

Hospital & Rehab Aotearoa Limited - Makoha Tauranga

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Hospital & Rehab Aotearoa Limited

Premises audited: Makoha Tauranga

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 3 August 2022 End date: 4 August 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: 33

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
	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

Hospital and Rehab Aotearoa Limited, trading as Makoha, Tauranga provides rest home level care for up to 35 residents. The service is operated privately and managed by a registered nurse who oversees all aspects of service delivery with the assistance of a clinical nurse manager.

There have been no significant changes since takeover in October 2021. The service has been unable to proceed with building works and adding hospital and residential disability services to its scope due to a lack of registered nurses and tradespeople.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the providers funding agreement. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, the director, senior leadership, staff and a general practitioner. Interviewees were positive about the extent and quality of care provided.

The four non-compliances from the provisional audit in September 2021 have been remedied.

This audit identified one finding which related to the menu not being reviewed.

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.

Makoha is a socially inclusive and person-centred service. Residents said they are treated with dignity and respect at all times. Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding. Consent is obtained where and when required. Communications are effective. There was no evidence of abuse, neglect, or discrimination.

All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

A complaints register is maintained with complaints resolved promptly and effectively, in line with consumer legislation.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The organisation is governed by two directors who monitor organisational performance and ensure ongoing compliance with legislation, regulations and contractual requirements. The mission, values, scope and goals of the organisation are documented. Quality activities are implemented, and business goals defined and monitored. There is a documented risk management system.

This includes health and safety requirements. Adverse events are reported and recorded and learning from these is used to make improvements.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced with a sufficient number of staff on duty at all times. Competencies are identified and monitored. Staff performance is reviewed.

Health information is securely stored and adequately documented. Resident's records are well maintained and integrated.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Makoha Tauranga provides a model of care that ensures holistic resident centred care is provided. Information is provided to potential residents and family/whanau in a suitable format to ensure all decisions are made with informed consent.

Resident assessments inform care plan development. Care plans are implemented with input from the resident and family/whanau and contribute to achieving the resident's aspirations. Review of care plans occurs regularly. Other health and disability services are engaged to support the resident as required. The activity programme is varied and supports the resident to maintain physical, social, and mental health. Medicine management reflects best practice, and staff who administer medication are competent to do so. The food service provides nutritional meals for the residents. Specific dietary needs and wishes are catered for. The discharge and /or transfer of residents is safely managed.

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 environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflected cultural preferences. Bathroom facilities are maintained and conveniently located.

Testing, tagging and calibration of equipment is completed as required. There is a current building warrant of fitness. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a functional call bell system. Security is maintained. Hazards are identified.

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

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

Subsections applicable to this service fully attained.

The directors and managers support the safety of residents and staff via the infection prevention and antimicrobial stewardship programmes. The programmes are appropriate for the size, complexity, and type of service. The clinical nurse manager implements the programme. Related policies and procedures reflect current best practice. A pandemic plan is in place and has been tested. Staff are educated regards the principles of infection control. A surveillance programme is executed and is relevant to the service type.

Cleaning and laundry procedures are well established, meet infection prevention requirements and are carried out by staff daily. These are monitored for effectiveness. Residents and family expressed satisfaction with cleaning and laundry processes.

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 service has a clearly described restraint minimisation policy and associated procedures. There were no restraints in use on the days of audit which is consistent with the philosophy of the service. The provider is committed to a restraint free environment. Staff attend regular education on maintaining a restraint free service, alternatives, managing challenging behaviours and de-escalation techniques.

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	1	0	0	0
Criteria	0	166	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)
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>	FA	<p>The service has reviewed and implemented policies and processes that embed and enact Te Tiriti o Waitangi in all aspects of its work. Interviews with a director and service leader confirmed the service is clearly Māori centred. This was also reflected in all aspects of service delivery, their documented values, overall strategy and annual business goals. The director liaises regularly with a cultural advisory service in the Waikato region. The number of Māori staff employed reflects the number of residents who identify as Māori</p> <p>The mana motuhake of residents is acknowledged and respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and that they felt culturally safe</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>	FA	<p>The service has a Pacific plan that supports culturally safe practices for Pacific peoples who may use the service. The plan cross references to the Ministry Pacific Health and Wellbeing plan 2020-2025 and refers to the Fonofale Model.</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>Makoha employs and provides services to Pasifika people. A resident and Pasifika staff interviewed described a variety of ways in which the service is culturally safe for them, for example provision of traditional food, use of their language and cultural celebrations. The service has made contact with local Pasifika groups in the region.</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 Services Consumers' Rights (the Code) was on display in each wing of the facility, written in English and te reo. Staff interviewed confirmed that they had received training about the Code during their orientation, and annual ongoing updates were part of their education programme.</p> <p>Residents and family/whānau interviewed reported they were aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided opportunities to discuss these with the service provider. Pamphlets that provided information about independent advocacy services were sighted on display in the facility.</p> <p>During the audit staff were observed supporting and caring for residents in a manner that met the requirements of the Code and respected Māori mana Motuhake. The service has established links with Māori cultural advisory services.</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>Residents and tāngata whaikaha including residents under 65 years (YPD), were interviewed, and confirmed that they are given the opportunity to share with staff what is important to them. They confirmed that they received services in a manner that has regard for their dignity and privacy, and that they are supported to maintain their independence. Clinical files sampled for rest home and YPD residents included documentation of the resident's values and beliefs, culture, religion and sexual orientation. Staff interviewed were aware of individual resident's needs and preferences and discussed the care provided to meet these.</p>

		<p>All staff participate in Te Tiriti o Waitangi training, and observation during the audit confirmed that staff were implementing the knowledge into practice in their day-to-day provision of resident care/s. Māori residents interviewed confirmed that they were able to participate in te ao Māori.</p> <p>The privacy needs of residents are met; each resident has a private room. Shared bathrooms can be locked and have an occupancy notice on the door.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Policies and procedures are implemented to safeguard residents from abuse. Police vetting is undertaken for all staff prior to commencement and reviewed as per requirements. A staff code of conduct is in place and staff are orientated to this document during orientation.</p> <p>Staff interviewed were aware of the policy on abuse and neglect and stated what their action would be should they notice any signs of such practice. They discussed professional boundaries and gave examples of how these were maintained.</p> <p>Residents and family/whanau reported that their personal property was respected and cared for.</p> <p>The service has an established holistic model of care (the Makoha Model) that contributes to achieving individualised wellbeing outcomes for all residents including those who identify as Māori.</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</p>	<p>FA</p>	<p>Residents and family/whānau interviewed stated that communication was open and effective, that they felt listened to and heard. Information was provided in verbal and written format, and was able to be understood. During the audit staff were observed to be communicating effectively with the residents and family/whanau. YPD residents confirmed communication occurred in a manner that was effective for them. Some of these residents had a personal cell phone.</p> <p>Family/whanau confirmed that they are notified of any changes to residents' health status in a timely manner and this was verified the</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>clinical files and incident reports sampled.</p> <p>Te reo Māori was incorporated in day-to-day greetings, and on signs throughout the facility. The service is able to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or 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>FA</p>	<p>Residents and their family/whanau are provided with the appropriate information to make informed choices. Staff interviewed understood the principles and practice of informed consent and gave examples of how they obtain an informed choice in their everyday practice.</p> <p>There was evidence of informed consent in all residents' files sampled including for example consents for photographs, collection of health information, outings, Covid 19 and influenza vaccinations. All files contained an advance care plan which had been signed by the resident and general practitioner (GP). Although a copy of Executive Power of Attorney (EPOA) documents was sighted in some of the files documented, none had been activated as the resident was deemed to be competent to make their own decisions.</p> <p>The residents were supported in their decision making by family/whanau when this was requested by the resident. Residents and family/whanau interviewed stated they were provided satisfactory information to enable informed choices to be made.</p> <p>An established process is in place to ensure that tikanga best practice guidelines are utilised in this service, and this was confirmed during resident and family/whanau interviews.</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>FA</p>	<p>The complaints process complies with consumer rights legislation. All residents are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed. Residents and family/whānau 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>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>There have been two complaints received from the same resident since the change of ownership, and these had been added to the complaint register. This resident was interviewed and was satisfied with the investigation into the matters raised and the outcome. Records confirmed that each complaint was acknowledged, investigated and managed in line with Right 10 of the Code. All complaints had been closed to the satisfaction of the complainant.</p> <p>Māori residents' interviewed said they understood the complaints process and that they would not hesitate to use this if needed.</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 two directors, who are both registered medical practitioners, have proven experience in owning and operating an aged care/ physical disability service at Makoha Home in Rotorua. They maintain knowledge and understanding of New Zealand legislation, and the contractual and care sector responsibilities and requirements through their professional roles. One of the directors interviewed, is full time employed as a physician in Māori mental health and maintains competency with Te Tiriti, cultural safety and equity via the education provided by their employer. The other director is an occupational physician, who provides health and safety systems and advice to businesses.</p> <p>The directors and the facility manager ensure high-quality services are delivered by ensuring that their strategic planning and governance are responsive and inclusive of all people including Māori residents and their whānau. The "Makoha Model" promotes individuality, enabling and supporting residents to make choices best suited to them and treating all people holistically. The model honours and incorporates Te Tiriti across all aspects of service delivery. Both directors demonstrate leadership and commitment to quality and risk management.</p> <p>The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation. The facility manager who is a registered nurse, identifies as Māori and Pasifika and is experienced and suitably qualified for the role. This person has been involved in the provision of aged care for</p>

		<p>27 years.</p> <p>The purpose, values, direction, scope and goals for the organisation are documented. Service monitoring and review of organisational performance occurs at planned intervals.</p> <p>A sample of management reports showed adequate information to monitor performance is reported. The service has an age-related residential care contract (ARC) for rest home level care, and an agreement to provide care under the Long Term Support -Chronic Health Care (LTS-CHC) scheme. On the days of audit seven of the 33 residents were under the scheme and 26 were receiving services under the ARC contract. There were two boarders on site, who live independently.</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 provider has a documented and implemented quality and risk management system which is reviewed and kept current by an external moderator of the system. The system includes a risk management plan and policies and procedures which clearly described all potential internal and external risks and corresponding mitigation strategies. An active health and safety committee meets monthly. Refer to outcome 4.1 for more evidence. The facility manager has completed health and safety educational standards.</p> <p>Activities to monitor adherence to the business, 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 this year due to COVID-19 infections in the facility, and lockdown. A small survey of food satisfaction revealed a few concerns about meal services and a corrective action plan is being implemented, which will include another survey. A survey of staff satisfaction in March 2022, revealed a high score of 96% satisfaction.</p> <p>Where senior management or staff identify a need for improvement, corrective actions are implemented until improvement occurs. The</p>

		<p>organisation is establishing equity as an integral component of its quality systems. Tikanga is followed and respected.</p> <p>Essential notification reporting occurs. One section 31 notification related to a small fire in the facility January 2022. The service also notified the funder about positive COVID-19 infections in March 2022 and early July 2022. Fifteen residents were infected in the first lockdown and 12 in early July. Twelve staff members tested positive from March to 30 June 2022. 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 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 changing needs of residents. Care staff interviewed were very happy about the additional hours allocated for staff on each shift under the new provider. Two care staff are now rostered for eight hours every shift including on night duty, and a third care staff member does a short shift and is nominated as the “floater” during morning and afternoon shifts. Residents and whānau interviewed commented that there was always a staff member available. The clinical nurse manager is on site during business hours Monday to Friday and the nurse facility manager visits from the Rotorua site three to four days a week.</p> <p>The clinical manager and the facility manager/RN share weekend on call duties, otherwise the clinical nurse manager is on call. At least one staff member on each shift has a current first aid certificate.</p> <p>Allied staff such as a full time employed activities coordinator, part time activities assistant, cleaners and laundry staff, kitchen staff and maintenance staff are allocated sufficient hours to meet residents’ needs and support smooth service delivery. A cleaner is on site six days a week and five hours of laundry is allocated across all shifts seven days a week.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Education includes mandatory</p>

		<p>training topics such as infection prevention, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. There has been a recent focus on person centred care, infection prevention related to COVID-19 and the Omicron variant including donning and doffing of personal protective equipment (PPE). A session on health equity and cultural safety for Māori and Pacific peoples is scheduled to occur in August 2022.</p> <p>Seven senior care staff are maintaining competencies to administer medicines. These staff and the two RNs were being regularly assessed to ensure compliance with procedures.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the funder. Of the 13 care staff employed, eight have achieved level four, three have level three, and one is at level two on the NZQA framework. One new staff member has not yet commenced. The clinical nurse manager is accredited and maintaining competencies to conduct interRAI assessments. Staff records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. A recent staff satisfaction survey achieved 96% satisfaction.</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</p>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practice and meet relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Current practicing certificates were sighted for the two RNs, and all other health professionals who provide services, for example, GP's, pharmacist and physiotherapists. Position descriptions for each role were attached to employment agreements that were signed by the employee. These accurately described the tasks, responsibilities and reporting lines for each role.</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 with having regular 'one-on-one'</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>meetings with management staff.</p> <p>Formal performance appraisals occur at least annually and all staff had completed or were scheduled to attend a performance review for 2022.</p> <p>Staff ethnicity data is recorded and used in accordance with health information standards organisation. There is a diverse mix of staff employed.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled. The previous non-conformity (HDSS8134:2012 criterion 1.2.9.9) has been rectified. The designation of the person making entries to resident records is identifiable.</p> <p>Hard copy clinical notes were current, integrated with general practice (GP) and allied health records, and met current documentation standards. There is an electronic medication management system. 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. The service provider is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose 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.</p>	<p>FA</p>	<p>Information is available about Makoha Tauranga from the needs assessment service (NASC), the regional public base hospital and from Makoha's website and Facebook page. A written brochure is also available to prospective residents. A documented preadmission/pre entry policy outlines entry criteria to the service and provides guidance to the clinical nurse manager who manages the entry and declining of enquiring residents and their family/whānau.</p> <p>Entry to the service is usually a resident or family/whānau initiated process. If a bed is available and the resident fits the services admission criteria an assessment and referral is generated by the NASC and sent to Makoha Tauranga. A copy of the NASC referral and level of care required by the resident was seen in all files</p>

<p>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>sampled, including the residents under 65 years (YPD).</p> <p>The preadmission/pre-entry policy details the management for declining a resident into the service. The clinical nurse manager advised that persons eligible for the service are not declined admission unless a bed is unavailable. Records of persons declined to the service because of bed unavailability are not kept. Makoha has established relationships with the Māori community that support the service to provide a safe and inclusive environment for Māori individuals and their whanau. Residents and family/whanau interviewed stated that they were happy with the admission process, and that it respected their autonomy and dignity.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The model of care ensures that the resident has individualised support provided that meets the physical, cultural, spiritual, and social dimensions and aspirations of the resident's wellbeing. The clinical nurse manager is responsible for completing the resident's assessments (including interRAI), developing the care-plan and liaising with the general practitioner (GP) to ensure the resident receives the appropriate medical services to achieve the needs and aspirations of the residents.</p> <p>Clinical files demonstrated that assessments of the residents holistic wellbeing were undertaken on admission and at six monthly intervals, or sooner if required. The range of assessments completed included for example skin integrity, pain assessment, falls risk and depression rating.</p> <p>Care- plans were developed in consultation with the resident and family/whanau, and addressed all indicators raised by the assessment process.</p> <p>Review of the assessments, interRAI and care-plans was completed six monthly, and this was verified in clinical files sampled. The clinical nurse manager stated that reviews may be completed more frequently than six monthly if indicated. Residents and family/whanau interviewed confirmed they were involved in the care plan development and review. Short term care plans were developed for</p>

		<p>issues such as impaired skin integrity and respiratory tract infections. These were signed as complete when the resident had fully recovered.</p> <p>The integrated clinical record held the GP's documentation of three-monthly assessments, and there was evidence that the resident was seen by the GP more frequently if required. The clinical record also held reports of podiatry care, laboratory reports, and letters from health professionals from other health and disability services who had provided input into the resident's care. The progress notes documented the resident's daily activities and any observed changes in the resident's health status or behavioural changes.</p> <p>Where progress is different to that expected, or the resident's vital signs and /or weight trends in an unexpected pattern further assessments are performed, and a short-term care plan is implemented. The GP is notified if appropriate. The GP was interviewed and confirmed residents were seen and assessed three monthly, and if the residents condition changes the clinical nurse manager notifies the GP for medical review.</p> <p>The service engages with Māori and tāngata whaikaha to enable input into the service development. Residents are supported to identify their own pae ora outcomes. Files sampled of Māori residents confirmed that cultural preferences were incorporated into the care plan. Māori residents were interviewed and stated that care was provided in a manner that respected their mana, and that access to support persons was encouraged.</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</p>	<p>FA</p>	<p>The service employs one activities co-ordinator's, who works four days per week, eight hours per day, and an activities assistant who works one day per week, eight hours per day. The activities co-ordinator was interviewed.</p> <p>The co-ordinator has been employed for three months at Makoha Tauranga. The employee has completed more than fourteen years' experience as an activities co-ordinator and has completed training</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>relevant to the role, for example a certificate in dementia care.</p> <p>The co-ordinator plans a five day a week programme, and delivers it four days per week, and the assistant delivers the fifth day. The activities weekly programme was sighted on display throughout the facility. The weekly programme included a range of activities that integrated activities for both the rest-home and the under 65-year-old residents. The programme included enabling residents to complete crafts, for example painting, to participate in physical exercises and to take part in games. Planned outings to the community occur for walks or/and picnics. Many of the residents access the community independently, by walking or using a mobility scooter.</p> <p>The delivery of the programme was observed during the audit and residents were seen to be engaged and having fun. Where a resident does not like group activities the co-ordinator plans individual activities that the resident can participate in, in their own room, for example puzzles and crafts. The coordinator, or the assistant, also visits the room to talk with the resident about topics of interest.</p> <p>Clinical files sampled contained activity assessments and plans that identified the resident's interests and enhanced their strengths and skills, and was responsive to their identity, and these were reflected in the activity programme.</p> <p>Residents (including under 65-year-olds) and family interviewed confirmed satisfaction with the programme, and stated it enhanced their well-being.</p> <p>The service has established networks within the Māori community and support staff and residents to participate in te ao Māori activities where appropriate.</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>FA</p>	<p>There is a medication management policy that reflects current recommended best practice. The service uses an electronic programme to prescribe and record the administration of medication. Medications are dispensed by the pharmacy using a pre-packaged system. The pharmacy delivers medications as required and disposes</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>of unwanted medications. The clinical nurse manager checks the medications upon delivery. Medication administration is performed by care assistants with a New Zealand Qualifications Authority (NZQA) level four certificate and who have completed and in-house medication competency programme.</p> <p>The medication room is locked, and temperature is monitored. During the audit no medications were observed to be out of date. Eye drops, ointments and creams had a documented opening date. Controlled medications were stored appropriately and documentation of these reflected legislated requirements. There is a medication fridge that is temperature controlled and monitored.</p> <p>All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The GP had consistently reviewed the medication chart at least three monthly. Standing orders are not used at this service. A non-prescription, complementary, and alternative remedies/medicines/treatments policy is used to ensure safe management of over the counter (OTC) medications. Where a resident is known to be taking an OTC medication the GP is informed. The GP discusses the medication with the resident and if appropriate will prescribe it on the medication chart. Where the GP believes the medication is inappropriate the GP advises the patient to discontinue its use.</p> <p>A self-medicating policy directs safe practice. There is one resident (under 65-year-old) who self-administers their medication. The resident's clinical file confirmed that medication competency assessments had been completed as per the policy. The GP was interviewed and confirmed they were aware that the resident was self-administering medication and confirmed it was managed in a safe manner. The resident was interviewed and verified that self-administration occurs as per policy. A medication safe was sighted in the resident's room for storage.</p> <p>Residents, including Māori residents and their whānau, are supported to understand their medications and this was confirmed by residents</p>
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		<p>and their family/whanau during interviews.</p> <p>Medication incidents are rare, however when an incident does occur the clinical nurse manager reviews the factors that contributed to the incident and implements a corrective action. The GP interviewed stated that the medication systems and processes used were safe and appropriate to the service.</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>PA Low</p>	<p>All aspects of food management comply with current legislation and guidelines. The food control plan was verified on 2nd February 2022. There were no corrective actions identified during the audit, there were four recommendations made, all of which have been implemented. The food service menu reflects the Ministry of Health nutritional guidelines for the older person. The menu was due to be reviewed by May 2022 and during the audit menu was submitted to the dietitian for input.</p> <p>Prepared food was covered, dated and stored in the fridge. Cleaning records of the kitchen and its appliances were completed daily. Fridge and freezer temperature records are maintained, and records verified these were within acceptable parameters.</p> <p>Each resident has a nutritional assessment completed by the clinical nurse manager on admission. The personal food preferences, individual dietary requirements and modified texture requirements are documented in the resident's clinical file, and this information is also documented in the kitchen.</p> <p>The service considers Māori food choices and cultural needs. A hangi was planned for Matariki but was postponed due to an infection outbreak, this is now planned to coincide with Māori language week. The activities programme includes residents taking part in cooking activities.</p> <p>Residents and family/whanau stated that the meals met expectations, were nutritional and tasty. During the audit residents were observed to be eating meals in a clean and pleasant environment, and in an unhurried manner. Residents requiring assistance had this provided</p>

		with dignity.
<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>A documented transfer and discharge policy guides staff to manage the transition, transfer, and discharge of residents safely. The clinical nurse manager was interviewed and discussed the policy/process.</p> <p>Discharge is planned and facilitated with the resident and family/whanau involvement when a resident's health status is observed to be changing. The clinical nurse manager and the GP collaborate to ensure appropriate care is provided as the residents needs change. The family are informed, and discussion occurs regarding the care requirements of the resident and the scope and limitation of care provision in Makoha Tauranga. Alternative residential care facilities are explored by the family with the support and assistance of Makoha Tauranga. The clinical nurse manager completes an interRAI assessment that reflects the current care needs of the resident, and this information is provided to the needs assessment service. This process was verified during interview with family/whanau and during sampling of clinical files.</p> <p>Acute transfers occur when there is a sudden change in the resident's health status and the clinical nurse manager and/or the GP determine the resident requires specialised care. Clinical files sampled contained a printed interRAI transfer summary that was updated at interRAI reviews. This summary and a copy of the medication chart accompany the resident to the specialist service.</p> <p>Residents and family/whanau are given options to access other health and disability services and social support or kaupapa Māori agencies as required. This was confirmed during interviews with family/whanau and verified in the clinical files sampled.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	FA	<p>The building had a current warrant of fitness (expiry 14 October 2022) and the fire suppression and alert systems are checked by an external agency each month. Electrical equipment is tested and tagged annually, and medical equipment is checked for safety or calibrated as required. For example, electric scales and blood pressure monitoring devices. The provider has purchased a sling hoist and</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>replaced 22 standard beds with electric beds since take over. These beds were observed to be checked by the external provider during the audit. Staff carry out regular environmental inspections for health and safety and hazards. New hazards are reported and recorded on the hazards register and reviewed by the health and safety committee. An external hazard-loose gravel and potholes at the front entrance, identified in March this year, was remedied by laying more asphalt in May. These systems ensure that residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements.</p> <p>The previous non-conformity (HDSS 8134:2012 criterion 1.4.2.4) related to leaking gutters has been remedied.</p> <p>The environment was observed to be both comfortable and accessible, promoting independence and safe mobility. Mobility equipment was being used by residents to maximise their safety when ambulating. Spaces were culturally inclusive and suited the needs of the resident group. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau said they were happy with the environment, including heating and ventilation, privacy and maintenance. There is policy that states residents and whānau are consulted and involved in the design of any new buildings. This has not been required to date.</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>The facility evacuation plan was approved by the Fire and Emergency New Zealand in 2015 and confirmed again by letter in 2018.</p> <p>The most recent trial evacuation occurred on 19 July 2022 and records showed these are occurring regularly every six months. The results of trial evacuations are recorded to show the time taken to clear the building and any issues that arose. A hard-wired fire suppression system including sprinklers and smoke detectors are installed, and emergency exit signs are clearly displayed. All required firefighting equipment was sighted, and this is checked monthly by an external contractor.</p>

		<p>Staff confirmed their awareness of emergency procedures. They complete competency questionnaires prior to their annual performance appraisal. The orientation programme includes fire and security training. There is always at least one staff member on duty with a current first aid certificate.</p> <p>A civil defence plan is in place. The civil defence kit contains essential emergency supplies and equipment such as portable torches and batteries and is checked regularly. There is sufficient water and food available for the needs of 35 residents for three to five days. This adheres to the Ministry of Civil Defence and Emergency Management recommendations for emergency water storage in the Bay of Plenty region. A barbecue and gas cylinder is stored ready for cooking in the event of power outage. Emergency lighting is provided by battery which will run for three hours. This system and egress is checked by the external fire service contractors.</p> <p>The call bell system is functional, and staff were observed to respond to the bell immediately. Residents and family members said staff were always attentive and responsive.</p> <p>The external doors are secured at dusk and there is a bell at the front door for visitors to ring after hours. Access to the facility via the main entry door is through an unlocked gate. Residents and visitors were observed to come and go using this system. All visitors sign in using an electronic register and have their temperatures taken which must be verified by staff. The wearing of face masks is mandatory for all visitors and staff. Sensor lights are situated around the exterior of the building and there are closed circuit cameras (CCTV) installed in common areas, for review of incidents. Residents, staff and visitors are alerted to these. Residents sign their consent for the use of these in the admission agreement.</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</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes have been approved by the directors. The clinical nurse manager prepares IP and AMS reports and provides these to the facility manager and directors monthly. IP issues are escalated immediately. A process is in place to access expertise and advice</p>

<p>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>		<p>from Te Whatu Ora Health New Zealand Hauora a Toi Bay of Plenty IP service.</p> <p>The service uses a risk management model to manage significant IP events, and support for the management of the event is obtained from the facility manager and a director.</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 clinical nurse manager oversees and implements the IP programme. The clinical nurse manager's reporting line is to the facility manager and the directors.</p> <p>The IP and AMS programme are reviewed annually and link to the quality programme. The clinical nurse manager has access to the clinical files and diagnostic results of the residents. The clinical nurse manager has the appropriate knowledge and skills for the role and during interview confirmed that access to relevant resources and support was available. Advice had recently been provided relating to the management of positive COVID residents.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. Learnings from the implementation of the plan have been included in staff education and plan updates. Sufficient resources of personal protective equipment (PPE) were sighted during the audit. Staff interviewed confirmed that adequate supplies of PPE are and have been available for use when required. They also confirmed that they had received training regarding donning and doffing and had completed N95 mask fitting training. During discussion the staff confirmed they completed regular IP education and described the principles of infection prevention.</p> <p>There is a suite of IP policies that meet the requirements of this standard and reflect current best practice. Cultural advice is accessed where required. 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</p>

		<p>about infection prevention in a manner that meets their needs.</p> <p>The clinical nurse manager has input into the building modifications, purchasing of clinical equipment and supplies, and the review of policies and procedures.</p> <p>Reusable devices and shared equipment is wiped with a suitable product after each use and this was observed during the audit. Single use items are not re-used, and this was confirmed during staff interviews and during observation during the audit.</p> <p>Signage around the facility is in te reo Māori and English, and includes advice regarding hygiene practices, COVID precautions, and actions required to minimise the risk of infection. The service supports cultural awareness and working in partnership with Māori when developing policies and procedures.</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>The service is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is a documented antimicrobial stewardship (AMS) policy that has been approved by the facility manager and the directors.</p> <p>The clinical nurse manager maintains a record of the number of residents on prophylactic antibiotics and this is shared with the GP and the facility manager. The pharmacy produces a report weekly that details the use of antibiotics, including prescribing and administration. This information is analysed and used when reviewing the resident's health status and care-plan.</p> <p>The GP interviewed confirmed antibiotic prescribing occurred as per best practice guidelines sourced from Te Whatu Ora Health New Zealand Hauora a Toi Bay of Plenty, laboratory services, and national resources.</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</p>	FA	<p>Surveillance of health care-associated infections is appropriate to the size and type of service. The surveillance programme is documented, and standard definitions are used relating to the type of infection</p>

<p>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>acquired.</p> <p>The clinical nurse manager reports the collated and analysed surveillance data monthly to the facility manager, and at staff meetings. The facility manager presents the report to the directors. Trends are discussed and plans to reduce causative factors are identified and instigated. The service is working towards capturing ethnicity data as a part of the surveillance report.</p> <p>Residents who develop an infection are informed of this and their family/whanau are advised. The process is culturally appropriate.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Decanted cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. There is enough personal protective equipment (PPE) available which includes masks, gloves, aprons and goggles. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>The previous non-conformity (HDSS8134:2012 criterion 1.4.6.2) regarding the number of hours allocated to cleaners has been rectified. There are two designated cleaners onsite each Monday to Friday. One works six hours 8.30 to 2pm and the other who has a dual role, carries out cleaning tasks 11.30 to 1.30pm. One cleaner is designated 8am to 1.30pm on Sundays. The home was observed to be clean throughout and residents commented that the home was the cleanest it had been in years. Cleaning and laundry staff and other personnel who carry out laundry tasks, have attended training appropriate to their roles, such as safe use of chemicals.</p> <p>Laundry services are completed on site each day by both a designated laundry person and care staff on the morning and afternoon shifts. Night staff do not operate the washing machines or dryers, but may fold and store clean laundry. Clean and dirty laundry is kept separated. Residents and whānau reported that the laundry is</p>

		<p>managed well. There have been no complaints related to cleaning and laundry processes.</p> <p>The effectiveness of cleaning and laundry services is monitored by the facility manager and infection control coordinator who carry out regular six monthly internal audits and take on feedback from residents. Review of the results from the most recent audits did not reveal any significant issues.</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>The home has not had any restraints since 2016 and there were no restraint interventions in place on the days of audit. Alternatives such as sensor mats, increased staffing and regular reviews to assess each residents care and support needs, are in use. The governing body and senior leaders are committed to maintaining a restraint free environment, as demonstrated by documents and interviews. The directors and all staff are kept informed about there being no restraint at their regular meetings.</p> <p>Policies and procedures for the management of restraint, if it is ever needed, meet this standard. However, these have not had to be used. The clinical nurse manager is the restraint coordinator. This documented and defined role provides support and oversight for preventing and minimising restraint. Staff have been trained in the least restrictive practice, safe restraint practice, alternatives to restraint, culturally safe interventions, managing behaviours that challenge and de-escalation techniques.</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 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	PA Low	Although the current menu reflected nutritional guidelines for the older person/s, it had not been reviewed and approved by a dietitian at the time of the audit.	The menu had not been reviewed by a dietitian.	<p>Ensure the menu is reviewed by a dietitian.</p> <p>90 days</p>

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.

No data to display

End of the report.