

Tuapeka Community Health Company Limited - Tuapeka Community Health

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 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](#).

The specifics of this audit included:

Legal entity:	Tuapeka Community Health Company Limited
Premises audited:	Tuapeka Community Health
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 April 2022 End date: 11 April 2022
Proposed changes to current services (if any):	The service does not provide Hospital – geriatric level care.
Total beds occupied across all premises included in the audit on the first day of the audit:	5

Executive summary of the audit

Introduction

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

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

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

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.

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

Indicator	Description	Definition
	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

Tuapeka Community Health is owned and governed by the Tuapeka Community Health Company Ltd. The service includes a medical centre as well as the medical/aged care facility. The service is certified to provide rest home and hospital (geriatric and medical) level of care for up to seven residents. On the day of the audit there were five residents.

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

The manager has been in the role since June 2021. She is supported by a quality assurance administrator, a team of experienced registered nurses and healthcare assistants and the Board.

There are documented strategic and quality and risk plans in place. The service has a strong community focus and provides resident-centred care.

This certification audit identified shortfalls around aspects of the quality programme, training, appraisals, interRAI trained staff, timeliness of assessments and care planning, care plan interventions and care plan reviews.

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 provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan and residents and staff stated that culturally appropriate care is provided.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

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.

Some subsections applicable to this service partially attained and of low risk

The structure of the organisation extends from the directors to the management team. The business/quality plan includes mission, vision, and values statements with goals documented. These are regularly reviewed at defined intervals. There is good communication between the Board and the manager.

The service has a quality and risk management programme in place with systems that meet the needs of residents and their staff. A catch-up plan has been implemented around internal audits. There are regular combined quality/staff meetings.

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 documented.

The service ensures the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential.

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 low risk
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An admission package is available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Healthcare assistants are responsible for administration of medicines and complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The diversional therapist provides and implements an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the residents' individual recreational preferences. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. There is a current food control plan.

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 building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The respite room has an ensuite with the other rooms sharing communal shower room and toilet facilities. Each room has a hand basin. The communal shower rooms have privacy locks. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

The Board oversees the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The infection control coordinator (RN) is involved in procurement processes and processes related to decontamination of any reusable devices. Staff demonstrated good principles and practice around infection control. Staff, residents, and family/whānau were familiar with the pandemic/infectious diseases response plan. Covid restrictions remain in place in line with the current red traffic light system. Infection surveillance is undertaken with follow-up action taken as required. There have been no outbreaks since the previous audit.

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

The restraint coordinator is a registered nurse. There are no restraints used at the service. Maintaining a restraint-free environment is included as part of the staff education and training programme. The service considers least restrictive practices,

implements de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. Staff have training in management of challenging behaviour.

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	22	0	4	0	0	0
Criteria	0	139	0	5	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](#).

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>The cultural safety policy includes provision of safe practices for Māori residents, cultural awareness and food services, death of a resident, Māori health care plan and considerations. These policies guide staff to provision of culturally safe services in line with Te Tiriti O Waitangi. The service currently has no residents who identify as Māori. The Maori and Pacific care plan and ethnicity awareness policy recognises Māori Health Strategy (He Korowai Oranga) – (MoH, 2014) which has set the strategic direction for Māori health development and they support the Healthy Futures of Māori framework, and states “All residents will be treated in an equitable manner so as to ensure their rights are acknowledged”.</p> <p>The code of resident rights is displayed in English and te reo Māori. Demographics for the Lawrence area state there are 12% of the population in that area which identify as Māori. The manager reported there is one staff member who identifies as Māori. The manager confirmed that the service supports increasing Māori capacity by</p>

		<p>employing more Māori staff members. Plans are in place to ensure the service promotes a Māori workforce when staff vacancies arise.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Staff interviewed (three registered nurses (RNs) including the Clinical Nurse Lead (CNL) two healthcare assistants (HCA), one diversional therapist, the cook, maintenance, and the quality assurance administrator) described how they are made aware by the RNs if there are any cultural preferences of residents. The HCAs described ways care is based on the resident's individual values and beliefs.</p> <p>Plans are in place to ensure the service promotes a Māori workforce. The rest home has cultural links within the community and is working towards establishing meaningful formal links with these groups.</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>	<p>Not applicable</p>	<p>On admission all residents state their ethnicity. The manager advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The manager plans to work towards the development of a Pacific health plan and plans to seek guidance from a Pasifika organisation and/or individual. The existing plan, which is linked to the Māori health plan, does not adequately address Pacific people.</p> <p>The service is not currently recruiting new staff. The facility manager described how they would encourage and support any staff that identified as Pacifica through the employment process. There are currently no staff that identify as Pasifika.</p> <p>The four residents, staff interviews and documentation reviewed identified that the service puts people using the services, families, and the Lawrence community at the heart of their service.</p> <p>Work is underway to ensure a Pacific health plan is developed with</p>

		input from Pacific communities, and Pacific staff are actively recruited.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their relatives. The manager or the RN discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the two-monthly resident/family meetings. The residents interviewed reported that their rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. Residents were observed freely going outside to take walks in the garden. Residents interviewed confirmed that they are treated with respect and that their independence is supported and encouraged and that they appreciate this. Two of the residents interviewed commented that there was a strong sense of community and family within the rest home.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Plans are underway to ensure that the service recognises Māori mana Motuhake.</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>	FA	<p>The Rights, Independence, Choice, Ethics, Spirituality and Sexuality, Resident Rights Policy is documented to guide staff around providing services in a way that is inclusive, and ensuring residents and relatives are treated with dignity and respect, and to ensure all</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>individualised preferences are catered for.</p> <p>The independence and individuality policy states, “As per our philosophy, maintaining the residents’ independence and encouraging individuality is high priority”</p> <p>The healthcare assistants (HCAs) interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. 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. Training was held around Te Tiriti O Waitangi in 2021.</p> <p>Residents have control and choice over activities they participate in. A selection of residents interviewed confirmed that they enjoy and appreciate their independence. The services annual training plan includes annual education around rights, privacy, dignity, choice, advocacy, and independence (last held in February 2022). It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident’s right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives’ involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p>
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<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 resident's safety, neglect and abuse prevention policy aim to recognise, prevent, and treat abuse, and to ensure all incidences of abuse are reported, investigated and corrective action plans are instigated where required. The policy includes definition for emotional, physical, sexual, financial and neglect, and prevention of any form of discrimination, coercion, harassment, or any other exploitation. Education on cultural safety, abuse, and neglect and understanding and prevention of discrimination, racism, stigma, and bias is planned to occur in 2022 (link 2.3.5). The policy also includes solutions to try and prevent/reduce/treat institutional abuse.</p> <p>Staff are encouraged to address the issue, however if they are not comfortable, they are supported by management to do so. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff are educated on how to value the older person showing them respect and dignity. The residents interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is excellent. The resident files reviewed evidenced the use of positive language.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff Code of Conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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>FA</p>	<p>Information is provided to residents/relatives on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. The relatives interviewed stated they visited regularly and were kept informed of any changes in resident condition, however, this was not clearly documented in the</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>		<p>incident reports sighted (link 2.2.5).</p> <p>Staff and residents reported there have been informal meetings held with the residents. Resident meeting minutes sighted identify feedback from residents and consequent follow-up by the service. The residents interviewed stated they provide regular feedback around food services and have input into the activities plan. The relatives interviewed stated they are kept abreast of what's going on in the facility as they visit regularly. The residents and relatives interviewed confirmed they can talk to any member of staff including the manager at any time and discuss any queries or concerns they have. The manager promotes an 'open door' policy.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the DHB specialist 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> <p>As service providers: We provide people using our services or</p>	<p>FA</p>	<p>There are policies around informed consent and advance directives. Five resident files were reviewed and included completed and signed admission agreements and general consent forms. Copies of enduring power of attorneys (EPOAs) were on resident files. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with residents and relatives demonstrated their involvement in the planning of care and the decision-making process. The service is working towards developing a better understanding of tikanga guidelines in relation to</p>

<p>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>consent.</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 procedure is provided to residents and relatives on entry to the service. Complaint forms are available on the bookshelf at the entrance to the lounge and are documented in both English and te reo Māori. Residents were aware of where to locate these. The residents interviewed stated they felt comfortable discussing any issues or concerns with staff or the manager.</p> <p>The 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.</p> <p>There have been no complaints lodged in relation to the rest home since the previous audit. During discussion with the manager and the quality assurance administrator, they were aware of their responsibilities and timeliness of complaints. Complaints were sighted for the medical centre which evidenced processes followed Health and Disability Commissioner guidelines.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms on admission to 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. There is information around the HDC Advocacy service available beside the complaint forms.</p> <p>Staff interviewed understood their role in advocating for residents.</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>Tuapeka Community Health is owned and governed by the Tuapeka Community Health Company Ltd. The service includes a medical centre as well as a medical/aged care facility. The seven beds are divided into five rest home beds and two DHB-funded medical beds</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 high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>used for respite and short stay. On the day of audit there were five residents – all permanent rest home level care. There were no hospital (medical) level residents, and all residents were on the age-related residential care (ARRC) contract. The two medical beds were not used for long-term residents assessed as requiring hospital level of care. The service does not require to be certified for hospital-geriatric level care.</p> <p>The service has a current strategic plan which is due to be reviewed and the 2022 plan is to be approved at the next board meeting. There is a current quality and risk plan which is being implemented. The plans include mission statement, the services philosophy and goals and objectives. These are reviewed at each board meeting as sighted in meeting minutes. There was evidence of the annual review of the business plan. Monthly board meetings include four directors, and the manager. The board has a term of reference, this forms part of the suite of governance policies. The board meets monthly with the manager. The manager provides the board with a monthly report including all aspects of the rest home and health centre services, which is reviewed and discussed. In addition, the chairperson communicates with the manager on a weekly/daily basis as required. The main goal of the service is to provide affordable health care and long-term residential care to the Lawrence/Tuapeka area residents, to retain and support the elderly in the community to live a long and active life as long as possible, and for residents to be able to access the same quality of care as if they were urban dwellers. The aim for residents is that they feel that the rest home is their home.</p> <p>The board reviews annually all policies and risk management systems. Any incidents and exceptions are brought to the attention of the board, improvements are discussed, and management supported to implement changes as required. The board is aware of its responsibilities to ensure tangata whaikaha people with disabilities or any resident do not encounter barriers to obtaining the level of service they require. There is literature including the resident code of rights and complaint forms available in te reo. There is disabled access to all areas of the facility, and there is a Māori Health Plan available for staff to utilise. The service is working towards developing formal</p>
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		<p>relationships with tangata whenua and Māori groups in the area.</p> <p>Any complaints are brought to the attention of the chairperson/board as required. As the manager and directors live in the small rural community, all are well placed to receive positive and negative feedback as it arises. The board consults with the community in several ways, but the main method is ongoing and open feedback received from the community. Feedback received is discussed at monthly board meetings and incorporated in the service provided. Communication is also by way of an annual general meeting where the community is invited to attend and community meetings.</p> <p>The manager has been in her role since June 2021, has a background of information technology (IT) business and support, and is responsible for the day to day running of the rest home and medical centre. The manager is supported by a part time quality assurance administrator, who has an administration background and setting up policies and procedures. The quality assurance administrator completes all non-clinical internal audits and oversees quality systems. They are supported by an experienced clinical nurse lead (RN) and a team of three registered nurses who work as district nurses and provide nursing services to the rest home and a team of experienced healthcare assistants.</p> <p>The manager has attended all ARRC zoom meetings and has engaged with another rural provider for mentorship. The manager plans to attend the next available training around management and leadership of an aged care facility. The registered nurses are on call 24 hours a day for all clinical aspects of care, and the manager is available for non-clinical issues.</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</p>	<p>PA Low</p>	<p>Tuapeka Community Health has a quality and risk management system in place, which is being implemented. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits have fallen behind schedule since mid-2021, however a catch-up plan was implemented</p>

<p>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>in February 2022. While the internal audits have been completed, and corrective actions were identified; there was no evidence of sign off or discussion at meetings around the results. Data is collated around infection control, restraint, incidents and accidents and hazards. While quality data is discussed at handovers on a daily basis, there is no evidence of discussion around this at the combined quality/staff/infection control and health and safety meetings held quarterly.</p> <p>The minutes of the quarterly meetings held evidenced these provide an avenue for discussions in relation to (but not limited to) staffing, occupancy, RN on call kitchen, health and safety, training, complaints/compliments, Covid regulations and changing requirements, and any changes to the service.</p> <p>The resident/relative satisfaction surveys are completed annually (except 2020 due to Covid-19). There were three permanent residents and two residents on respite who responded in 2021, all were very satisfied with all aspects of care.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies have been purchased from an external aged care consultant and are regularly reviewed and have been updated to reflect the 2021 Ngā Paerewa standards.</p> <p>A health and safety system is in place with the manager as the health and safety officer, and a recently employed medical receptionist (with previous health and safety experience) as the health and safety coordinator. Aged care specific health and safety training has been booked for the health and safety coordinator to attend. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented by the facility manager and maintenance staff. There are manual handling training sessions for staff last held in March 2022.</p> <p>In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Individual falls prevention</p>
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		<p>strategies are in place for residents identified at risk of falls. Strategies implemented to reduce the frequency of falls include intentional rounding, and the regular toileting of residents who require assistance.</p> <p>Each incident/accident is recorded in hard copy, then scanned on to an electronic file. Four accident/incident forms reviewed (for 2022) included two unwitnessed falls, and two skin tears) were fully completed. There is RN assessment post falls. A review of falls related incidents identified that there were no accompanying neurological observations documented for two residents (no longer in the facility) following an unwitnessed fall (link 3.2.4). Opportunities to minimise risks (where identified) were implemented. The staff and residents confirmed families are notified of all incidents. Incident reports are reviewed by the manager prior to being scanned into the electronic system. Incident and accident data is collated monthly and analysed, noted there are very low incidents as current residents are very independent and report no incidents for 'a long time' when interviewed.</p> <p>Discussions with the facility manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed to notify HealthCERT around the change in management. There have been no outbreaks.</p> <p>The service is working towards how they will ensure that a critical analysis of practice is undertaken to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering. Overall, the roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets contractual requirements. The service is currently certified for hospital- geriatric and hospital – medical level care. The service does not provide hospital – geriatric level care and request this is removed from their current certification. The service does not provide 24/7 registered nurse cover, however advised they do provide 24/7 cover when they have patients in the hospital level</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>beds.</p> <p>Interviews with staff confirmed that although they are very busy, overall staffing of healthcare assistants (HCAs) is adequate to meet the needs of the residents. The manager reported turnover of staff related to the Covid-19 mandates. These positions have since been filled.</p> <p>The manager works full-time between Monday and Friday and is available afterhours for non-clinical issues. The registered nurses share on-call for all clinical issues afterhours and are on site over the weekends between 9 am and 3 pm.</p> <p>There are currently five rest home level residents. There is one HCA on morning, afternoon, and nightshifts. The GP lives adjacent to the rest home and is available if required.</p> <p>Staff are instructed to call an ambulance in the event of a medical emergency after hours. All staff have current first aid certificates and medication competencies.</p> <p>There are separate cleaning staff. Healthcare assistants assist with laundry duties.</p> <p>Out of a total of seven HCAs, four have achieved level 4 Health and Wellbeing New Zealand Qualification Authority (NZQA) certificate through Careerforce. One has achieved level 3; and another is working towards achieving level 3.</p> <p>A competent care provision policy is being implemented. Competencies completed over the past 12 months include infection control, medication, fire safety, restraint, and medications.</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</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held electronically and are only accessible to the manager. Five staff files reviewed (the clinical nurse lead, three HCAs and the cook) evidenced implementation of the recruitment process, employment</p>

<p>people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, podiatry) are held electronically. There is an appraisal policy and staff who had been employed for over one year have an annual appraisal completed.</p> <p>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 including cultural awareness. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for the residents.</p> <p>There are four registered nurses including the clinical nurse lead. One RN is currently completing interRAI training. The registered nurses have access to training through the DHB.</p> <p>Information held about staff is kept secure and confidential, and ethnicity data is being collated.</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>Resident information is held securely in the nurse's station in a locked cupboard. Electronic progress notes documented by the RNs are password protected. The electronic system includes scanned incident reports, meeting minutes and staff files. The system is password protected with 'levels of access' implemented to ensure all staff information is only accessible to the manager.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures are documented and include the designation of the service provider. Recently archived files are stored securely in the facility with a separate secure storage area located in the grounds for more historical archives. All archives are held for a</p>

		<p>minimum of 10 years.</p> <p>Residents entering the service have all relevant initial information recorded within 24-hours of entry into the resident's individual record (link 3.2.1).</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. The five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process.</p> <p>Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The registered nurse or manager are available to answer any questions regarding the admission process. The manager described open communication with potential residents and whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. Ethnicity information is collected at the time of admission from individual residents. The service is working on a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service is working on building relationships with local Māori providers.</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>	PA Low	<p>The admission and reassessment policy is in place to guide staff around assessments, care planning and review of care planning requirements and timeframes.</p> <p>Five rest home resident files were reviewed. The registered nurses are responsible for conducting all assessments and for the</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>development of care plans. There is evidence of resident and family involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission, however, not all initial assessments and care plans were completed within timeframes. Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A specific cultural assessment has not yet been implemented and behavioural assessments have not been utilised where needed.</p> <p>The service currently has an RN in training to complete interRAI assessments (link 2.4.2), therefore not all interRAI assessments have been completed within the required timeframes or prior to the completion of the long-term care plan. Not all long-term care plans have been completed within 21 days of admission to the service or updated following changes in health condition and identified needs. The long-term care plan includes sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of person-centred care.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. There is one general practitioner (GP) and one nurse practitioner (NP) who are responsible for the medical care of the residents. On call cover is provided by the GP and NP. The registered nurses provide on call afterhours for phone support and advice when needed. The GP interviewed was positive about the team approach and the open communication the registered nurses provide as well as the quality of the HCAs. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist as required. A podiatrist visits regularly. Other services including a dietitian, speech language therapist and wound care specialist nurse are available as required through the</p>
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		<p>local DHB.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. The registered nurses' notes are written in the resident progress note and also in the medical centre's electronic resident file. If there are resident incidents or acute health changes the registered nurses record these on the medical centre's electronic resident file. Notes are printed and available in resident files for HCAs to read. When a resident's condition alters, a review with a GP/NP is undertaken. Family have been notified of all changes to health including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status. However care plan interventions do not always reflect residents' current needs. A family contact sheet records family notifications and discussions.</p> <p>A wound register is maintained. Wound assessments, wound management plans, and photos were reviewed in resident files of previous wounds. There were no residents with wounds or pressure injuries on the day of audit. Residents interviewed reported their needs and expectations were being met. The registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts as required including (but not limited to) bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels and toileting regime. However, neurological observations have not routinely and comprehensively been completed for unwitnessed falls.</p> <p>Evaluations are scheduled to be completed six-monthly. However, not all of the care plans reviewed evidenced an evaluation within the required six-month timeframe or identified if goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short term care plans were not utilised for issues such as infections, weight loss, and wounds. The GP/NP reviews the residents at least three monthly or earlier if</p>
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		required. The GP/NPs record their medical notes in their electronic practice management system.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is one diversional therapist who works across five days. Hours worked are between eight and fifteen hours per week depending on programme requirements. The overall programme has activities that are appropriate for the cohort of residents. The activities are displayed and include exercises – steady as you go, word and board games, church services, van outings, housie, quizzes, and seasonal celebrations. The programme allows for flexibility and resident choices of activity. There are plentiful resources. Community visitors include entertainers, and church services when Covid restrictions allow. Residents are encouraged to maintain links to the community.</p> <p>One-on-one activities such as individual walks, occur for residents who are unable to participate in activities or choose not to be involved in group activities. The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile and activity assessment informs the activities plan. Individual activities plans were seen in resident files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. There are a number of lounges and seating areas where group or quieter activities can occur. The residents and relatives interviewed were happy with the variety of activities provided. Satisfaction surveys evidenced 100% satisfaction around activities. The activities coordinator is working towards developing relationships within the community to provide opportunities for residents to participate in te ao Māori.</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>	FA	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked treatment room. Registered nurses and medication competent healthcare assistants complete annual competencies and education. On the day of the audit there were no midday medications administered, therefore there was no observation of a medication round. The HCAs interviewed described step by step processes around medication administration. Medications are packed in four weekly blister packs.</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>The registered nurse checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). There was one rest home resident administering their own medications. There are medications stored safely in the resident's room. The GP has assessed the resident's competency and reviewed three-monthly; this is recorded on the electronic medication chart.</p> <p>Medication fridge temperatures and room air temperature are checked weekly and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. Five electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP/NP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>All medications are charted either regular doses or as required. Over the counter medications are prescribed on the electronic medication system. The service is working towards providing appropriate support advice and treatment for Māori.</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 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>FA</p>	<p>All meals and baking are prepared and cooked on site by the qualified chef who is supported by a part time cook. The kitchen staff have completed food safety training. The four-week winter/summer menu is reviewed by a registered dietitian. There is a review taking place at present. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. Modified diets are provided. The meals are plated in the kitchen and served to residents in the dining room. Residents may choose to have meals in their rooms. Residents are weighed monthly unless this has been requested more frequently due to weight loss.</p>

		<p>The food control plan will expire on 21 February 2023. Daily temperature checks are taken daily for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures and recorded weekly. All perishable foods and dry goods were date labelled. There is no decanting of dry goods. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the chef when required. Resident preferences are considered with menu reviews. Resident surveys are completed annually which evidenced 100% satisfaction around food services. Residents interviewed expressed their satisfaction with the meal service and commented on their favourite meals and slices being incorporated into the menu.</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>	FA	<p>The service has documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. Residents and their families were involved for exits or discharges to and from the service. Residents and families are advised of their options to access other health and disability services including the physiotherapist, dietitian, and social support or kaupapa Māori agencies were indicated or requested. The GP refers residents to medical specialists when appropriate.</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>	FA	<p>The building holds a current warrant of fitness which expires 13 December 2022. The maintenance person works eight to ten hours a week. These hours have increased while there have been refurbishments of the common areas and the medical centre. Any urgent requests when the maintenance man is not on site are responded to. There is a maintenance request book for repair and</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>maintenance requests located in the nurses' station. This is checked daily and signed off when repairs have been completed. There is a monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical and medical equipment has been completed.</p> <p>Volunteer gardeners maintain the gardens and grounds. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. HCAs interviewed stated they have adequate equipment to safely deliver care for rest home residents.</p> <p>There are seven rooms. Two of these are dedicated respite rooms, one of which has a dedicated ensuite. The other six rooms share communal toilets and showers which have privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. All bedrooms and communal areas have ample natural light and ventilation.</p> <p>There is sufficient space in residents' rooms to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>The main dining room is adjacent to lounge. Meals are served from the kitchen to the dining room. There is a small lounge for family or private meetings or for residents who choose to, to enjoy a quiet time. The main lounge is used for shared activities, and the conservatory provides a light quiet space for reading. There is safe ramped access</p>
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		to outside garden and shaded areas. The building is heated by a diesel boiler and each resident room has an electric panel type heater which can be adjusted in the room
<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>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The last drill took place in March 2022.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available, the facility has a generator, and there is gas cooking. There are adequate supplies in the event of a civil defence emergency including access to a large rainwater storage tank to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>A new call bell system was installed throughout the facility in 2020 which is connected to a monitor in the nurse's station and the staff carry pagers. There are call bells in the residents' rooms and the ensuite, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity when in their room. Residents interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. The external doors are monitored after hours. Currently, under</p>

		Covid restrictions visiting is restricted. Visitors are instructed to press the doorbell for assistance.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>An RN has been the infection control coordinator since October 2021. The infection control coordinator oversees infection control and prevention across the whole service (rest home and health centre). The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control is included in the internal audit schedule. The infection control coordinator prepares a report which is included in the manager's report to the board. The chairperson of the board (interviewed) was aware of the boards responsibilities around infection control and was supportive of Covid-19 restrictions in place.</p> <p>Infection control features in the combined staff meetings, however Covid-19 has taken over discussions with little discussion around resident infections when there are any (link 2.2.3). Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from the local DHB.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and all residents are fully vaccinated against Covid-19. Strict visitor controls are in place. There were no residents with Covid-19 infections on the days of audit. There have been no outbreaks since the previous audit.</p>
Subsection 5.2: The infection prevention programme and implementation	FA	The infection control coordinator is supported by the clinical nurse lead and the team of registered nurses. The service has a Covid-19 response plan which includes preparation and planning for the

<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>management of lockdown, screening, transfers into the facility and positive tests should this occur. The infection control coordinator is developing relationships with the infection control clinical nurse specialist from the Southern DHB.</p> <p>The infection control coordinator has completed an online MOH course and there is good external support from the GPs, laboratory, and the infection control nurse specialist at the DHB. There are outbreak kits readily available with adequate supplies of personal protective equipment and rapid antigen tests (RATs). There is a designated red zone with PPE supplies, kitchen area, bathroom facilities and medical equipment already set up.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed at support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service is working towards incorporating te reo Māori information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection control via online education. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents were kept informed and updated on Covid-19 policies and procedures through meetings, emails, and phone calls.</p>
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<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>	<p>FA</p>	<p>The service has anti-microbial stewardship and programme and implementation policy and procedure and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Prescribing patterns of medical practitioners who access the facility are also monitored. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The infection control coordinator and GP interviewed agree the use of antibiotics are last resort. The results of samples/swabs sent to the laboratory will be reviewed by the GP along with signs and symptoms the resident is experiencing prior to the prescribing of antibiotics. There are weekly clinical meetings which cover the rest home residents and patients of concern at the medical centre/district nurses' caseloads. Infection control and antibiotic use are discussed as part of the agenda.</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 with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered on an individual infection log. Surveillance of all infections (including organisms) is entered onto a monthly infection log. This data (including ethnicity) is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality/staff meetings (link 2.3.2). Meeting minutes are available for staff to read. Corrective actions are implemented for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement where identified. The service receives email notifications and alerts from the DHB for any community concerns. There have been no outbreaks since the previous audit. Infection logs reviewed evidenced a very low rate of resident infections. The HCAs interviewed were knowledgeable around early detection of infections and describe the prompt flow of reporting to the RNs and GP or nurse practitioner for further review.</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 antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sanitiser located within the laundry with personal protective equipment available including a face visor. Staff have not completed chemical safety training recently, however, this was arranged on the day of the audit. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site by the healthcare assistants. The laundry has defined clean/dirty areas. The washing machines and dryers are checked and serviced regularly. There is dedicated cleaning staff. The cleaner's trolley was attended at all times and is locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The cleaner and healthcare assistants interviewed were knowledgeable around infection control practices in the event of an outbreak. Cleaning schedules are maintained.</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</p>	<p>FA</p>	<p>The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the restraint coordinator (RN) stated the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint-free, and has been for many years.</p> <p>The facility, led by the manager, is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the quality meetings. If there are any instances of</p>

<p>restraint in the context of aiming for elimination.</p>		<p>challenging behaviours, this is discussed instead of restraint. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme. The restraint coordinator meets with the RNs and the manager annually to discuss any issues around challenging behaviours (if any), and review policies and procedures, this is included in the report to the board.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>There is an internal audit schedule in place for 2022 which is being implemented. Corrective action plans are documented, however not always signed off as completed. There is no evidence of discussion at meetings around internal audits outcomes and corrective action plans. Infection control logs were sighted, however there was no evidence of discussion around this at the quarterly meeting in the minutes sighted since April 2021.</p>	<p>i) Internal audits have not been completed according to schedule from July 2021 to February 2022.</p> <p>ii) Corrective action plans have been identified, however, not reviewed/signed off as completed, or evidenced as discussed at staff meetings since April 2021.</p> <p>iii) Infection control data has not been documented as being discussed at the quarterly staff meetings.</p>	<p>i) Ensure internal audits are completed as scheduled.</p> <p>ii) Ensure corrective plans are reviewed, signed off when completed.</p> <p>iii) Ensure there is evidence in the meeting minutes of discussion of all quality data including infection control rates and internal audit outcomes.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient</p>	PA Low	<p>The service is currently certified for hospital- geriatric and hospital – medical level care. The service does not provide hospital – geriatric</p>	<p>The service does not provide 24/7 registered nurse cover, however advised they do provide 24/7 cover when they have patients in the</p>	<p>Ensure there is 24/7 registered nurse cover with the admission of patients under the hospital-medical</p>

health care and support workers on duty at all times to provide culturally and clinically safe services.		level care and request this is removed from their current certification. The service does not provide 24/7 registered nurse cover, however advised they do provide 24/7 cover when they have patients in the hospital level beds.	hospital level beds.	component of the certificate. Prior to occupancy days
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	The training and education planner has a list of competencies and staff education to be held over a two-year period. Training schedules are documented for 2022 and 2023, which are being implemented and cover all the education topics covered in the policy. The service has provided all staff with a log in for the online education platform used. The RN/education coordinator has designated topics for staff to cover each month, however, not all compulsory education could be located for 2020 and 2021.	The staff had completed fire, infection control, first aid, challenging behaviour/ restraint, Te Tiriti O Waitangi, EOL care, and medication competencies in 2021, however no evidence could be located of training held in the last two years around abuse and neglect, care planning and documentation, health and safety/hazard management, nutrition and hydration, pain management and continence.	<p>Ensure all compulsory education topics are held as per policy.</p> <p>90 days</p>
<p>Criterion 2.4.2</p> <p>Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are</p>	PA Low	There is one RN currently in training to become competent in completing interRAI assessments.	There is no RN currently competent to complete interRAI assessments.	<p>Ensure there is at least one RN competent in completing interRAI assessments.</p> <p>90 days</p>

documented.				
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>Individual care plans are developed in a timely manner. Family are involved in care plans as requested by residents or required due to enacted enduring powers of attorney.</p> <p>Two of the five care plans have interRAI assessments including the 21-day assessment post admission completed within the required timeframes. All resident files included enduring powers of attorney which have been activated as necessary.</p> <p>Four residents had long term care plans in place with two being updated within the required timeframes.</p>	<p>i) Three of the five care plans did not have an interRAI assessment completed within the required timeframes.</p> <p>ii) One resident had no long-term care plan in place.</p> <p>iii) Two of the five long-term care plans have not been updated within the required timeframes.</p>	<p>i) Ensure all residents have an interRAI assessment completed within 21 days of admission.</p> <p>ii) Ensure all residents have a care plan documented within required timeframes.</p> <p>iii) Ensure all residents have a care plan review conducted at least six-monthly.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the</p>	PA Moderate	<p>The registered nurse completed the long-term care plans on four of the five care plans. There was evidence of collaboration with family in these and all were signed by the resident although, not all were dated. Two of the five resident files had no initial care plans.</p>	<p>Two of the five long-term care plans have no evaluations of the care provided since September 2021 and one resident who has been in the facility for six months does not have a long-term care plan. In the files where there were initial care plans, they were also used as short-term interventions for acute changes. Where the initial care plan was used for short term interventions, these were not consistently signed off following the resolution of the issue.</p>	<p>Ensure all care plans are used developed and reviewed at least six monthly or when residents condition changes. Ensure all short-term care plans are signed off as acute conditions resolve, or interventions are added to the long-term care plan accordingly.</p> <p>90 days</p>

<p>person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.