# Paramount Healthcare Limited - Paramount Healthcare

## Introduction

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

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

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

You can view a full copy of the standard on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Paramount Healthcare Limited

**Premises audited:** Paramount Healthcare

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

**Dates of audit:** Start date: 30 May 2022 End date: 31 May 2022

**Proposed changes to current services (if any):** Eleven rest home beds were verified as part of this audit as suitable as dual-purpose beds

**Total beds occupied across all premises included in the audit on the first day of the audit:** 15

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Paramount Healthcare provides rest home and hospital level care for up to 25 residents. On the day of the audit, there were 15 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, a relative, management, and staff.

In addition, a partial provisional audit was completed to verify the reconfiguration of 11 rest home beds to dual purpose beds. This will increase dual purpose beds from 12 to 23. The total overall bed numbers remain unchanged.

The service is privately owned and operated by two owners/directors. The rest home is managed by the clinical nurse manager (registered nurse). The clinical nurse manager is one of the owner/directors, she is supported by a team of experienced registered nurses and staff. The other owner (managing director) is responsible for non-clinical and maintenance areas of the business. There are quality systems and processes being implemented. Feedback during the audit from residents and a relative was very positive about the care and the services provided. An induction and in-service training programme are being implemented to provide staff with the knowledge and skills to deliver hospital level care.

This certification audit identified shortfalls around registers employed, meeting minutes, care plan interventions and medication management.

## Ō tatou motika │ Our rights

|  |  |  |
| --- | --- | --- |
| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm,and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained. |

Paramount Healthcare provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. The service works collaboratively to embrace, support, and encourage a Māori worldview of health; and to provide high-quality and effective services for residents.

Paramount healthcare provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Residents receive services in a manner that considers their dignity, privacy, and independence. 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. There have been no complaints lodged since the previous audit.

## Hunga mahi me te hanganga │ Workforce and structure

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| --- | --- | --- |
| 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 medium or high risk and/or unattained and of low risk |

There is a business plan which includes mission and vision statements; and measurable goals that are regularly reviewed by the two directors. The service has implemented quality and risk management systems. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy that reflects safe staffing levels. A role specific orientation programme and staff training programmes are documented. A transition plan and roster is documented to manage the proposed increase in residents.

Good employment practices are adhered to. There is a role specific induction, and ongoing in-service education plan implemented.

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

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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| --- | --- | --- |
| Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |

There is an admission package available prior to or on entry to the service. A registered nurse is 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. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior healthcare assistants responsible for administration of medicines 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 activities coordinators provide and implement an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Residents' food preferences and dietary requirements are identified at admission and all meals are provided by a contracted catering service. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of bedrooms with toilet ensuites. All rooms have hand basins. There are communal showers and toilets for those in rooms without ensuites. 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

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| --- | --- | --- |
| 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. |

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. The clinical manager (RN) is the infection control coordinator.

Documentation evidenced that relevant infection control education is provided to all staff on entering employment and as part of the ongoing competency education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak (Covid-19) since the previous audit which was well prepared for and managed.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Cleaning and laundry services are well monitored through the internal auditing system.

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained. |  | Subsections applicable to this service fully attained. |

The restraint coordinator is the clinical manager who is a registered nurse. There are no restraints used at Paramount healthcare other than environmental restraint for the secure dementia care facility. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## 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 | 23 | 0 | 1 | 3 | 0 | 0 |
| **Criteria** | 0 | 150 | 0 | 1 | 3 | 0 | 0 |

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futuresTe Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | A Māori health plan and cultural safety policy is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The policy states the service works 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. The service considers Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori and all residents in their aspirations. The service has a relationship with the Huirapa Marae, who have provided support and advice when there was a resident in the facility who identified as Māori. Interviews with both directors (one being the clinical manager), and six staff (two registered nurses, two healthcare assistants, one activities coordinator and one kitchenhand) confirmed their understanding of how they interact with the Māori residents and their whānau, ensuring an equity-based approach with examples provided. The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there was one staff member who identified as Māori. The directors advised they encourage and support applicants who identify as Māori through the employment process and encourage all staff to participate in ongoing education. Residents and whānau are involved in providing input into all aspects of care planning. Interviews with staff confirmed ways that care is based on the resident’s individual values and beliefs. The business care manager stated that they are very proud of their multi-cultural and diverse staff who provide holistic cares and have a good understanding of the various cultures of the residents.  |
| Subsection 1.2: Ola manuia of Pacific peoples in AotearoaThe people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | The Cook Island culture policy, the Samoan culture policy and the Tongan culture policy provide guidance to staff around the differences between these cultures and are readily available to staff. Currently the service has no affiliations with Pacific groups, however, the directors reported that in the case of a resident identifying as Pasifika they would be supported to attend any groups and churches as they wished. Paramount Healthcare is working towards the development of a Pacific health plan which will ensure cultural safety for Pacific peoples.There is one staff member who identifies as Fijian. On admission all residents state their ethnicity. The clinical manager confirmed through interview that family members of Pacific residents are encouraged to be present during the admission process and assist with completion of the initial care plan. There were no residents that identified as Pasifika at the time of the audit. For all residents, individual cultural beliefs are documented in their care plan and activities plan. Work is underway to develop an assessment tool for Pasifika to inform the Pasifika resident’s care plan. The service is actively recruiting new staff. The directors described how they encourage and support any staff that identify as Pasifika through the employment process. Interviews with staff and a relative; and the documentation reviewed identified that the service puts people using the services, whānau, and community at the heart of their services.  |
| Subsection 1.3: My rights during service deliveryThe People: My rights have meaningful effect through the actions and behaviours of others.Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Details relating to the Code are included in the information that is provided to new residents and their relatives. The clinical manager discusses aspects of the Code with residents and their relatives on admission. The Code of Health and Disability Services Consumers’ Rights is displayed in English and is available in te reo Māori.Discussions relating to the Code are held during resident meetings. The relative interviewed reported that the residents’ rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. The service recognises Māori mana motuhake. All residents are supported and encouraged to be involved in decision making around care planning and are encouraged and supported to be as independent as able. Information about the Nationwide Health and Disability Advocacy Service is available to residents and families. There are links to spiritual supports. Church services stopped due to Covid. The directors have reached out to a pastor locally to provide church services to have these restarted. Residents are supported to attend church services in Waikouaiti. Religious and spiritual references are discussed on admission. Training has been provided around the resident’s code of rights, and advocacy in December 2021. Advocacy services are linked to the complaints process.  |
| Subsection 1.4: I am treated with respectThe People: I can be who I am when I am treated with dignity and respect.Te Tiriti: Service providers commit to Māori mana motuhake.As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Paramount healthcare ensure residents’ cultural beliefs and values are included in care planning, and always acknowledge their rights to practice their cultural beliefs while receiving services not only to the Maori residents but to all. Staff deliver services in a culturally appropriate manner, by ensuring that the integrity of the residents’ culture is acknowledged, respected, and maintained. Staff interviewed described how they support residents to choose what they want to do. The residents and relative interviewed stated the residents have choice. Family/whānau are encouraged to be involved in the development of the resident’s care with examples provided. Residents have control over and choice over activities they participate in, verified through observations and interviews with healthcare assistants and registered nurses. It was observed that residents are treated with dignity and respect. This was also confirmed during interview with the residents and a relative. All staff complete a competency on privacy and confidentiality during the induction process and as part of the ongoing education plan. Te reo Māori and Tikanga Māori are promoted and respected at Paramount Healthcare through the Māori Health Plan. Staff were observed to use person-centred and respectful language with residents. Families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. A resident centred model of care that utilises Te Whare Tapa Whā model of care for palliative care is also identified in the Maori health plan. Education around cultural safety and Te Tiriti O Waitangi is included in the education planner for later in 2022. Work is underway to ensure staff participate in te ao Māori. Whānau rooms are made available.Residents' files and care plans identified residents’ preferred names. Values and beliefs information is gathered on admission with relative’s involvement and is integrated into the residents' care plans. Spiritual needs are identified, and rooms are blessed following the death of a resident. A spirituality policy is in place. |
| Subsection 1.5: I am protected from abuseThe People: I feel safe and protected from abuse.Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.As service providers: We ensure the people using our services are safe and protected from abuse. | FA | The residents’ safety, neglect and abuse prevention and security policy is implemented and available for staff to refer to if required. The discrimination racism human rights and sexual harassment policy is implemented to ensure that no institutional racism occurs. The code of conduct is discussed and signed by staff during their orientation and is included in the ongoing education plan. This was last provided in April 2022. Staff interviewed confirmed ways that they value the older people, showing them respect and dignity. The residents and relative interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The service practices a strengths-based service to promote health outcomes for all residents.  |
| Subsection 1.6: Effective communication occursThe people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Information is provided to residents/relatives on admission. Regular discussions with residents/families identify feedback and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. There is also a family communication form that is held in the resident’s file. A sample of accident/incident forms reviewed identified relatives are consistently kept informed and the relative confirmed they are well informed of any changes. 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.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.The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services. The clinical manager described an implemented process around providing residents and families with time for discussion around care, time to consider decisions, and the opportunity for further discussion, if required.  |
| Subsection 1.7: I am informed and able to make choicesThe people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | There are policies around informed consent. Staff training occurs to ensure appropriate best practice tikanga guidelines are followed in relation to consent. Discussions with healthcare assistants and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents’ rooms. Five resident files reviewed included admission agreements and general consent forms. There were specific agreements in place for flu and Covid vaccines. Residents and the relative interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with a relative and documentation demonstrated they are involved in the decision-making process, and in the planning of resident’s care. Copies of enduring power of attorneys (EPOAs) were on resident files where available. The service is considering ways to ensure that all staff follow best practice tikanga guidelines in relation to consent.  |
| Subsection 1.8: I have the right to complainThe people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | The complaints procedure is provided to residents and relatives on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, by using a paper-based complaint register. Both directors are aware of the complaints process that is required to be followed, including timeframes, investigation and resolution as determined by the Health and Disability Commissioner (HDC). The complaints that management has received from residents has been around the food services which is contracted out. A survey was completed, and results collated along with the resident surveys were forwarded to the catering service. Changes have been made to the menu; however, the service are continuing to work alongside the catering company to ‘get things right for the residents. No complaints against other aspects of the service have been received. Staff are informed of complaints (and any subsequent corrective actions) in the quality/staff meetings as indicated on the meeting agenda template. Discussions with relatives confirmed they were provided with information on the complaints process and complaints forms are available in the reception/foyer area. Families have a variety of avenues they can choose from to make a complaint or express a concern (eg, email, complaints form, verbal complaint). Relatives making a complaint can involve an independent support person/advocate in the process if they choose. Advocacy information is presented in the information provided to residents and families during the resident’s entry to the service. Brochures are also readily available in the foyer/reception area. |
| Subsection 2.1: GovernanceThe people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | Paramount Healthcare (formally Kimberly rest home) is privately owned and operated. The owners/directors purchased the facility on 2 August 2021. Paramount Healthcare is guided by the Governance Policy. The vision, values and company objectives are identified in both the Strategic and Business Plan and the Quality and Risk Management Plan. The vision and values underpin the quality programme and service delivery at Paramount Healthcare.The Business Plan is prepared and reviewed by both directors on a regular basis. The Quality and Risk Management Plan is prepared and reviewed by the clinical manager. Quality objectives are reviewed at the mid-point throughout the year, and progress towards the objectives is measured. At the end of the calendar year, a full review of the objectives will be undertaken, with new or amended objectives set for the upcoming year. The clinical manager has overall responsibility to establish and implement the quality programme. If the facility manager is absent, a registered nurse is appointed to continue oversight to the quality programme and ensure continuity of the service.Paramount Healthcare policies and procedures are culturally sensitive. Specific policies which target health equity to Māori and tāngata whaikaha needs are included in the Māori Health Plan. Paramount Healthcare supports people receiving services and their whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery. Where necessary, Paramount Healthcare will continue linkages in the community to further provide quality care for Māori recipients. Plans are in place for the directors to complete cultural competencies to develop expertise around Te Tiriti O Waitangi. The directors are working on strengthening relationships with local Māori providers and Iwi. The facility provides care for up to 25 rest home level care residents. On the day of the audit, there were 15 residents. Six rest home including one resident on respite care, and nine residents at hospital level of care. All residents (apart from the respite) were on the age-related residential care (ARRC) contract. There are currently 12 dual purpose beds. There is one double room which was not occupied. All other rooms are single occupancy. A partial provisional audit was included to verify the suitability of a further 11 rooms as suitable to provide dual purpose care. The rooms identified are large and provide adequate space for hospital equipment including hoists. All these rooms have hospital beds installed. Equipment to provide hospital level care has been purchased. A transition plan is documented to include the ongoing recruitment of registered nurses, healthcare assistants and housekeeping staff. Food services will continue to be provided by the external contractor. The medication room provides space to prepare medications. There is an ongoing education plan implemented. All refurbishments have been completed. The service is planning to utilise the additional hospital level beds from 31 July 2022, or after a full complement of registered nurses have been employed and orientated to the service. The transition plan includes GP services who are available after hours, and continuing services with the physiotherapist and podiatrist. The service is operated by two directors. One director (clinical manager) is a registered nurse (clinical nurse manager) with experience in aged care in New Zealand including clinical management. The clinical nurse manager is a qualified Careerforce workplace assessor and has a diploma in health service management. The clinical nurse manager is responsible for all clinical aspects of the business. The other director (managing director) has an overseas qualification in mechanical engineering and a NZ diploma in information technology and business and is responsible for non-clinical areas of the business including maintenance. The directors have access to two experienced mentors in the aged care industry. The clinical manager has completed more than eight hours education in the last year in relation to managing and aged care facility and attends the online aged care forums. |
| Subsection 2.2: Quality and riskThe people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | PA Low | Paramount Healthcare is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection and trending of clinical indicator data (eg, falls, skin tears, episodes of challenging behaviours, infections).Monthly quality/staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education; however, the meeting minutes did not document the discussions held around quality data. Internal audits, meetings, and the collation of clinical indicator data are documented with corrective actions implemented to address service improvements, and evidence of progress and sign off when achieved. Staff interviews confirmed their input and understanding around quality initiatives at Paramount Healthcare. A resident satisfaction survey was held in 2021 which evidenced a very high level of satisfaction around all aspects of care. Interviews with a relative confirmed that they are very satisfied with the services provided to their family member. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been purchased and meet the 2021 standards. New policies or changes to policy are communicated to staff. A health and safety system is in place. The non-clinical director manager is the health and safety officer. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety officer and through the internal auditing programme. Manual handling training sessions have been held for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form as follow-up action(s) taken to prevent reoccurrence.Individual falls prevention strategies are in place for residents identified at risk of falls. Strategies implemented to reduce the frequency of falls include intentional rounding, the regular toileting of residents who require assistance or reminding, and motion sensors to indicate when residents are out of bed. Individual paper-based reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Results are discussed in the staff/quality meetings and at handover. Each event involving a resident reflects a clinical assessment and follow-up by the clinical manager/RN. Neurological observations are recorded for unwitnessed falls or suspected injury to the head. The relative interviewed stated they are notified following incidents. Discussions with the directors evidenced his awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed since the previous audit to notify HealthCERT in relation to RN shortages. The DHB and public health were informed in relation to a recent Covid Omicron outbreak at the facility in February/March 2022. Plans are underway to ensure staff cultural competency is assessed. An analysis of practice is planned to be undertaken to improve health equityParamount Healthcare delivers high quality health care for Māori through the Māori Health Plan. They follow the three Models of Care for understanding Māori Health Needs. 1. Te Whare Tapa Whā 2. Te Pae Mahutonga 3. Manaakitinga. The incorporation of these three models will ensure that any potential or current Māori residents have equitable access to services provided. |
| Subsection 2.3: Service managementThe people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | PA Moderate | There is a staffing policy that describes rostering requirements. Interviews with staff confirmed that staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the HCA interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.The clinical manager (RN) works Monday to Friday and is on call when not available on site. On the day of the audit, there were three RNs including the clinical manager. The directors reported a high turnover of registered nurses and are in the process of employing a further three RNs to make up the full complement required to fulfil the ARRC contract. The prospective RNs have a New Zealand annual practicing certificate and were waiting on confirmation of visas through immigration NZ. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.There were 15 residents on the day of the audit (six rest home and nine hospital).There is either an RN or the clinical manager on morning and afternoon shifts with the clinical manager staying in the facility overnight. They are supported by two healthcare assistants: 1x 8 am to 4 pm and 1x 8.30 am to 12.30 pm on the morning shift. The afternoon shift has one HCA rostered from 4 pm to midnight and one HCA from 5 pm to 8 pm. Currently there are two level 5 HCAs who cover night shift. The education and training schedule lists all mandatory topics. Training is typically delivered during staff meetings. Plans are underway to provide cultural training that is specific to Māori and the Treaty of Waitangi. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently 10 HCAs have achieved level 4 NZQA, and one HCA has achieved level 2. Competencies are completed by staff, which are linked to the education training package. Annual competencies completed include medication, hand hygiene, manual handling, fire safety, chemical safety, privacy and confidentiality and restraint minimisation. A record of completion is maintained on an electronic spreadsheet. There is at least one staff member with a current first aid certificate on duty at all times. The clinical manager and another RN are interRAI trained. Registered nurses have access to education sessions held through the DHB, and hospice. Staff wellness is supported in the work environment. Staff remarked on this during their interview and stated that they feel very supported by the directors who are always available. Teamwork is supported by the directors, with staff commenting that teamwork is very good amongst staff. Many staff have been employed for a number of years at the facility. Paramount Healthcare continue to develop skills in routinely examining quality data collated to monitor the impact of services to achieve health equity for Māori, and to ensure health information is available to all residents. Partial ProvisionalA transition roster is documented which includes increasing care staff registered nurses and having dedicated housekeeping staff. Staffing is planned according to acuity of residents on admission to the service. Training is being provided to staff around caring for residents with complex needs including (but not limited to): diabetes, wound management, challenging behaviour and de-escalation and incontinence.  |
| Subsection 2.4: Health care and support workersThe people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | FA | There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the directors’ office in a locked filing cabinet. Five staff files reviewed (one registered nurse, two HCA, one kitchenhand, and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, and police checking. Orientation documentation was completed and on file. There is no formal collation of staff ethnicity; however, plans are in place to formally collate and report on this data. There are job descriptions in place for all positions that includes key responsibilities, and personal qualifications.A register of practising certificates is maintained for all health professionals (eg, RN, GP, pharmacy, and podiatry). There is an appraisal policy documented. As the staff have not yet been employed for a year, none were due. However, a plan is in place to have these completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member. A general orientation programme was documented as completed for staff; evidence of buddying being completed for HCAs was confirmed during interviews. Competencies are completed at orientation and include hand hygiene, restraint minimisation privacy and medication management (where applicable). Information held about staff is kept secure, and confidential. Ethnicity data is not currently identified but plans are in place to maintain an employee ethnicity database.Following any incident/accident, evidence of debriefing and follow-up action taken are documented in the meeting minutes. A special debriefing and staff appreciation meeting was planned to be held following the audit. Wellbeing support is provided to staff. Staff wellbeing is acknowledged by staff.Partial ProvisionalEmployment and orientation documentation and processes are in place to orientate all new staff as they are recruited to the service.  |
| Subsection 2.5: InformationThe people: Service providers manage my information sensitively and in accordance with my wishes.Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.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. | FA | Resident files and the information associated with residents and staff are retained in hard copy. Electronic information (eg, policies and procedures and medication systems) are backed-up and password protected. Hard copy information is archived securely on site for 10 years.The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Staff signatures and designations are consistently recorded. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.  |
| Subsection 3.1: Entry and declining entryThe people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau. | FA | 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. Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. The family member 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. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager or registered nurse are available to answer any questions regarding the admission process and a waiting list is managed. Advised by the registered nurse that the service openly communicates 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. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the lifestyle profile, however, the facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The manager reported they are working towards establishing links to local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents.  |
| Subsection 3.2: My pathway to wellbeingThe people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.As service providers: We work in partnership with people and whānau to support wellbeing. | PA Moderate | The care plan policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, and timeframes for completion and review of care plans. The service has policies and procedures in place to support Māori access and choice and is working towards delivering these services.Three hospital resident files were reviewed including one on an individual funding agreement and two rest home resident files including one on a respite contract. The facility manager (registered nurse) or the registered nurse are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in paper-based progress notes and family contact forms. All residents have admission assessment information collected and an initial care plan completed at the time of admission. All long-term care plans have been completed within 21 days of admission to the service or updated. InterRAI reassessments and care plans evaluations have been completed within the required timeframes over the last year. The long-term care plan includes sections on mobility, continence, activities of daily living, nutrition, pain management, sleep, sensory and communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and diversional therapy. The care plan aligns with the service’s model of shared goals of care. Risk assessments are conducted on admission relating to falls, pressure injury, skin, dietary profiles, and pain. A specific cultural assessment that assesses residents’ strengths, goals and aspirations and aligns with their values and beliefs has not yet been implemented. The service is working towards reviewing systems and processes to support future Māori to identify their own pae ora outcomes. All residents had been assessed by the general practitioner (GP) within five working days of admission. Medical assessments and three-monthly medical reviews were documented in all files by a GP. More frequent medical assessment/review were noted as occurring in residents with acute conditions. The GP interviewed, spoke positively of the care provided by staff and the communication between the service and the medical centre. The GP advised the medical practice is committed to providing afterhours service 24/7 if required. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The physiotherapist visits when requested. A podiatrist visits six weekly and a dietitian, speech language therapist and wound care specialist nurse are available as required through the local DHB. Healthcare assistants (HCAs) interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and was sufficient to guide healthcare assistants. Progress notes are written daily by HCAs and at least daily by a registered nurse. The RN further adds to the progress notes if there are any incidents or changes in health status. Residents interviewed reported their needs and expectations were being met. When a resident’s condition alters, the facility manager or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Wound management plans were reviewed for three residents with wounds (one chronic ulcer, one moisture related lesion and one pressure injury). Wound classifications, assessments and valuations identified all wounds were improving. A wound register is maintained. There is access to assistance with wound management from the district nursing service. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including bowel chart, blood pressure, weight, blood sugar levels and toileting regime. Neurological observations have been completed for unwitnessed falls.Evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short term care plans were well utilised for issues such as infections, weight loss, and wounds. The GPs record their medical notes and email to the service for inclusion on the resident’s file. |
| Subsection 3.3: Individualised activitiesThe people: I participate in what matters to me in a way that I like.Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them. | FA | There are two activities coordinators who each work seven-hour days. The provide activities across five days. There is a large lounge/dining room and a separate lounge where group activities can occur. Plans are underway to extend the roster to cover seven days a week. Jigsaws, games, and movies are available in the weekends. Healthcare assistants assist with weekend activities. The overall programme has integrated activities that is appropriate for the cohort of residents. The daily programme includes,( but is not limited to), newspaper readings, exercises and/or daily walks, seated tai chi and other physical activities, sit, and be fit, cooking and baking, crafts, pet therapy, word games, bingo, quizzes, board games, shopping trips and van outings, and seasonal celebrations. The programme allows for flexibility and resident choice of activity. Church services involving external practitioners have been suspended during the ongoing Covid outbreak but continue with televised services. Seasonal celebrations such as Easter, Anzac Day and Mother’s Day are celebrated. Community visitors include entertainers and story tellers when Covid restrictions allow. Residents are supported to attend the local library and bowling and social clubs within the community. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. The service is working towards ensuring that their staff support future Māori residents in meeting their health needs and aspirations in the community and are looking at options to increase opportunities towards facilitating Māori to participate in te ao Māori. The Māori Health plan will be updated to incorporate this for when they have Māori residents. The service is planning to celebrate Māori specific cultural days.A social and recreational profile and recreational assessment informs the activities plan. Activities plans were seen in resident files reviewed. The activities coordinator completes monthly or more frequent progress notes. Six-monthly evaluations are incorporated with the long-term care plan. The service receives feedback and suggestions for the programme through three monthly resident meetings and resident surveys. Overall, the residents interviewed were satisfied with the variety of activities provided. |
| Subsection 3.4: My medicationThe people: I receive my medication and blood products in a safe and timely manner.Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Moderate | There are policies and procedures in place for safe medicine management. There is a signed contract with the local pharmacy. The service is working on developing community relationships which strengthen support, advice, and treatment for Māori residents. Medications are stored in a locked trolley in a dedicated medication room. The room has key access and is available to medication competent staff. Controlled drugs and ‘as required’ medication is stored safely in a dedicated medication room with keypad lock. The time of controlled drug administration is not consistently documented in the controlled drug register. Registered nurses and medication competent healthcare assistants complete annual competencies. Regular medications and ‘as required’ medications are administered from prepacked blister packs. The RN 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. There were no resident’s self-medicating at the time of audit.The room air temperature in the medication room and the medication fridge temperatures which stores eyedrops are monitored daily. Air temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews. This was evident in the medical notes reviewed. ‘As required’ medications had prescribed indications for use. Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications are prescribed on the electronic medication system as requested by the resident. Over the counter medicines are stored in the same way as other medications. Partial provisionalThe medication room is secure and located close to the nurse’s station. Registered nurses and senior caregivers assessed as medication competent are responsible for medication administration. The existing medication trolley is adequate to meet the needs of the hospital level residents. The facility manager has a current syringe driver competency. Further syringe driver training is scheduled with the local hospice.  |
| Subsection 3.5: Nutrition to support wellbeingThe people: Service providers meet my nutritional needs and consider my food preferences.Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | All meals and baking are prepared and cooked off site by a contracted services provider. Deliveries occur daily Monday to Friday with weekend meals delivered on Friday and stored appropriately. A dedicated kitchenhand works from 9 am to 1 pm and is responsible for checking food temperatures on arrival and on dishing. The two kitchenhands have completed food safety training in January 2022. The four-week winter/summer menu is reviewed by a registered dietitian – last conducted on 16 May 2022. The kitchen and the contracted supplier receive resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The service caters for residents who require texture modified diets and other foods. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the dining room. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. The service could describe how they can incorporate Māori residents’ cultural values and beliefs into menu. Residents may choose to have meals in their rooms. The contracted supplier’s food control plan was last verified on 22 March 2022 and expires on 30 September 2023. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, reheating, bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Dry goods which had been decanted displayed best before or expiry dates. Cleaning schedules are maintained as evidenced on the electronic signing chart. 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 resident meetings which are fed back to the facility manager and the kitchen staff. Resident preferences are considered with menu reviews. Resident surveys are completed annually. Residents interviewed raised concerns with the meal service. Management advised they are working with the external provider to address identified issues.All residents have dietary profiles and nutritional requirements documented at the time of admission. Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is currently recorded in a paper-based format. The long-term care plan section for nutritional needs included food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the five resident files reviewed. Partial ProvisionalNo changes are planned in relation to food services. The service will continue to utilise the external catering company.  |
| Subsection 3.6: Transition, transfer, and dischargeThe people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Residents and relatives advised they are involved in decision making around accessing other health and disability services and social support or Kaupapa Māori agencies where indicated or requested. |
| Subsection 4.1: The facilityThe people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function. | FA | The building holds a current warrant of fitness which expires 10 September 2022. The managing director is in charge of maintenance and is assisted by a maintenance support staff three days a week. There is a maintenance request book for repair and maintenance requests located in the nurses’ station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks and monthly testing of hot water temperatures. Calibration of medical equipment was due in April; however, was delayed due to a Covid outbreak. Calibration has been rescheduled as confirmed by email correspondence. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment has been completed in April 2022. The maintenance assistant is employed to maintain gardens and grounds and assist with general maintenance as required. Resident rooms are refurbished if required as they become vacant. The corridors are wide enough to enable safe use of mobility aids and fitted with handrails to encourage independent mobility. There is safe access to all communal areas. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards, balconies and gardens have seating and shade. There is ramp access to the facility for wheelchairs and residents using mobility aids to the side of the facility. External areas are safely maintained and are appropriate to the resident groups and setting. Healthcare assistants interviewed stated they have sufficient equipment including mobility aids, wheelchairs, electronic chair scales, oxygen concentrators, an oxygen cylinder and pressure injury resources, two sling and standing hoists and Spenco landing mats to safely deliver the cares as outlined in the residents’ care plans. There are 29 hospital beds on site and the company is committed to purchasing an additional bed when required.Six resident rooms have toilet ensuites. The double rest home room has a full ensuite. There are communal toilets and showers for those in rooms without ensuites. Communal shower/toilets were well signed and identifiable and include large vacant/in-use signs. Residents confirmed staff respect their privacy while attending to their hygiene cares. 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.There is one double room which is currently unoccupied. All other rooms are single occupancy. There is sufficient space in all areas 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.The service is working towards the consideration of how designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction.Partial Provisional This audit has verified the service as suitable to utilise a further 11 rest home only rooms for rest home or hospital certified level residents. All rooms except one double room are suitable for hospital level residents. There are sufficient extra dining areas and lounges are large enough to cater for the equipment associated with extra residents at the higher level of care. The service has sufficient existing equipment to meet the needs of additional hospital residents and will purchase more when required. Equipment includes, but is not limited to, an oxygen concentrator, standing and sling hoists, tilted shower chair, air mattresses, roho cushions and seated electronic scales.  |
| Subsection 4.2: Security of people and workforceThe people: I trust that if there is an emergency, my service provider will ensure I am safe.Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | 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.A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. A fire evacuation drill was last held in May 2022. 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 and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of seven days. Emergency management is included in staff 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. Further training is scheduled to ensure all staff are first aid trained.There are call bells in the residents’ rooms and ensuites, communal toilets and lounge/dining room areas. The service is upgrading the system to improve the indicator sounds and allow for additional sensor mats to be utilised. Indicators are displayed in a central area to alert staff of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, staff complete security checks at night. Currently, under Covid restrictions visiting is restricted. Visitors are instructed to contact the facility to sort/arrange visiting times.Partial provisionalThe existing call system meets the needs of hospital level care residents. The system is currently in the process of upgrading the current call bell system to provide an additional outlet for sensor mat monitoring in every room. Advised at the time of audit this is well underway. The service has the equipment and expertise (MD is qualified to complete call bell installations) to upgrade a room whenever this is required.  |
| Subsection 5.1: GovernanceThe people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.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. | FA | The clinical manager oversees infection control and prevention across the service. 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 audits are conducted regularly as part of the annual audit programme. The directors review infection control as part of the business plan reviews and at the monthly combined staff meetings. Infection rates are not always documented as presented and discussed at the combined meetings (link 2.2.3). Infection control is part of the strategic and quality plans.The clinical manager has access to an infection prevention clinical nurse specialist from the local DHB, the microbiologist, the public health team. Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. 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 and all visitors perform a rapid antigen test (RAT) prior to visiting with the residents. There were no residents with Covid-19 infections on the days of audit. Partial ProvisionalNo changes are planned in relation to the infection control programme. |
| Subsection 5.2: The infection prevention programme and implementationThe people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The clinical manager is covering the infection control coordinator role currently and plans to delegate this to a registered nurse once a (full complement is on board). During Covid-19 lockdown there were regular zoom meetings with the DHB specialist which provided a forum for discussion and support for facilities. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. The clinical manager had already planned for red and green areas within the facility. All residents who tested positive were moved to the red ‘wing’ with separate staffing, and separate entrance lounge and a room was set aside for donning/doffing personal protective equipment (PPE). The infection control specialist from the Southern DHB visited and was satisfied with the management of the outbreak and Covid-19 plans. The relative and residents were complimentary of the way the outbreak was managed and communicated. The infection control coordinator has completed infection control training online, and there is good external support from the GP, laboratory, and the infection control nurse specialist at the DHB. There are outbreak kits readily available and personal protective equipment is readily available. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the training and education of staff. Policies and procedures are reviewed by the directors (including the clinical manager). Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use residents using full body hoists have their own sling. 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. The clinical manager is responsible for the procurement of all equipment and infection control supplies. 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 in-services and associated competencies such as handwashing and personal protective equipment. Resident education occurs as part of the daily cares. Families/whānau were kept informed and updated on Covid-19 policies and procedures. Partial ProvisionalNo changes are planned around the implementation of the infection control programme. The clinical manager was involved in the planning of the reconfiguration of beds.  |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementationThe people: I trust that my service provider is committed to responsible antimicrobial use.Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.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. | FA | The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The GP and contracted laboratory also monitor antibiotic use. 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. Infection rates are not always documented as discussed at the combined meetings (link 2.2.3). Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Partial ProvisionalThere will be no changes in antimicrobial usage.  |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)The people: My health and progress are monitored as part of the surveillance programme.Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | Infection surveillance is an integral part of the infection control programme and is described in the organisation’s infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the paper-based infection register, and surveillance of all infections (including organisms) is collated onto a monthly infection summary. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. This data is monitored and analysed for trends, monthly, three and six monthly and is planned to occur annually (due in August). Infection control surveillance is discussed at handovers at the time of the infection, however, is not evidenced as discussed at the combined meetings (link 2.2.3). Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from the DHB for any community concerns. There has been one outbreak since the previous audit (Covid-19), which was appropriately managed with the DHB and public health unit appropriately notified. Partial ProvisionalNo changes are planned around the management of surveillance.  |
| Subsection 5.5: EnvironmentThe people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.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.As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms. | FA | 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 sluice tub located within the laundry with personal protective equipment available including a face visor available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.Staff attend to laundry and housekeeping duties. The laundry has a defined clean/dirty area with two door entry/exit. The linen cupboards were well stocked. There was appropriate personal protective clothing readily available. 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. Partial ProvisionalThere are plans in place to employ dedicated housekeeping staff when resident numbers increase. |
| Subsection 6.1: A process of restraintThe people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | 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 clinical manager describes how she would work in partnership with Māori, to promote and ensure services are mana enhancing. The facility is currently restraint-free.The clinical manager interviewed stated she is committed to providing services to residents without use of restraint. Episodes of challenging behaviours and strategies implemented to prevent behaviour outbursts are discussed as frequently as daily, at handovers, and staff meetings. Observations during the audit confirmed that staff are very skilled in managing residents with behaviours that are challenging. Incident reports and behaviour monitoring charts are utilised to document challenging behaviour as appropriate.  |

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

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

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 2.2.3Service providers shall evaluate progress against quality outcomes. | PA Low | Meetings are held with staff on a regular basis. There was evidence of discussion around topical issues; however, meeting minutes did not reflect any discussions around monthly quality data and any corrective actions required. Staff interviewed reported all topical/emergent issues are discussed at the time of shift handover.  | Meeting minutes do not reflect discussion with staff around quality data including internal audit results.  | Ensure meeting minutes are documented accurately to reflect discussions held around all aspects of quality data. 90 days |
| Criterion 2.3.1Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services. | PA Moderate | At the time of the audit, there were three registered nurses including the clinical manager who were staying to provide RN support to level 4 HCAs overnight. Section 31 notifications have been sent. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. | The service is unable to provide 24 hour registered nursing staff in accordance with the ARRC contract D17.3e.  | Ensure there is registered nurse cover to meet the requirements of the ARRC contract. Ensure there is adequate employed staff to cover the increase in hospital residents prior to occupancy.30 days |
| Criterion 3.2.5Planned review of a person’s care or support plan shall:(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;(b) Include the use of a range of outcome measurements;(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;(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;(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. | PA Moderate | As per policy, the registered nurse is responsible for assessments and documentation of care plans. There was evidence of assessment updates and evaluations completed as required; however, care plans have not always been updated to reflect changes in care and not all required interventions were fully documented.  | Two hospital residents with changes in mobility did not have a care plan updated to include interventions to support mobility changes.  | Ensure that all changes to care requirements are documented in either a short or long-term care plan.90 days |
| Criterion 3.4.1A medication management system shall be implemented appropriate to the scope of the service. | PA Moderate | Weekly controlled drugs have been checked appropriately; and a six monthly stocktake has occurred. Documentation in the controlled drug register includes the residents name, the prescribing doctors name, the date and dose given and two staff signatures. The time of administration is not consistently documented. | The time of controlled drug administration is not consistently documented in the controlled drug register.  | Ensure the time of controlled drug administration is documented in the controlled drugs register. 60 days |

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

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

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

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

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End of the report.