

# Waihi Senior Citizens Home Incorporated - Hetherington House

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## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	Waihi Senior Citizens Home Incorporated
<b>Premises audited:</b>	Hetherington House
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 20 July 2022    End date: 21 July 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	50

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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

Hetherington House provides services for up to 50 residents for older people assessed as requiring rest home, dementia, hospital (medical and geriatric), respite, long term support-chronic health conditions (LTS-CHC) and for young people with disabilities. The service is operated by Waihi Senior Citizens Home Incorporated, a charitable trust. There have been no significant changes to the service since the last certification audit.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contract with the district health board. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau members, the chair of the board, staff, and a general practitioner. A registered nurse manages clinical oversight of the facility. Residents and family/whānau were complementary about the care provided.

Improvements are required in two areas related to interRAI assessments and care planning, and general practitioner review of medication.

## 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.

Hetherington House 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. There are staff who work at Hetherington House who 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). Policy outlines how equity will be achieved. There were no residents who identify as Māori during the audit period. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

A Pacific plan and related policies and procedures guide staff in delivering pacific models of care to residents who identify as Pasifika.

The right of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld. Complaints processes are implemented, and complaints and concerns are actively managed, well documented, and resolved in a timely manner. There has been one complaint received via the Health and Disability Commissioner which remains open at the time of audit.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

## 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 governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to the service to confirm their level of care. The registered nurses (RNs), including the clinical manager (CM), are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

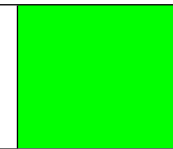
The organisation uses an electronic medication management system in e-prescribing, dispensing, and administration of medications. The general practitioner (GP) is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day.

Residents are referred or transferred to other health services as required.

## Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

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



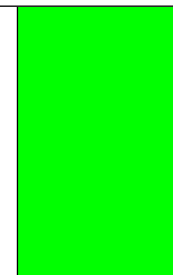
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and a planned and reactive building maintenance programme. Electrical and functional equipment have been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. Residents' rooms are spacious and personalised.

Staff are trained in emergency and civil defence procedures, use of emergency equipment and supplies and attend regular six-monthly fire drills. Staff, residents and whānau understood emergency and security arrangements. There is always a staff member on duty with a current first aid certificate. Residents reported a timely staff response to call bells. Security is maintained.

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

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



Subsections applicable to this service fully attained.

The governing body 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. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, and any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance is undertaken with follow-up action taken as required.

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

## 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.		Some subsections applicable to this service partially attained and of low risk.
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The service aims for a restraint free environment. This is supported by the governing body's policies and procedures. There were four residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions and education on restraint has been undertaken.



## 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	26	0	2	1	0	0
Criteria	0	165	0	2	1	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Hetherington House has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Whilst mana motuhake is not specifically mentioned in policy documents, residents and whānau interviewed reported that staff respected their rights, and that they felt culturally safe. There were no residents who identified as Māori during the audit.</p> <p>An evidence-based Māori health plan is in place, and this would be used for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. Interviews with residents confirmed that the service is actively supporting their needs and aspirations. Staff interviewed described how care is based on the four cornerstones of Māori health model ‘Te Whare Tapa Whā’. Māori staff members confirmed culturally safe support is given to residents and that mana is respected. Ethnicity data is gathered when staff are</p>

		<p>employed.</p> <p>The service employs Māori and supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. This has been difficult due to the nationwide shortage of care workers.</p> <p>The service has links with Māori health support people through their local marae. An advocate from the marae can be called on to assist at any time.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Hetherington House currently has no residents who originate from the Pacific. The service has a Pacific Health Plan in place related to care of Pacific peoples. Interview with the board chair confirmed that the board are aware of their responsibility to support equity for Pacific peoples.</p> <p>The service employs Pasifika staff and supports increasing Pasifika staff capacity across differing levels of the organisation as vacancies and applications for employment permit. This has been difficult due to the nationwide shortage of care workers.</p> <p>The service does not yet have links with Pasifika health support people, except through its staff and the Waikato District Health Board (WDHB).</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>	FA	<p>All staff interviewed at Hetherington House understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori and English languages.</p> <p>There were no residents who identified as Māori on the audit days. The RNs and CM reported that the service recognises Māori mana</p>

		<p>motuhake (self-determination) of residents, family/whanau, or their representatives in its updated cultural safety policy. The assessment process includes the resident's wishes and support needs.</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>	FA	<p>Residents are supported in a way that is inclusive and respects their identity and experiences. Family/whānau and residents, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and 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>The CM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility.</p> <p>There is a documented privacy policy that references current legislative requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering.</p> <p>All staff have completed training on Te Tiriti o Waitangi and culturally inclusive care as part of orientation and annually. The facility manager (FM) reported that a kaumatua is contacted to provide training when required. Te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori.</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>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents reported that their property and finances are respected. Professional boundaries are maintained. The CM reported that staff</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. Family members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures such as the harassment, discrimination, and bullying policy are in place. The policy applies to all staff, contractors, visitors, and residents. The CM, RNs and GP stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>The Māori Health Care Plan in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents. The CM further reiterated that all outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau/family and Māori health organisations and practitioners.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whanau reported that communication was open and effective, and they felt listened too. EPOA/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through the local district health board if required. Staff can provide interpretation as and when needed and use family members as appropriate.</p> <p>The CM reported that verbal and non-verbal communication cards,</p>

		simple sign language, use of EPOA/whānau/family to translate and regular use of hearing aids by residents when required is encouraged.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or 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>	FA	<p>The nursing team and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the enduring power of attorney (EPOA) and residents. The GP makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The CM reported that advance directives are explained and encouraged. All residents admitted to the dementia unit had activated EPOAs in place.</p> <p>Staff was observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and uploaded to the resident's electronic record management system. In interviews, residents reported that they felt safe, protected and listened to and happy with care/consent processes.</p> <p>The staff reported that tikanga best practice guidelines in relation to consent during care were observed.</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</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints and leads to improvements. Policy and procedure outline the process for complaints, including specifying considerations for Māori. This meets the requirements of the Code. The facility manager (FM) maintains a record of all complaints in a complaint register. Complaints information is given to residents and family/whānau on admission along with advocacy information. Residents and family/whānau interviewed understood their right to make a complaint, knew how to do so, and understood their right to advocacy. Documentation sighted demonstrated that complaints are being managed in accordance with guidelines set by the Health and</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>Disability Commissioner.</p> <p>There have been three complaints logged in the last 12 months. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant. Corrective actions (where possible) have been identified and implemented. One of the complaints was received from the Office of the Health and Disability Commissioner. The complaint has been responded to but remains open. There have been no complaints received from other external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they 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>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service with support from a FM and clinical manager (CM). Planning includes a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals; the plan is reviewed annually or as required. The governing body has Māori representation on the board and plans to conduct education for the board on Te Tiriti o Waitangi, cultural safety, tikanga, and equity but this has not yet taken place. The FM and CM's have knowledge of the sector, regulatory and reporting requirements, and they maintain currency within the field. Both the FM and the CM have been employed within aged care for a number of years.</p> <p>Organisational goals aim for integrated service delivery, and mana motuhake values are embedded into all levels of practice for residents. Policy outlines the service's commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. The CM has a current practising certificate and oversees clinical management for the service. External support for te ao Māori and Pacific peoples is available from staff though input from the local marae. Health plans align with Te Whare Tapa Whā.</p> <p>A sample of management reports showed good information to monitor performance is collected in relation to adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Reports are presented to board meetings and at staff meetings. Whilst</p>

		<p>staff meetings are scheduled to be held monthly, there are gaps within the monthly meeting schedule due to COVID-19 outbreaks in residents and staff. Where meetings have not been held, quality information is made available to staff. The management team also evaluates services through meetings with residents, and through resident and staff surveys.</p> <p>The service holds agreements and contracts with WDHB and the Ministry of Health to deliver care for older people assessed as requiring rest home, dementia, hospital (medical and geriatric), respite, long term support-chronic health conditions (LTS-CHC) and for young people with disabilities. On the day of audit 50 residents were receiving services. These were 14 hospital residents, 27 rest home residents, six residents in the dementia unit, one resident receiving LTH-CHC services, one receiving respite services, and one under 65.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident and staff satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls elicited from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Residents and staff contribute to quality improvement through being feedback given and received on quality data, complaints, and internal audit activities. Outcomes from the last staff satisfaction survey (2021), resident satisfaction survey (2021), and family/whānau satisfaction survey (2021) were favourable with no corrective action required.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms</p>



		<p>reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. The FM and CM understand and have complied with essential notification reporting requirements. There have been 21 section 31 notifications completed since the last audit; two related to residents' care and 19 to the lack of a registered nurse on site.</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 services.</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). The facility adjusts staffing levels to meet the needs of residents. Health care assistants reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. All care staff have a current first aid certificate and there is RN coverage in the facility 24 hours per day/seven days per week. This will change from the week following the date of this audit. A dispensation has been given to have an extra senior caregiver on night shift instead of an RN, supported by an on-call RN. The facility is currently recruiting for RN staff, but this has been difficult for the facility due to the nationwide shortage of nurses; section 31 notifications have been made in respect of deficits (refer subsection 2.2).</p> <p>Staffing for the facility comprises of RN cover over seven days per week (except as noted above) supported by caregiving staff. Six weeks of rosters were sighted. One RN was rostered on eight-hour morning, afternoon and night shifts. There were six caregivers rostered for morning shifts, five for afternoon shifts and three on night shifts on the rosters sighted. All shifts were covered with replacements when staff had been unable to attend. A diversional therapist supports the recreation programme supported by an activities coordinator Monday to Friday. Cleaning, laundry, and food services are carried out by dedicated support staff seven days per week. Staff interviewed reported that they had enough time to complete their work within the time allotted to them.</p> <p>Continuing education is planned on an annual basis which meets the standard and the contract with WDHB, training included education on the specific needs of under 65s and people with disabilities.</p>

		<p>Competencies for medication, manual handling, fire and emergency management (including fire drills), first aid, chemical safety, food handling, and pandemic planning, including the use of personal protective equipment (PPE) have been completed for all relevant staff. The service has also embedded cultural values and competency in their training programmes, including information on equity, cultural safety, Te Tiriti o Waitangi, and tikanga practices. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. All staff working in the dementia care area have completed the required dementia education.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment.</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 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>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio. A sample of eight staff records were reviewed (one FM, one CM, one RN, two caregivers, one housekeeper, one laundry worker, and one kitchen manager) and evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. Staff performance is reviewed annually.</p> <p>Staff information is secure and accessible only to those authorised to use it. The service understands its obligations in recruitment in line with the Ngā Paerewa standard. Ethnicity data is collected for staff.</p> <p>A register of practising certificates is maintained for the CM, RN, and associated health contractors (e.g., general practitioners (GPs), podiatrist and pharmacy).</p>

		The wellbeing policy outlines debrief opportunities following incidents or adverse events. Implementation was confirmed at staff interview.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates. Electronic information (e.g., policies and procedures, quality reports, meeting minutes) are backed-up and password protected. InterRAI assessment information is entered into the Momentum electronic database and reports are printed and kept in individual residents' files. Staff have individual passwords to access electronic systems. Archived records are held securely on site and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Hetherington House is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home, hospital, respite, long term support chronic health conditions (LTS-CH) and dementia level of care were in place. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated where there was a delay to entry to service, this was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed</p>

		<p>that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CM reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were no residents who identified as Māori at the time of the audit. The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively working towards partnering with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>All eight (8) residents' files sampled identified that initial assessments and initial care plans were resident centred, and these were completed on admission. The service uses assessment tools that included consideration of residents' lived experiences, cultural needs, values, and beliefs. Residents' care is undertaken by appropriately trained and skilled staff that include the nursing team and care staff. Cultural assessments were completed by the nursing team who have completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. Evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Documented detailed strategies to maintain and promote the residents'</p>

		<p>independent well-being were sighted. Twenty-four-hour behaviour management plans for residents in the secure unit were completed and regularly reviewed to reflect residents' changing needs.</p> <p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The GP visits the service once a week and is available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP. Residents' medical admission and reviews were completed. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff restated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP, CM, nursing team, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whānau.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the nursing team as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p>
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<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>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by a diversional therapist (DT) and activities coordinator. The programme runs from Monday to Friday with weekends reserved for church services, movies, EPOA/whānau/family visits and other activities that are facilitated by staff. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. However, some interRAI assessment outcome scores were not identified on long-term care plans (refer 3.2.5). Residents' birthdays are celebrated, and resident meetings are conducted monthly. A leisure and recreation assessment detailing residents' life histories was completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the activities coordinators in consultation with the FM, nursing staff, EPOAs, residents, and activities care staff. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, YPD, LTS-CH and respite level of care. Residents assessed as requiring YPD care are involved in activities of their choice.</p>

		<p>Twenty-four-hour behaviour management plans reflected residents' preferred activities of choice and were evaluated every six months or as necessary. Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Residents' activities and care plans were evaluated every six months or when there was any significant change. Van trips are conducted once a week except under Covid-19 national restrictions.</p> <p>The activities staff reported that there were no residents who identify as Māori but opportunities for Māori and whānau to participate in te ao Māori would be facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals. The DT reported that cultural days are held monthly with residents and staff.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication</p>

		<p>incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The RN and the caregiver were observed administering medications safely and correctly in the secure dementia unit, hospital and rest home wing respectively. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There was one resident self-administering medications at the time of audit and this person had been assessed as competent to do so. Medicines were stored safely and securely. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>An improvement is required to ensure three monthly GP medication reviews are completed within the required timeframes.</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>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. Meal services are prepared onsite. There was an approved food control plan which expires on 30 March 2023. The menu was reviewed by a registered dietitian on 22 December 2021. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary</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>requirements, likes, and dislikes. Resident dietary profiles were not reviewed six-monthly as required (refer 3.2.5). Residents are given a choice to select the meals they want on a daily basis. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained, and these are recorded on the electronic management system.</p> <p>EPOA/whānau/family and residents interviewed indicated satisfaction with the food service. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>The kitchen manager reported that the service has days on their menu where they prepare meals from different countries, and this is called "Armchair Travel". This includes menu options which are culturally specific to te ao Māori also. The residents reported that they enjoy tasting a variety of delicacies from different countries they have never visited before.</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</p>	<p>FA</p>	<p>There is a documented process/plan for the management of early discharge/unexpected exit or transfer from services. The CM reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. This is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p><b>Subsection 4.1: The facility</b></p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility presented with a warm and homely environment, a calm atmosphere and residents were overall happy and stated that they felt like they were at home. The facility's internal and external environments are fit for purpose and well maintained. All rooms are of an adequate size to provide personal cares.</p> <p>All building and plant comply with legislation and a current building warrant of fitness was displayed which expires on 7 March 2023. There are currently no plans for further building projects requiring consultation with Māori.</p> <p>A preventative and reactive maintenance programme is implemented. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weighing scales and clinical equipment. The tag and electrical tests expire in January 2023. Monthly hot water tests are completed for resident areas and were below 45 degrees Celsius. There are environmental and building compliance audits, completed as part of the internal audit schedule.</p> <p>The environment was accessible, promoting independence and safe mobility. There is foot path around the facility for residents to safely walk around the facility. Shaded external areas in appropriate locations are available with appropriate seating for residents. There is a designated staff smoking area. Personalised equipment was</p>

		<p>available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident group. There are shared dining room and lounge facilities. Lounge areas are used for activities for residents. Communal areas are spacious and maintained at a comfortable temperature. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Eight rooms have an ensuite toilet, bathroom and handbasin.</p> <p>Residents' rooms are personalised according to their preference. All rooms have external windows which can be opened for ventilation; safety catches are in place. Corridors are wide and promote safe mobility with the use of mobility aids and handrails. Residents were observed moving freely around the areas with mobility aids during the audit.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents. There is a ceiling hoist installed in each individual resident's room.</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>Fire, civil defence, and pandemic plans and policies direct the facility in their preparation for an outbreak and emergency. These described the procedures to be followed as well as the duties required by staff (e.g., as fire wardens). Staff have been trained and those interviewed knew what to do in an emergency. Emergency procedures are documented and displayed. The fire evacuation plan was approved by the New Zealand Fire Service on 12 October 2016. A fire evacuation drill was last held on 20 June 2022. Regular six-monthly fire drills are completed and there is a sprinkler system, smoke detector system and fire call points installed in case of fire. Emergency lighting is available and is checked monthly.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. A water tank on site carries around 600L of water. In the event of a power outage cooking facilities are available. There is a backup generator organised through a</p>

		<p>contractor. Fire safety, security and emergency management is included in staff orientation and as part of the ongoing education plan. A minimum of one person trained in first aid is always available on site.</p> <p>Call bells alert staff to residents requiring assistance. These are present in all rooms, bathrooms, and communal facilities. Call bells are checked as part of the internal audit programme and when there is concern regarding call bell response times. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Security arrangements are in place, the building is secure. The front door is automatic and is locked around 6 pm during winter and after 6 pm during summer. Information about security and emergency procedures is given to residents and their family/whānau on admission to the facility.</p> <p>Visiting is not restricted under the current COVID-19 setting, but precautions are being taken with rapid antigen testing (RAT) prior to entry to the facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on at board meetings. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues, and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The service has a documented infection prevention and control programme that is reviewed annually. Review of the programme is completed by the CM who is appointed as the infection prevention</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>and control coordinator (IPCC). A position description for the IPCC was in place.</p> <p>The service has guidelines to manage and prevent exposure to infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Policies and procedures are documented and reviewed regularly. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for COVID-19. Most residents and all staff were vaccinated for COVID-19 and influenza. Completed records were sighted in all files sampled.</p> <p>There was a pandemic outbreak plan in place. Information and resources to support staff in managing COVID-19 were regularly updated. Visitor screening and residents' temperature monitoring records, depending on alert levels by the MOH, were documented. COVID-19 rapid antigen tests (RATs) are being conducted for staff and visitors when indicated before coming on-site. There were two exposure events due to Covid-19 in March 2022 and April 2022, where a total of eight residents were affected. In May 2022 there was another exposure event of gastro-enteritis; 64% of residents and 50% staff members were affected. All events were managed according to policy. The facility was closed to the public, with GP, EPOA/whānau/family, residents, and relevant authorities notified promptly. Documented evidence of meetings with DHB, staff, and EPOA/whānau/family notifications was sighted.</p> <p>There are documented policies and procedures for managing both manual and automated decontamination of reusable medical devices. Internal audits are completed, and all corrective actions are documented, as verified.</p> <p>The service has documented policies and procedures in place that reflected current best practices. Policies and procedures are accessible and available for staff through the electronic record management system. These were current. Care delivery, cleaning,</p>
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		<p>laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitizers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. In-service education is conducted by either the FM, CM or other external facilitators. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The CM completed various infection prevention and control training online, such as hand hygiene, pandemic planning, outbreak training, RAT testing, donning, doffing PPE and an infection prevention and control study day on 26 May 2022 conducted by the local district health board.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Hetherington House is committed to responsible use of antimicrobials. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The CM is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at management and staff meetings. Staff confirmed that infection rates information is shared in a timely manner. The IPC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through the district health board, the medical laboratory, and the attending GP.</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 (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings, and quality/management meetings. Comprehensive infection data is compiled, documented, and reported to the FM and the board. All monthly infection control reports, infection control surveillance, and yearly infection control reports were sighted. Infection control audits were completed, and corrective actions implemented.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP was informed on time when a resident has an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working towards ensuring surveillance of healthcare-associated infections include ethnicity data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>Hetherington House policy describes safe and appropriate storage and disposal of waste, and infectious or hazardous substances, including storage and use of chemicals. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. No hazardous substances were detected on site. All staff interviewed demonstrated awareness of safety and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place outside.</p> <p>There were sharps boxes in the medication room. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff was observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>All laundry is washed on-site, or by family members if requested, in the well-equipped laundry which has a clear separation of clean and</p>

		<p>dirty areas. The resident and family/ whānau interviewed expressed satisfaction with the laundry management and reported that the clothes are returned promptly. There are designated laundry and cleaning staff. All have received appropriate annual training in chemical safety and infection control, including COVID-19. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in the locked storeroom. There are cleaning rooms where all cleaning trollies are kept locked. Safety data sheets were available in the laundry, kitchen, sluice rooms, and chemical storage areas.</p> <p>The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched areas and accessed areas was increased due to COVID-19. The residents and family members interviewed reported that the environment was clean. The care staff demonstrated a sound knowledge of the laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The governance group demonstrated commitment to this. At the time of audit four residents were using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures meet the requirements of the standard. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff received education in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques in 2021.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There were clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Family/whanau and/or EPOA were involved in decision making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure</p>	<p>PA Low</p>	<p>Assessments for the use of restraint and monitoring of restraints were documented and included all requirements of the Standard. Two out of four restraints had not been evaluated as per the organisation's</p>



<p>my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>policy requirements. Where evaluation had occurred, evaluation included all requirements of the Standard including family/whānau and/or EPOA input. Input was confirmed at family/whānau interview. Access to advocacy is facilitated as necessary.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record.</p> <p>Conditions to allow for emergency restraint and debrief are contained in policy and procedure.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. The use of restraint has been maintained at low rates since the last audit.</p>

## 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)
<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-assessment and review process, and ensure changes are implemented;</p>	<p>PA Moderate</p>	<p>There were 34 overdue interRAI re-assessments ranging from 11 to 261 days. The CM reported that the service was granted a waiver by the ministry (MoH) on interRAI re-assessments; evidence of this was sighted. Eleven recent residents’ admission interRAI assessments were not completed in a timely manner, and these were not included in the waiver set conditions and needed to be completed. Some outcome scores from interRAI assessments related to activities, cognition, activities of daily living, behaviour management and nutrition were not identified on the long-term care plans and relevant interventions developed. Resident dietary profiles were not reviewed six-monthly.</p> <p>The DHB portfolio manager confirmed in an interview conducted that they were aware of</p>	<p>(i) Not all outcome scores from interRAI assessments were identified on long-term care plans and there were no appropriate interventions to address these.</p> <p>(ii) Residents’ dietary profiles were not reviewed six-monthly as required.</p> <p>(iii) Eleven recent residents’ interRAI assessments, not covered by the waiver from MoH, were not completed in a timely</p>	<p>(i) Ensure all outcome scores from assessments are identified with relevant interventions developed.</p> <p>(ii) Complete residents’ dietary profiles and activities care plan six-monthly as per policy requirements.</p> <p>(iii) Ensure all new interRAI assessments excluded from the waiver are</p>

<p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>the overdue interRAIs and was going to issue an extension. The facility manager and CM reported that the service was actively working towards completing all overdue interRAI re-assessments and ensuring all triggers are identified on long-term care plans. Resident, family/whānau/EPOA and GP involvement is encouraged. The outcomes scores not identified on the long-term care plans had a potential of posing risks of under nutrition, mismanagement of the following: residents activities participation, impaired cognition, activities of daily living and behavioural issues. These needed to be identified and detailed interventions developed to guide staff thereby ensuring quality outcomes.</p>	<p>manner.</p>	<p>completed within the required timeframes.</p> <p>90 days</p>
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Low</p>	<p>A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three monthly reviews; however, four medication charts were not reviewed within the required timeframes as per policy and legislative requirements, with timeframes ranging from February 2022 to July 2022.</p> <p>The CM interviewed reported that they were in discussions with the GP to have these medication charts reviewed.</p>	<p>Three monthly GP medication reviews were not completed within the required timeframes with four medicine charts overdue.</p>	<p>Ensure three-monthly medication reviews are completed as per policy and legislative requirements.</p> <p>180 days</p>
<p>Criterion 6.2.7</p>	<p>PA Low</p>	<p>Two out of four restraint evaluations had not been completed as per the required six-</p>	<p>Not all restraint evaluations have been</p>	<p>Restraint evaluation is to be completed</p>

<p>Each episode of restraint shall be evaluated, and service providers shall consider:</p> <ul style="list-style-type: none"> <li>(a) Time intervals between the debrief process and evaluation processes shall be determined by the nature and risk of the restraint being used;</li> <li>(b) The type of restraint used;</li> <li>(c) Whether the person's care or support plan, and advance directives or preferences, where in place, were followed;</li> <li>(d) The impact the restraint had on the person. This shall inform changes to the person's care or support plan, resulting from the person-centred and whānaucentred approach/reflections debrief;</li> <li>(e) The impact the restraint had on others (for example, health care and support workers, whānau, and other people);</li> <li>(f) The duration of the restraint episode and whether this was the least amount of time required;</li> <li>(g) Evidence that other de-escalation options were explored;</li> <li>(h) Whether appropriate advocacy or support was provided or facilitated;</li> <li>(i) Whether the observations and monitoring were adequate and maintained the safety of the person;</li> <li>(j) Future options to avoid the use of restraint;</li> <li>(k) Suggested changes or additions to de-escalation education for health care and support workers;</li> <li>(l) The outcomes of the person-centred debrief;</li> </ul>		<p>monthly evaluation schedule.</p>	<p>completed six-monthly as required.</p>	<p>six-monthly for all restraints in place.</p> <p>180 days</p>
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<p>(m) Review or modification required to the person's care or support plan in collaboration with the person and whānau;</p> <p>(n) A review of health care and support workers' requirements (for example, whether there was adequate senior staffing, whether there were patterns in staffing that indicated a specific health care and support workers issue, and whether health care and support workers were culturally competent).</p>				
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## Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, 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.