

North Waikato Care of the Aged Trust Board - Kimihia Home & Hospital

Introduction

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

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

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

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

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| Legal entity: | North Waikato Care of the Aged Trust Board |
| Premises audited: | Kimihia Home & Hospital |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| Dates of audit: | Start date: 29 June 2022 End date: 30 June 2022 |
| Proposed changes to current services (if any): | None |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 61 |



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

| Indicator | Description | Definition |
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| | 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

Kimihia Home and Hospital provides rest home, dementia and hospital level care for up to a maximum of 77 residents. The care facility and surrounding retirement village is owned and operated by the North Waikato Care of the Aged Trust Board. The full time facility manager (FM) reports to a board of trustees monthly.

Significant changes since the previous certification audit have been staff shortages and a vacancy in the position of clinical nurse manager. This role has not been replaced and is being shared by the facility manager and the quality/staff education officer who are both registered nurses (RNs). There have been no admissions since December 2021 due to COVID-19 infections and lock down. The service has also introduced an electronic resident information management system and installed Medi-Map for management of medicines records.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the service providers' agreement with the district health board (DHB). The audit process included a review of a sample of policies and procedures, residents' and staff files, observations, and interviews with residents, family/whānau members, senior managers, and a general practitioner (GP). Residents and their family/whānau were positive about the care provided.

One area requiring corrective action was identified during this audit, regarding interRAI assessments not being carried out within the required timeframes, and this requires attention. There was evidence to show that actions taken to address the six findings from the previous audit in December 2020 had resolved the issues.

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.

Kimihia Home and Hospital works collaboratively with staff, residents, and the local community to support and encourage a Māori world view of health in all aspects of service delivery. Sixty percent of the workforce at Kimihia Home and Hospital identify as Māori. All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices. Residents and relatives confirmed that they are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

A Pacific plan and related policies and procedures guide staff in delivering pacific models of care to residents who identify as Pasifika .There is a Māori health plan to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs.

The complaints process aligns with consumer rights legislation. All complaints have been well managed and resolved to the satisfaction of the complainant.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The organisation is governed by a board of trustees who work with senior managers to monitor organisational performance and ensure ongoing compliance. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data, including adverse events, is analysed to identify wanted and unwanted trends.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. There have been ongoing shortages in registered nurses (RNs). Unfilled RN duties have been filled in by the facility manager and quality/education nurse and bureau staff, to ensure there is an RN on site 24 hours a day, seven days a week.

Staff competencies are monitored, and their individual performance was being reviewed.

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 low risk |
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When residents enter Kimihia Home and Hospital to receive care, a person-centred and family/whānau-centred approach is adopted. Kimihia Home and Hospital carries out routine analysis of entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.

Kimihia has developed meaningful partnerships with the local Māori organisations, to benefit Māori individuals in the organisation.

Care plans are individualised and demonstrated wellbeing outcomes for Māori. Staff work in partnership with the residents and their family/whānau to assess and plan care. Care plans are individualised, based on comprehensive information. Care meets the needs of residents and their family/whānau and is evaluated on a regular and timely basis.

The activity programme offers a range of activities and incorporates the cultural requirements of the residents. All activity plans are completed in consultation with enduring power of attorney (EPOA)/whānau/family and residents noting their activities of interest.

Medicines are safely managed and administered by staff who are competent to do so. All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau have menu options that are culturally specific to te ao Māori.

Te aro ki te tangata me te taiao haumaruru | 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. |
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The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There was a current building warrant of fitness displayed.

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

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

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

Subsections applicable to this service fully attained.

Kimihia ensures 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 programme is co-ordinated by the facility manager and the quality/education registered nurse. There is a pandemic plan in place which has been tested several times in 2022.

Surveillance of infections is undertaken, and results are monitored and shared with all staff. Action plans are implemented as and when required.

Here taratahi | Restraint and seclusion

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 governance group are committed to a eliminating the need for restraint. The frequency of restraint use has decreased. There was one restraint intervention in place on the days of audit. The restraint coordinator is an RN and part of the senior management team.

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) |
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| Subsection | 0 | 23 | 0 | 1 | 0 | 0 | 0 |
| Criteria | 0 | 60 | 0 | 1 | 0 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
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| 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 |
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| <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 organisation has embedded a Māori model of health into their care planning process. The principles of Te Tiriti are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with residents who identified as Māori. The organisation’s Māori Health Plan reflected a commitment to Te Tiriti and providing inclusive person/whanau centred support.</p> <p>Sixty percent of staff identify as Māori. Those interviewed confirmed that services were provided in a culturally safe manner. Staff reported they have input into how services are developed and delivered. Their advice is sought and considered.</p> <p>Māori residents and their whānau reported that their mana is protected and that they are treated with dignity and respect and that they are not afraid to speak up if they feel their world view has not been fully considered.</p> |

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| <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>FA</p> | <p>On the days of audit, there was one resident who identified as Pasifika. The organisation's Pacific Health Policy refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact details for local Pasifika groups available for guidance and consultation. The policy also states Pacific models of care will be utilised within the plan of care when indicated.</p> <p>A number of staff employed identify as Pasifika, and all other staff have attended training and education in delivering culturally safe care including care to residents as Pasifika. These staff said they would assist clinical staff with planning processes for Pasifika residents.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. Seven residents who identified as Māori or their whanau said that all staff respect their rights, that they are supported to know and understand their rights and that their mana motuhake was recognised and respected. Enduring power of attorney (EPOA)/whānau/family or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required. Kimihia Home and Hospital (Kimihia) is guided by the cultural responsiveness for Māori residents' policy when required for residents who identify as Māori.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>The admission process at Kimihia ensures that residents and family/whanau are involved in determining their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. Both the facility manager (FM) and the quality/educator registered nurse (QERN) reported that residents are supported to maintain their independence. Residents were able to</p> |

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| | | <p>move freely within the facility, and outside, when Covid-19 restrictions are removed.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have a private room. Staff was observed respecting residents' personal areas and privacy by knocking on the doors before entry.</p> <p>All staff have completed training on Te Tiriti o Waitangi and were culturally inclusive with care. Care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | FA | <p>The FM stated that any observed or reported racism, abuse, or exploitation at Kimihia is addressed promptly and staff are guided by the code of conduct.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' meetings and one to one feedback, to monitor the effectiveness of the processes in place to safeguard residents.</p> <p>During interview, the FM stated that a holistic model of health at Kimihia is promoted, that encompasses an individualised approach that ensures the best outcomes for all.</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> | FA | <p>Forty-one staff (60%), including the FM, identify as Māori, and residents' whanau assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose and cultural support when residents had a choice of treatment options available to them. Staff have received training on tikanga best practice.</p> |

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| <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | | |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | <p>FA</p> | <p>The complaints policy and associated forms comply with Right 10 of the Code. Information on the complaint process is provided to residents and their whānau/families on admission and those interviewed knew how to raise concerns or complaints. Information regarding the complaints process is displayed and is available in te reo Māori. Residents and family/whānau who identified as Māori said they were comfortable raising complaints or concerns if needed and two had used the complaint process. All interviewees confirmed they have had the complaints procedure explained to them and they know how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or family/whānau complaint they may receive.</p> <p>The complaints register and associated documents reviewed showed that five complaints had been since June 2021. All had been fully investigated, and actions were taken through to an agreed resolution within acceptable timeframes by the FM who is responsible for complaints management and follow-up.</p> <p>There were two complaints submitted to the Office or the Health and Disability Commission (HDC) in 2021. One was withdrawn after support and intervention from the Nationwide Health and Disability Advocacy Service, and the other is still undergoing investigation by the HDC.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p> | <p>FA</p> | <p>The Board of Trustees (BOT) is inclusive and sensitive to the cultural needs of Māori. The chairperson works for a local Kaupapa Māori organisation, and one of the 11 board members identifies as Māori.</p> |

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| <p>knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | | <p>Board members have been provided information about the new requirements of Nga paerewa and their additional obligations.</p> <p>The board and the FM demonstrate a commitment to quality and risk management, ensuring there are no barriers for tangata whaikaha and that service delivery is fair and equitable for Māori. The FM who is a registered nurse, has been in the role for five years and has considerable experience in aged care. There was no clinical nurse manager employed on the days of audit. The previous incumbent resigned after six months of employment in November 2021. The FM and the quality/education RN are overseeing clinical care and working shifts in the facility.</p> <p>Kimihia holds agreements with the DHB for age related residential care (ARRC) in rest home, dementia, hospital medical and geriatric care, respite and palliative care, Long Term Support-Chronic Health Conditions (LTS-CHC) and the Ministry of Health (MoH) for Young People with Disabilities (YPD).</p> <p>On the day of audit 61 of the 77 beds were occupied. Thirty-five residents were receiving rest home level care. Sixteen residents were receiving hospital care, and there were 10 residents in the secure unit. There were no residents under the age of sixty-five years.</p> <p>The BOT and management ensure services are delivered safely and appropriately for tangata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical or other barriers to equitable service delivery. This was demonstrated by interviews with staff, residents and their whanau/family, the demographic population of residents and ethnic composition of staff.</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>FA</p> | <p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the FM and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies. Activities to monitor adherence to the business,</p> |

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| <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | | <p>quality and risk plan, and the service policies and procedures include regular internal audits, staff and resident meetings, provision of staff education and professional development opportunities, and analyses of quality data, such as incidents, infections and complaints. There have been no resident/relative satisfaction surveys conducted due to COVID-19 infections in the facility, lockdown and staff shortages. A staff survey in 2021 revealed that staff were feeling stressed.</p> <p>There is a large percentage of staff who identify as Māori (Refer subsection 1.1 and 1.4). Staff said they are encouraged and supported to use te reo with Māori residents.</p> <p>Where senior management or staff identify a need for improvement, corrective actions are implemented until improvement occurs. The organisation is establishing equity as an integral component of its quality systems. Ethnicity data is being consistently gathered. Tikanga is followed and respected.</p> <p>Essential notification reporting occurs. Eight section 31 notifications have been submitted in the past 12 months. Four of these related to resident risk, including a death after a fall, and four were about RN shortages. The DHB were notified of positive COVID-19 infections in March 2022. Thirty residents were infected, and 47 staff members tested positive from 08 April to 27 June 2022.</p> <p>There have been no other significant events.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p> | <p>FA</p> | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Approximately 60% of the staff identify as Māori which is reflective of the resident population. Interviews with residents and whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori.</p> <p>The service has been challenged by staff shortages since 2020. A number of care and allied staff left as a result of the mandate for vaccinations, and there has been steady attrition of registered nurses.</p> |

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| <p>services.</p> | | <p>From a preferred number of eight RNs the service is functioning with three plus the FM and quality/staff education RN. Since December 2021 ten shifts have had no RN on site. Notifications about RN shortage have been submitted (refer subsection 2.2). Gaps in the roster for RNs are now being covered by the FM and the quality/staff educator RN. An additional RN has been recruited and is due to commence work in the next few weeks. The service does however meet its contract requirements.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time. There is always an extra RN on call after hours.</p> <p>The hospital wing with 16 residents, has four care staff and one RN rostered for morning and afternoon shifts, the secure unit with 10 residents has two care staff in the morning and afternoon, and the dual purpose and rest home wings are allocated two care staff each in the morning and afternoon. Five care staff; two in the hospital, one in the secure unit and one each in the dual purpose and rest home wings, plus an RN are rostered for each night duty. All RNs and senior care staff are maintaining current first aid certificates so there is always a first aider on site. Senior care staff who are assessed as competent to administer medicines are rostered on each shift to support the single RN on duty. Resident numbers are being kept below ideal occupancy levels to safely accommodate the changing needs of residents.</p> <p>Allied staff such as two diversional therapists and an activities assistant are allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. Designated cleaners carry out housekeeping duties seven days a week and there are sufficient kitchen staff providing meal services. Laundry services are carried out daily under contract to an external provider.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. The training programme has been scaled down since the quality and education officer has been working shifts on the floor and three weekly on call duties. Continual education</p> |
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| | | <p>subjects in infection prevention related to COVID-19 and its variants including donning and doffing of personal protective equipment (PPE), emergency management including fire drills, manual handling and safe transfer, and management of incontinence have taken place this year. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. Of the 42 care staff employed, 16 have achieved level four on the NZQA framework and the others are on track to achieve levels two and three. The quality/staff educator is a registered career force assessor and moderator of the programme.</p> <p>A sample of rosters confirmed that only staff who have completed or are progressing the four unit standards in dementia care are allocated duties in the secure unit.</p> <p>The FM who identifies as Māori supports people's right to speak their own language, endorses tikanga and support connections to iwi, hapū, and whānau. Staff were observed to be addressing residents in te reo, at the residents' request as Nan and Koro. Reading material related to health equity has been distributed to staff.</p> <p>Two RNs are accredited and maintaining competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments. One of these RNs is due to go on extended leave shortly. Although staff said they were tired of doing extra shifts they felt supported and safe in the workplace.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs</p> | <p>FA</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, proof of vaccination status and confirmation of qualifications before an offer of employment is made.</p> <p>Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities.</p> |

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| <p>of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | | <p>Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ medical council, pharmacy, physiotherapy and podiatry.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO. There is a diverse mix of staff employed (refer subsection 1.1, 1.2) and 2.3)</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts which is followed up by a three month post-employment appraisal with the FM.</p> <p>Formal performance appraisals occur at least annually, and all staff had completed or were scheduled to attend a performance review for 2021/2022.</p> |
| <p>Subsection 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> | <p>FA</p> | <p>Residents are admitted to Kimihia when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Kimihia provides. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Kimihia carries out routine analysis of entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau. There have been no admissions to Kimihia since December 2021, due to RN shortages and the inability to provide adequate care if there was an increase in resident numbers.</p> <p>Kimihia has developed meaningful partnerships with the local Māori</p> |

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| | | community organisations, the local Māori healthcare provider, and the Māori health unit at Waikato District Health Board (WDHB) to benefit Māori individuals and whanau. |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | PA Low | <p>The multidisciplinary team at Kimihia works in partnership with the resident and family/whānau to support the resident's wellbeing. Together with tāngata whaikaha, Kimihia has developed policies and procedures that ensure tāngata whaikaha and whānau participate in service development. Ten residents' files were reviewed. Six of these were hospital files, two rest home and two from the secure unit. Files included residents who identify as Māori, Pacifica, residents with wounds and with pressure injuries and a resident who self-administered medication. Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes met contractual requirements up to November 2021. Since then, interRAI assessments have been unable to be undertaken within contractual timeframes, due to the nationwide RN shortages, Covid-19 restrictions, trainer availability and staff illness (refer subsection 2.3). The WDHB portfolio manager and Ministry of Health (MOH) via section 31s are aware of this. This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations. A previous corrective action that identified initial care plans not being completed within 24 hours of admission, and residents care plans not being updated in a timely manner, has been addressed</p> <p>The WDHB portfolio manager has allowed Kimihia a dispensation from their contractual obligations in relation to interRAI assessments not being up to date due to the Nationwide RN shortages, and inability</p> |

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| | | <p>of the training establishment to provide interRAI training to RNs.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care provided in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>Two diversional therapists and an activities assistant provide an activities programme at Kimihia six days a week that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities prior to Covid-19 restrictions being in place. Opportunities for Māori and whānau to participate in te ao Māori are facilitated in house, and include Māori language sessions, waiata, hangi, conversations in Māori and baking. Four Māori residents go to the local kaumatua group each week. Several community groups including the local school and college Kapa Haka groups visited Kimihia; however this has not occurred during the Covid-19 outbreak. Small visiting community groups are now beginning to participate in activities at Kimihia.</p> <p>Residents' meetings occur each month and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minute's evidenced residents/family/whānau are generally satisfied.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p> |

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| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using a new electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Kimihia.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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>The food service provided at Kimihia is in line with recognised nutritional guidelines for older people. The menu has been reviewed by the dietician within the past two years. A verification audit of the food control plan was undertaken by the Waikato District Council and verified for 18 months.</p> <p>Each resident has a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The household manager who oversees the kitchen and the cooks identify as Māori and enable Māori residents to be provided with meals that meet their needs. A 'boil up' is held every three weeks and hangi as per residents' requests. The personal food preferences, any special diets and</p> |

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| | | <p>modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this.</p> <p>Residents in the secure unit have access to food at any time.</p> <p>EPOA/whānau /family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau /family expressed satisfaction with the food options.</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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. The service uses the yellow transfer envelope from the WDHB. Documentation and interviews evidenced a resident's family was kept well informed during the transfer of their relative to the WDHB.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p> | FA | <p>A current building warrant of fitness with expiry 31 March 2023 was on display. Systems for ensuring that the physical environment, chattels and equipment are fit for purpose and safe, are effective. This includes testing and tagging of electrical equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews and observation of the environment. External areas accessible for rest home, confused wandering and hospital residents are appropriate for that group and were being maintained for safety.</p> <p>The building is inclusive of people's culture and supports people's cultural practices, for example, there is a chapel on site and Māori art works throughout the facility. There has been no construction nor are</p> |

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| <p>belonging, independence, interaction, and function.</p> | | <p>there any plans for building development The FM and the board are well aware of the need to consult and invite input from local tāngata whenua and hapu to ensure new designs reflect the aspirations of Māori.</p> <p>Two non-compliances related to the environment which were identified at the December 2020 certification audit have been remedied. The perimeter fence outside the secure unit has been modified to deter residents from trying to scale it. The bedrooms in Totara wing have been refurbished. These actions were signed off by the DHB planning and strategy portfolio manager in March 2021.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>Onsite inspection and interviews revealed that the emergency and security systems are intact and known by all levels of staff. Fire safety and evacuation are included at orientation and six-monthly fire evacuation drills occur. The most recent fire evacuation occurred on 09 May 2022. The fire evacuation scheme was approved in 2009 and is still applicable.</p> <p>Staff routinely lock entry doors at dusk.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>The FM and QERN are responsible for overseeing and implementing the IP programme. The infection prevention (IP) and antimicrobial stewardship (AMS) programme are linked to the quality improvement programme that is reviewed and reported on annually. The previous correct action that identified the infection control programme had not been reviewed annually has now been addressed. The FM and QERN have appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>A pandemic preparedness plan is in place, and this has been used consistently in 2022, with numerous Covid-19 outbreaks. Sufficient IP resources including personal protective equipment (PPE) were</p> |

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| | | <p>sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</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>Surveillance of health care-associated infections at Kimihia is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Kimihia uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data includes ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There have been two outbreaks of Covid-19 at Kimihia in 2022. Residents affected were isolated in their rooms, the unit was closed, and visiting was restricted. The Regional Public Health Unit (RPH) and the WDHB were informed of the outbreak.</p> <p>Covid-19 restrictions remain in place on visiting and outings. All staff are RAT tested prior to commencing work.</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>FA</p> | <p>The previous non-conformity related to the effectiveness of laundry services (criterion 1.4.6.2 in NZS 8134:2012) has been resolved. The provider is now outsourcing laundry services. The provider of laundry services monitors their own effectiveness. There have been no complaints from residents or family/whānau related to laundry since.</p> |

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| <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>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | FA | <p>The service continues to aim for a restraint free environment. This is supported by the governing body. The facility manager regularly reports all restraint activity to the board. The facility manager/RN and the quality/education RN are sharing the role of restraint coordinator since the clinical nurse manager left in November 2021. Both these RNs provide support and oversight for restraint management in the facility and demonstrated a sound understanding of the role and responsibilities and the organisation's policies and procedures.</p> <p>On the days of audit, one hospital resident had bedrails in place when they were in bed. This intervention had been consented to by a third party. Any other equipment such as bed rails, and safety belts in mobility scooters or wheelchairs were being used at the request of the resident and with their written consent.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident on review of the clinical files and from interview with staff.</p> <p>Action has been taken to resolve the non-compliance identified at the December 2020 certification audit. This is reported in subsection 6.3</p> |
| <p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced</p> | FA | <p>The corrective action identified at the December 2020 certification audit about a formal quality review of restraint practice having not occurred, has now been resolved. The programme was reviewed and signed off by the DHB in March 2021. This is now occurring every six months and is reported to the Board.</p> |

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| <p>by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p> | | |
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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 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.

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <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 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-</p> | PA Low | <p>Assessment of resident’s needs at Kimihia is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes met contractual requirements up to November 2021. Since then, interRAI assessments have been unable to be undertaken within contractual timeframes, due to the nationwide RN shortages, Covid-19 restrictions, trainer availability and staff illness (refer subsection 2.3). The WDHB portfolio manager was notified of this. An email in November 2021 from the interRAI trainer verifies interRAI training was unable to be provided to the RNs at that time. The RNs have since left and there are now two RNs (one being the FM) to do interRAI assessments on the sixty-one residents.</p> | <p>Files reviewed evidenced InterRAI assessments were not always undertaken at the defined intervals to meet contractual obligations.</p> | <p>Provide evidence InterRAI assessments are undertaken every six months or as residents needs change</p> <p>180 days</p> |

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| <p>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.</p> | | <p>Up to date ongoing clinical assessments are being undertaken and care plans are up to date and reflective of resident need.</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, 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.

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End of the report.