents and their family/whanau as required.</p> <p>Clinical files from the rest home and the hospital verified that assessments and care plans had been developed by a registered nurse in consultation with family/whanau and the multidisciplinary team, including a general practitioner and a diversional therapist. All assessments, including interRAI, and care plans sampled were completed within suitable timeframes and meet requirements. A range of relevant assessments that reflected best practice guidelines, the persons lived experience, cultural and spiritual needs, values and beliefs were used to inform the care plan. Files contained short term and long-term care plans. There was evidence of informed consent in all files sampled.</p> <p>Goals and aspirations were documented in all care plans sampled as were the interventions required to support the achievement of goals. Progress notes documented the resident's physical, spiritual and emotional wellness. Where changes in the resident's status were observed a range of further assessments and interventions were</p>

		<p>implemented to support the resident's wellbeing. Progress notes verified that early warning signs of deterioration were observed and documented. Ongoing monitoring and interventions were initiated at appropriate timeframes to avoid further deterioration. The GP confirmed during interview that notification of a resident's deterioration was made in a timely manner.</p> <p>Family/whanau were notified of changes and included in any care plan modifications. A multidisciplinary team review, inclusive of the resident and the resident's family/whanau, takes place in a timely manner. This was confirmed during resident and family/whanau interviews.</p> <p>The service has policies and procedures that support Māori to engage in service development and during interview the facility manager described processes that support Māori to contribute to Pae ora outcomes. At the time of the audit, one resident identified as Māori. The clinical file confirmed that cultural preferences were incorporated into the care plan. The resident stated that care was provided in a manner that respected their mana and that free access to support persons was encouraged. Staff interviewed described the Te Whare Tapa Whā model of care, and how they implemented it in their routine work to meet the needs of residents.</p> <p>The GP stated that the care provided to residents is of a high standard and the model of care and staffing enables both a consistency and continuity of care.</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</p>	<p>FA</p>	<p>The activities programme is planned and facilitated by a diversional therapist (DT) and two activities co-ordinators. The programme is available to residents one and a half hours in the morning and one and a half hours in the afternoon, five days per week.</p> <p>Clinical files confirmed that assessments pertaining to residents' individual interests, life history, events, strengths and skills are used to develop the activities care plan. The activity plans contain the resident's goals and aspirations and are reviewed within required timeframes in consultation with the resident, family/whanau, nursing</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>staff and the DT.</p> <p>Community outings, within the Covid 19 protection framework, are included in the programme and there are existing relationships and policies that support residents to participate in te ao Māori as desired. For example residents who wish to attend events at local marae are transported there and residents are facilitated to attend tangi at their request. The speaking of te reo by staff is being promoted. The executive team encourage staff to engage in community activities that promote Māori health needs and aspirations, however these activities have been limited recently due to Covid 19.</p> <p>Resident meetings are held three monthly where residents are provided opportunities to express concerns or request activities in addition to what is available. Meeting minutes and satisfaction surveys evidenced that residents are satisfied with the programme. Annual family/whanau feedback is also sought on the activities programme and changes are made as appropriate. Interviews with residents and family/whanau confirmed satisfaction with the programme.</p> <p>A continuous improvement (CI) rating has been allocated to criterion 3.3.1.</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>	<p>FA</p>	<p>There is a current medication management policy that reflects legislation and current best practice guidelines. An electronic medication management system is used and dispensed medication is provided from the pharmacy using a prepacked system. Medication prescribing met requirements and allergies and sensitivities were documented. All charts evidenced that there had been a three-monthly review by the GP.</p> <p>A medication round was observed during the audit confirming that the administration of medication occurred as per procedure and best practice. Medication competent care assistants, enrolled nurses and registered nurses administer medications.</p> <p>Medications are delivered by the pharmacy and checked on arrival by a medication competent staff member. There is a system for</p>

		<p>returning unused medications or expired medications to the pharmacy. All medications sighted were within current use by dates. Eye drops, creams and ointments in use had opening dates.</p> <p>There are three medication rooms at Matamata country lodge. All medication rooms were temperature controlled and monitored. There were two medication fridges. Both were temperature monitored and records confirmed the temperature was within the accepted range. Staff interviewed discussed the action to be taken if the room temperature or the fridge temperature was out of range.</p> <p>Controlled medications were stored and recorded as per legislative requirements. Weekly and six-monthly stock takes had been completed.</p> <p>At the time of the audit one resident was self-administering an inhaler, which was prescribed 'as required'. The resident had been assessed as competent by the GP and there was evidence confirming the competence check was undertaken three monthly. Residents, including the Māori resident, are supported to understand their medications.</p> <p>Medication errors are reported to the clinical nurse manager who investigates the root cause and monitors any trends. If required an action plan is developed, implemented and signed off as appropriate. There have been no high-risk medication errors since the last audit.</p> <p>Over-the-counter medications and supplements are discussed with the GP who will prescribe them if appropriate. Standing orders are not used.</p>
<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</p>	<p>FA</p>	<p>Meals and snacks provided follow a five weekly rotational summer and winter menu. The menu was reviewed by a qualified dietitian in January 2021. Recommendations made at that time have been implemented.</p> <p>The service has a current food control plan with an expiry date of June 2022. All aspects of food management comply with current</p>



<p>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>		<p>legislation and guidelines. At the time of the audit the kitchen was observed to be clean. All decanted food was labelled with a best before date. Prepared food was stored covered in the fridge and dated. Fridge and freezer temps were documented daily.</p> <p>Each resident has a nutritional assessment on admission to the facility and files sampled verified that these were reviewed with the care plan, or when indicated. The resident’s food preferences and dietary requirements were documented in the kitchen and catered for in the daily meal plan. The resident who identified as Māori stated satisfaction with the food choices available and that the meals and snacks met expectations and needs.</p> <p>Residents and family/whanau confirmed satisfaction with the food service. Observation during the audit verified that the meals were nutritious and well presented. It was also observed that the residents were given sufficient time to eat their meals in an unhurried fashion. Those requiring assistance had this provided with dignity.</p> <p>A continuous improvement (CI) rating has been allocated to criterion 3.5.1.</p>
<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>	<p>FA</p>	<p>There are current policies and procedures that support safe transition, transfer and discharge from the service. Transfer or discharge is managed in collaboration with the resident, family/whanau, GP, NASC and the receiving service. This was confirmed by observation during the audit, during interviews with residents and family/whanau and evidence in the clinical files. Staff interviewed described the transfer and discharge procedure and were familiar with the policy. Residents and their family/whanau are provided information about other health and disability services were indicated or as requested. Clinical files evidenced referrals to other services including the district nurse, older persons mental health services and physiotherapist. Interviews with staff and family/whanau confirmed that they were aware of other service providers.</p>

<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>	<p>FA</p>	<p>There is a current building warrant of fitness which expires on 26 January 2023. Appropriate systems are in place to ensure the internal and external environment and facilities are fit for purpose, well maintained and meet legislative requirements. The long-term preventative maintenance programme ensures the interior and exterior of the facility are maintained to a high standard. All equipment is maintained, serviced and safe as confirmed in documentation sampled, interviews with maintenance personnel and the health and safety officer and the onsite visual inspection during the audit.</p> <p>The planned maintenance schedule includes regular checks of hoists and other resident transfer equipment, testing and calibration of weigh scales and medical equipment. The facility is fitted with a residual current device (RCD) which cuts the power if an electrical fault is detected.</p> <p>There is a sufficient number of toilets and bathrooms. All but 10 bedrooms have ensuite bathroom/shower and toilet. Additional toilets are located throughout the building in common areas for resident, staff and visitor use. Monthly hot water tests are completed for resident areas and records showed these were below 45 degrees Celsius, or that a plumber was called in to adjust the tempering valves when temperature recordings rose above this.</p> <p>Reactive maintenance is carried out by in a timely manner by onsite maintenance staff or contracted trade staff if the work is outside their scope. Environmental and building compliance audits occur regularly to ensure the environment is hazard free for residents' and staff safety.</p> <p>Visual inspection of each of the 23 bedrooms (14 previous rest home bedrooms in kowhai wing and nine in Rimu wing) that has been reconfigured as dual purpose were confirmed as being suitable for either rest home or hospital level care residents. Each room had sufficient space to accommodate lifting equipment and two staff assisting with manoeuvres and were located close to a nurse's station, and communal areas. All of these rooms had accessible</p>
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		<p>showers and toilets for sole use by the occupant.</p> <p>Each area in the home has a conveniently located and easily accessed dining area and lounge/activity spaces. These areas are appropriately furnished. An additional large lounge is waiting for a Code of Compliance and a review of the fire evacuation scheme from Fire and Emergency New Zealand. The new lounge, which is yet to be opened, is inclusive of all people's cultures and local tangata whenua have been consulted regarding its design and uses. Plans for the opening of the lounge involve local kaumatua who will bless the building according to their tikanga, to uphold the aspirations and identity of Māori.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting. There is ongoing enhancements in the grounds and gardens including the development of more outside sitting areas.</p> <p>Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required and said that requests are actioned in a timely way. Residents and family/whanau were very satisfied with all aspects of the home. They appreciate the spaciousness of their bedrooms, described the furnishings and décor as lovely and said that internal areas are maintained at a comfortable temperature year round.</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> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Each physical area in the home is identified as Kowhai, Totara or Rimu wing. The current fire evacuation plan was approved by the New Zealand Fire Service on the 10 March 1999. This is due to be reviewed to take into account the new lounge area in Kowhai wing.</p> <p>A trial evacuation in each area takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 21 December 2021. The orientation programme for all new staff includes fire and security training. Each of the registered nurses, enrolled nurses and senior care staff had current first aid certificates.</p> <p>Staff confirmed they knew and understood the emergency</p>

		<p>procedures. There are documented guidelines for natural disasters and current emergency plans which clearly describe preparation and timed responses. Emergency exit signs and procedures for evacuation are displayed throughout the facility. Fire suppression systems and egress is checked monthly by an external provider. Adequate stocks of supplies for use in the event of a civil defence emergency (for example food, water, torches, batteries, blankets, transistor radios, sanitizing agents, gloves and medical supplies) plus gas BBQ's were sighted. These meet the requirements for 99 residents. There is a 10,000 litre water storage tanks and a generator on site. Emergency lighting is regularly tested. This meets the National Emergency Management Agency recommendations for the region.</p> <p>The call bell system tested was functional and staff were observed to attend to these in a timely manner. Residents and family/whanau were happy with staff responses to call bells at all times of the day and night.</p> <p>Staff lock external doors and accessible windows at pre-determined times each day. On the days of audit, all entry points to the home were locked as all visitors required infection testing before entry. A security firm patrols the complex at least twice each night and documents its findings, such as irregularities or insecure areas. All visitors are required to sign in and complete rapid antigen test (RAT) and temperature checking before entry. Staff are readily identified by wearing uniforms and name badges.</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</p>	<p>FA</p>	<p>The executive team have oversight of the infection prevention (IP) and antimicrobial stewardship programmes (AMS). The programmes are embedded into the quality system. Regular reports are generated and presented to the executive group and the business owner. The service has links to access IP and AMS expertise as required, which includes the DHB, pathologists, microbiologists and private providers of IP systems. A documented stepwise pathway ensures IP issues, significant events and reports are provided to the executive team and business owner, and where required to the regional public health</p>

<p>the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>authority.</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> <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>FA</p>	<p>A registered nurse is the infection prevention (IP) coordinator with a position description. The coordinator reports to the facility manager and the executive team. The coordinator has received initial IP and AMS training and regular ongoing updates. At the time of the audit a transition of infection control coordinators was taking place. The incoming coordinator is receiving orientation and appropriate education is planned. The IP coordinator position description documents responsibility for decision making including overseeing and implementing, monitoring and reporting on the IP programme. In addition, the coordinator has input into procurement, building modifications, policies and procedures.</p> <p>The IP programme has been developed by persons with infection prevention expertise and has been approved by the executive committee and the business owner. The programme is reviewed and reported on yearly. Infection prevention policies reflect the requirements of the standard and represent current accepted good practice.</p> <p>A current pandemic/infectious diseases response plan is documented and has been regularly tested. Sufficient supplies of infection prevention resources and personal protective equipment (PPE) was available and sighted during the audit.</p> <p>Staff were familiar with infection prevention policies, confirmed they had been orientated to them and received annual infection prevention education. This was verified by observation during the audit. They also stated they had received education on donning and doffing and isolation precautions during the Covid 19 pandemic. Residents and family /whanau confirmed they received regular education and updates on Covid 19 precautions.</p> <p>Single use devices are not reused. Staff were able to name single use items and confirmed they were not reused and there was no evidence</p>

		<p>of re cleaning/sterilising of single use items observed during the audit. Reusable shared equipment for example blood pressure monitors and thermometers are decontaminated appropriately as per policy and the manufacturers recommendations. Appropriate materials for this process were observed during the audit.</p> <p>The service philosophy supports cultural awareness and working in partnership with Māori when developing policies and procedures. Educational resources are made available in te reo as 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>Matamata Country Lodge has a documented AMS programme that is appropriate for the size, scope and complexity of the service. The programme has been approved by the executive group and the business owner. The programme has been developed in accordance with evidence-based practice and the GP is cognisant of the practice.</p> <p>The AMS programme is evaluated by reviewing clinical files and medication prescribing and administration. Monthly reports are developed and presented to the executive group. Diagnostic testing occurs prior to, and post antibiotic use, although recently laboratories have prioritised Covid 19 testing above routine work. During a recent outbreak of a viral infection at the service, residents were not prescribed antibiotics unless there was evidence the resident had a secondary infection.</p>
<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</p>	FA	<p>Surveillance of health care-associated infections at Matamata Country Lodge is appropriate to the size and type of service. The surveillance programme is documented and standard definitions are used relating to the type of infection acquired.</p> <p>The IP co-ordinator discusses the collated and analysed surveillance data and reports on this monthly to staff at staff meetings and to the executive team. Trends and possible causative factors are discussed and plans to reduce causative factors are developed.</p> <p>Since the last audit there has been one outbreak of infection in March 2022. Forty four residents tested positive to Covid 19. The outbreak lasted four weeks. Residents affected were isolated in their rooms and</p>

<p>with an equity focus.</p>		<p>visiting was stopped during the outbreak. The DHB portfolio manager was informed of the outbreak, who made the additional required notifications. The Covid 19 plan was implemented. The service and DHB meet via zoom or/and email as required, with a minimum contact of twice per week. The GP and DHB portfolio manager were provided daily updates. All residents who tested positive had recovered from their symptoms at the time of the audit.</p> <p>Culturally appropriate processes are in place to ensure clear communication is provided to residents who develop an infection. Staff interviewed discussed their cultural knowledge and skills and gave examples of how they practice these in their daily roles.</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 safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies and procedures clearly describe 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 and where chemicals are stored. Interviews and staff files confirmed that cleaners and laundry personnel (for example housekeeping staff) have attended training appropriate to their roles. A new chemical supply company is providing regular support and advice to the service.</p> <p>Decanted cleaning products were in clearly labelled bottles. Cleaning staff ensure that trolleys are safely stored when not in use. There is adequate personal protective equipment (PPE) available which includes masks, gloves, aprons and goggles and staff were observed to be using this. Staff demonstrated knowledge and understanding about effective donning and doffing of PPE. All areas of the facility were observed to be spotless. Regular and recent internal audits of environment cleanliness did not reveal any significant issues</p> <p>Laundry services, including personal clothing, is undertaken on site. Laundry is kept separated in clean and dirty areas and special precautions are taken with infectious laundry. Clean laundry is delivered back to resident's room in named baskets. The effectiveness of laundry processes is monitored by the internal audit programme which is overseen by the health and safety and infection</p>

		<p>prevention committee.</p> <p>Residents and family/whānau reported that the laundry is well managed and the facility is kept clean and tidy. Recent resident and relative surveys revealed 100% 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>The service continues to aim for a restraint free environment. This is supported by the executive management team/ governing body and policies and procedures. The facility manager regularly reports all restraint activity to executive management.</p> <p>There were 10 residents using restraints at the time of audit. Two residents had bed rails in place when in bed and eight residents required 'T-Belts' when seated to keep them safe from falling. A sample of records confirmed that alternatives have been explored and that the restraint intervention was a last resort.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is one of the clinical nurse leaders who reports to the facility manager and is supervised by the clinical nurse manger. The role is defined in a job description which describes the coordinators responsibilities for monitoring and reducing restraint usage, supporting staff in the safe application of interventions, chairing the restraint approval group and maintaining oversight of all restraint activities. The coordinator interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>Staff regularly attend education and training in alternatives and the least restrictive methods, safe restraint practice, culturally appropriate interventions, and de-escalation techniques. Those interviewed demonstrated understanding about restraint procedures, risks when using restraint and monitoring requirements.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure</p>	FA	<p>The restraint approval group meets regularly and is responsible for approving individual use of restraints and quality review of restraint practices. There are clear lines of accountability. All restraints were</p>



<p>my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>confirmed in writing as having been approved by the committee and consented to. The overall use of restraint is being monitored and analysed by the restraint coordinator with support from the restraint committee. Whānau/enduring power of attorneys (EPOA's) were involved in decision making</p> <p>A comprehensive assessment, approval, monitoring process, with regular reviews occurs for all restraint in use. This was confirmed by a sample of resident files and restraint monitoring records. Documents showed family/whānau involvement. Access to advocacy is facilitated but has not been identified as necessary to date.</p> <p>The restraint register is reviewed and updated at least monthly or when restraint activity changes. The register contained enough information to provide an auditable record. There have been no emergency restraint interventions. All restraint is planned, assessed and approved.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint group undertakes a six-monthly review of all restraint use which considers all the requirements of this subsection. The outcome of the review is reported to the governance body. The restraint meetings and reports are documented and individual use of restraint use is reported to the quality and staff meetings. Minutes of meetings sampled confirmed this includes analysis and evaluation of the amount and type of restraint use, whether all alternatives to restraint have been considered, the effectiveness of the restraint in use, the competency of staff and the appropriateness of restraint / enabler education and feedback from the doctor, staff and families. All staff complete restraint competency assessments. There have been no incidents related to use of restraint interventions for this certification period. Internal audits are carried out to check and monitor adherence to policy and protocols. Any changes to policies, guidelines, education and processes are implemented if indicated. Data sighted, minutes and interviews with staff confirmed that the use of restraint continues to be minimised. It was reported that in some cases family/whanau resist the removal of bed rails. The use of restraint fluctuates according to the safety needs of the resident</p>

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## Specific results for criterion where corrective actions are required

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>A new initiative has been implemented. Analysis of residents who were identified as falling repeatedly was undertaken. The time of the fall, and potential contributing factors were identified. Interdisciplinary input resulted in the establishment of an activity called Memory Lane. The activities team developed a one-hour Memory Lane programme that takes place at the time of the day when most fall were occurring. This involved the team changing their hours of work to run the programme at the ‘high risk’ times. Ongoing analysis of falls has confirmed that there has been a reduction in falls in this group of residents. Residents, family/whanau and the GP spoke positively of the improvement this activity had made to the resident’s wellbeing and the reduction in falls.</p>	<p>The activities programme is allocated a continuous improvement rating due to ongoing team collaboration resulting in new activities that increase resident satisfaction and reduces resident risk of harm.</p>

<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	<p>CI</p>	<p>The continuous improvement (CI) project identified at the last audit remains. In addition, the service had identified that some residents with weight loss were not gaining the desired weight within a suitable timeframe. A quality initiative was planned in collaboration with the RN's, GP, kitchen supervisor, resident and family/whanau. All residents who did not achieve a suitable weight gain within an appropriate timeframe had a mini nutritional assessment (MNA) undertaken. The resident's dietary profile was reviewed in consultation with the resident and family/whanau. A short-term care plan was developed by the registered nurse. The GP was advised of the result of the MNA. A nutritional supplement was prescribed if required. The kitchen supplied high calorie foods to the resident in line with the resident's likes, dislikes and dietary needs (for example diabetes). For residents requiring soft foods the service purchased nutritionally supplemented, prepared soft foods from a national food supplier. The residents' weights were monitored and suitable weight gains were achieved within appropriate timeframes.</p>	<p>A continuous improvement rating is allocated due to implemented initiatives and instigation of additional interdisciplinary care interventions when required. This results in residents' nutritional status being maintained and improved.</p>
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End of the report.