

Rangiura Trust Board - Rangiura Rest Home & Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Rangiura Trust Board
Premises audited:	Rangiura Rest Home & Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 4 July 2022 End date: 5 July 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:	75

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

Rangiura Rest Home and Retirement Village (Rangiura Rest Home) provides rest home, dementia and hospital level care for up to 76 residents.

The service is owned and operated by the Rangiura Trust Board and managed by a chief executive officer and a clinical nurse leader, plus other people in management roles, for example, human resources, finances, food services, and housekeeping.

The only changes since the previous certification audit have been changes in board membership.

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

Residents and their family/whānau were positive about the care provided.

One non-conformance related to the regularity of trial fire evacuations was identified during this audit.

Remedial actions to address the findings from the previous audit in September 2020 have been implemented to good effect.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

The provider maintains a socially inclusive and person-centred service.

There is a Māori health plan to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. The service works collaboratively to support and encourage a Māori world view of health in service delivery provided. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana Motuhake.

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.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The organisation is governed by a board of trustees who work with senior managers to monitor organisational performance and ensure ongoing compliance. There is a documented and implemented quality and risk management system which includes

processes to meet health and safety requirements. Quality data, including adverse events, is analysed to identify wanted and unwanted trends.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. Staff competencies are monitored, and their individual performance was being reviewed.

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.		Subsections applicable to this service fully attained.
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The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whanau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme promotes residents to maintain their links with the community.

Medicines are safely stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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.

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

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There was a current building warrant of fitness displayed.

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

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

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

Subsections applicable to this service fully attained.

There is a pandemic or infectious disease response plan in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support the plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak reported since the previous audit that was managed effectively.

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.

Governance are committed to eliminating the need for restraint. The frequency of restraint use has decreased. There were three restraint interventions in place on the days of audit. The restraint coordinator is the physiotherapist and part of the senior management team.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	1	0	0
Criteria	0	58	0	0	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The organisation has embedded a Māori model of health into their care planning process. The principles of Te Tiriti are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interviews with three of the seven residents who identified as Māori. The organisation’s Māori Health Plan reflected a commitment to Te Tiriti and providing inclusive person/whanau centred support.</p> <p>Twenty percent of staff identify as Māori. Those interviewed confirmed that services were provided in a culturally safe manner. Staff reported they have input into how services are developed and delivered. Their advice is sought and considered.</p> <p>Māori residents and their whānau reported that their mana is protected and that they are treated with dignity and respect and that they are not afraid to speak up if they feel their world view has not been fully considered.</p>

<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>On the days of audit, there were no residents who identified as Pasifika. The organisation's Pacific Health Policy refers to the Ministry of Health Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. Contact details for local Pasifika groups are available for guidance and consultation when required. The policy also states Pacific models of care will be utilised within the plan of care when indicated. One staff member identifies as Pasifika, and all staff have attended training and education in delivering culturally safe care including care to residents as Pasifika.</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>There were seven residents who identify as Māori on the days of the audit. The service recognises Māori mana motuhake by involving residents, family whānau or their representative of choice in the assessment process to determine residents' wishes and support needs. The service is guided by the cultural assessment for Māori residents in the cultural safety policy. Care plans for residents who identify as Māori had their cultural requirements documented. The interviewed residents confirmed they were consulted on their values and beliefs using the principles of Te Whare Tapa Wha.</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>Treaty of Waitangi training is included in the annual training programme reviewed. Cultural training and tikanga practice were provided. There are two staff members who have enrolled in an online course in te reo. If this training proves to be successful, the training coordinator is planning to enrol for the training as well and roll this learning to larger groups of staff across the organisation as a learning opportunity. Te Tiriti of Waitangi is also available for staff on-line to complete.</p> <p>Te reo Māori and tikanga is actively promoted and incorporated in all activities. To promote the use of Māori language, Māori words are posted around the facility including day, date, month and year. A</p>

		<p>resident who identifies as Māori confirmed that Māori language week was observed, and they have asked for Māori words to be posted on their door with English translation and same was done. This was observed on the days of the audit. Other residents who identify as Māori expressed that their cultural values were respected for example, being allowed to perform waiata aroha when required and attending to cultural community events. Cultural artwork was observed in residents' rooms.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The clinical nurse manager (CNM) stated that any observed or reported racism, abuse or exploitation is addressed promptly. Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents. Residents reported that they are free to express any concerns to the management team when required and these are responded to promptly.</p> <p>Te Whare Tapa Wha Māori health model is used to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</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</p>	FA	<p>Guidance on tikanga best practice is available. The CNM stated that additional advice can be accessed through the DHB if required. Staff have received training on tikanga best practice. Staff understood the tikanga best practice in relation to consent. Residents confirmed that staff seek consent for daily cares and for special events as required. Signed consent forms were available in residents' files.</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy and associated forms comply with Right 10 of the Code. Information on the complaint process is provided to residents and their whānau/families on admission and those interviewed knew how to raise concerns or complaints. Information regarding the complaints process is displayed and is available in te reo Māori. Residents and family/whānau who identified as Māori said they were comfortable raising complaints or concerns if needed. All interviewees confirmed they have had the complaints procedure explained to them and they know how to make a complaint if required. Staff are aware of their responsibility to record and report any resident or family/whānau complaint they may receive.</p> <p>The complaints register and associated documents reviewed reported 13 complaints to June 2021. Eight of these were submitted by staff about other staff. Five were from family/whānau raising various concerns about care of the relatives. One of these involved the local office of the Nationwide Health and Disability Advocacy service. All had been fully investigated, and actions were taken through to an agreed resolution within acceptable timeframes by the payroll and people manager who is responsible for complaints management and follow-up.</p> <p>There had been no known complaints submitted to the Office or the Health and Disability Commission (HDC) since the 2021 certification 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</p>	<p>FA</p>	<p>The Board of Trustees (BOT) aims to be inclusive and sensitive to the cultural needs of Māori. The chief executive officer (CEO) identifies as Māori. Board members have yet to understand the new requirements of Nga Paerewa and their additional obligations. Interview with the board chair revealed that, although the board constitution provides for local iwi to nominate a representative to the BOT and that this is offered at each election, this has not been taken up. The board are kept informed and provided with detailed information on the care of residents at each monthly meeting. This includes updates on</p>

<p>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>infections, restraint, incidents, complaints and results of internal audits.</p> <p>The board and service management demonstrate a commitment to quality and risk management, ensuring there are no barriers for tangata whaikaha (people with disabilities) and that service delivery is fair and equitable for all residents including those that identify as Māori. There was no evidence of infrastructural, financial, physical or other barriers. This was demonstrated by interviews with staff, residents and their whanau/family, the demographic population of residents and ethnic composition of staff.</p> <p>Rangiura Home holds agreements with the DHB for age related residential care (ARRC) in rest home, dementia, hospital medical and geriatric care, respite and palliative care, Long Term Support-Chronic Health Conditions (LTS-CHC) and the Ministry of Health (MoH) for Young People with Disabilities (YPD).</p> <p>On the days of audit 75 of the 76 beds were occupied. Thirty-four residents were receiving rest home level care, 24 were receiving hospital care, and there were 17 residents in the secure unit. There were no residents under the age of sixty-five years and no residents on respite.</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</p>	<p>FA</p>	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the payroll and people manager who oversees the quality 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.</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 general resident/relative satisfaction surveys conducted due to COVID-19 infections in the facility, lockdown and staff shortages since</p>

<p>and support workers.</p>		<p>late 2021. A survey of food satisfaction revealed no concerns about meal services.</p> <p>Where senior management or staff identify a need for improvement, corrective actions are implemented until improvement occurs. The organisation is establishing equity as an integral component of its quality systems. Tikanga is followed and respected.</p> <p>Essential notification reporting occurs. Two section 31 notifications have been submitted in the past 12 months. One to advise a change in board membership and the other involved an abusive visitor which was reported to police.</p> <p>The DHB have been notified about an unstageable pressure injury in May 2022 and positive COVID-19 infections in March 2022. A total of 54 residents were infected. This comprised 38 in rest home/hospital and all of the 16 residents in the secure unit in April. Fifty six staff members have tested positive from March to 30 June 2022.</p> <p>There have been no other significant events.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred 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). Approximately 20% of staff identify as Māori which is reflective of the resident population. Interviews with residents and whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori. Staff said they are encouraged and supported to use te reo with Māori residents.</p> <p>There have been no notifications about RN shortage. The service has maintained one RN on site 24/7 despite a steady attrition of registered nurses. From a preferred number of seven RNs the service is functioning with five plus two casual RNs. Any shift gaps are covered by either the clinical nurse leader or the RNs working a 12 hour shift.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a</p>

		<p>reasonable time. This was observed during the audit.</p> <p>The rest home and hospital building have eight care staff and one RN rostered for morning and afternoon shifts; the secure unit with 16 residents has four care staff in the morning, three in the afternoon and two at night. Six care staff plus an RN are rostered for each night duty. Two of these are allocated to the secure unit.</p> <p>All RNs and senior care staff are maintaining current first aid certificates so there is always a first aider on site. Senior care staff who are assessed as competent to administer medicines are rostered on each shift to support the single RN on duty. Although care staff said this puts the staff on the floor under pressure to attend to residents, they understand this was an interim measure and that they feel supported and safe in the work.</p> <p>Allied staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. There are two diversional therapists and an activities assistant rostered for specific hours in the secure unit. Designated cleaners carry out housekeeping duties seven days a week. The previous non-conformance (HDSS 8134:2012 standard 1.2.8.) which related to the number of hours allocated for cleaning on the weekend has been resolved. Two cleaning staff are rostered on each Saturday and Sunday. Laundry services are carried out daily and there are sufficient kitchen staff providing meal services.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. The in service training programme has focused on infection prevention related to COVID-19 and its variants, including donning and doffing of personal protective equipment (PPE), this year. And other mandatory topics such as manual handling and safe transfer, residents' rights, restraint minimisation and management of incontinence have taken place in 2022.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the</p>
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		<p>requirements of the provider's agreement with the DHB. Records reviewed demonstrated that 38 of the 51 health care assistants (HCAs) have completed level 4 or higher of the National Certificate in Health and Wellbeing. Ten have achieved level 3, and three have achieved level one and two. The payroll/people manager over sees staff education and is a registered career force assessor and moderator of the programme.</p> <p>A sample of rosters confirmed that only staff who have completed or are progressing the four unit standards in dementia care are allocated duties in the secure unit. Thirty eight staff have completed these and four more are working towards achievement.</p> <p>The service supports people's right to speak their own language, endorses tikanga and supports connections to iwi, hapū, and whānau. A number of staff are fluent in te reo and were observed using this to converse with Māori residents. Reading material related to health equity has been distributed to staff and in-service education is scheduled.</p> <p>Three of the five RNs are accredited and maintaining competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</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 resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks,</p> <p>Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept to confirm all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, pharmacy, physiotherapy and podiatry.</p> <p>Personnel records are accurate and stored in ways that are secure</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>and confidential. There is a diverse mix of staff employed.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. This always includes being allocated to a peer/buddy for at least three shifts which is followed up by a three month post-employment appraisal with the CNL.</p> <p>Formal performance appraisals occur at least annually, and all staff had completed or were scheduled to attend a performance review for 2021/2022.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The service maintains a record of the enquiries and those declined entry. Routine analysis to show entry and decline rates is yet to be implemented. The CNM reported that specific data for entry and decline rates for Māori will be included where applicable.</p> <p>The service works in partnership with local Māori communities and organisations. The CNM stated that Māori health practitioners and traditional Māori healers for residents and whanau who may benefit from these interventions will be consulted when required.</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>FA</p>	<p>The registered health professionals complete admission assessments, care planning and evaluation. There are four trained interRAI assessors. The residents, family/whanau or enduring power of attorney (EPOA) for residents in the dementia unit consented to the assessment and care planning process. This was verified by the general consent signed as part of the admission agreement. Interviews with residents and family/whanau confirmed this. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Care plans completed by the physiotherapist or enrolled nurse are countersigned</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>by the CNM.</p> <p>InterRAI assessments were completed within three weeks of an admission. There are cultural guidelines used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The cultural assessment plan for Māori residents includes Māori healing methodologies, such as karakia, rongoa, special instructions for taonga and tangihanga. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>The care plans were developed within three weeks of an admission. The Te Whare Tapa Wha model of care was used for residents who identify as Māori. A range of clinical assessments, including interRAI, referral information, observation, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Behaviour management plans and 24-hour care plans were completed for residents in the dementia unit. Residents and family/whānau or EPOAs for residents in the dementia unit confirmed their involvement in the assessment process.</p> <p>The care plans reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any family goals and aspirations identified were addressed in the care plan.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the general</p>
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	<p>practitioner (GP) or nurse practitioner (NP). Referrals made to the GP and NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. Relevant specialist referrals for the residents in the dementia unit were consented to by the EPOAs. The GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>Medical assessments were completed by the GP or NP within two to five working days of an admission. Routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Physiotherapy services are available five days a week. Referrals to the physiotherapist were completed where required and these were evidenced in the resident's records sampled for review. The physiotherapist expressed satisfaction with the communication process and services provided by the clinical team.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for any identified acute resident care needs. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their</p>
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		<p>involvement in evaluation of progress and any resulting changes.</p> <p>The Māori Health plan in place and the Te Whare Tapa Wha model of care in use supports residents who identify as Māori and whānau to identify their own pae ora outcomes in planning their care when required. The staff confirmed they understood the process to support residents and whānau when required. Residents who identify as Māori confirmed satisfaction with the processes in place.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities on the programme support community initiatives that meet the health needs and aspirations of Māori and whānau. An example of residents who identify as Māori are supported to attend to a community service centre for Māori people. Māori cultural events celebrated include Waitangi Day and Matariki day. The activities include craft with residents making poi for residents that were used for poi dance entertainment by the local school. The Māori language week was celebrated. Residents visit their family/whanau in the community and family can visit the residents in the facility. Bi-lingual words were posted around the facility to promote opportunities for Māori to participate in te ao Māori.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <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>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The medicine management system observed on the days of the audit was paper based. The RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the NP or GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over the counter medication and supplements were documented on the medicine</p>

		<p>charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled. All medicines in the medication room and trolley were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family are supported to understand their medications when required. The RN and the GP stated that when requested by Māori, appropriate support and advice will be provided.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required and staff understood the requirements. The previous non-conformance in HDSS: 2008 criterion 1.3.12.5 which was related to review of medication self-administration competencies for residents is resolved.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action</p>
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		plans implemented, as required.
<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>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whanau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets and cultural preferences. The menu in use was reviewed by a dietitian on 25/03/22.</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. The chef stated that menu options culturally specific to te ao Māori will be offered to Māori residents when required. The chef gave some examples of culturally specific food that is currently on the menu include boiled cabbage, pickled pork and vegetables. Family/whānau are welcome to bring culturally specific food for their relatives and meal services are held communally in the dining room. The interviewed residents expressed satisfaction with the food options.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a transition, transfer, exit or discharge policy to guide staff on related processes. Transfers and discharges are managed by the RNs and the clinical nurse manager in consultation with the resident, their family/whānau and the GP or NP.</p> <p>For residents who are transferred to acute services, a 'yellow envelope' system is used. The DHB transfer form is completed to provide written information for the resident. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer or discharge process. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations, when necessary.</p> <p>Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. Residents' records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. The CNM and the GP reported that referral or support to access kaupapa Māori</p>

		agencies where indicated, or requested, will be offered.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>A current building warrant of fitness with expiry 07 December 2022 was on display. Systems for ensuring that the physical environment, chattels and equipment are fit for purpose and safe, are effective. This includes testing and tagging of electrical equipment and calibration of bio medical equipment. These were current as confirmed in documentation reviewed, interviews and observation of the environment. External areas accessible for rest home, confused wandering and hospital residents are appropriate for the groups and were being maintained for safety.</p> <p>The building is inclusive of people's culture and supports people's practices, for example, signs are in te reo and there were Māori art works throughout the facility. There has been no construction nor are there any plans for building development. Senior staff and the board are well aware of the need to consult and invite input from local tāngata whenua and hapu to ensure new designs reflect the aspirations of Māori.</p>
<p>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>	PA Moderate	<p>Onsite inspection and interviews revealed that the emergency and security systems are known by all levels of staff. Fire safety, evacuation and emergency procedures are included at orientation. All RNs, the activities team, maintenance and senior care staff keep their first aid certificate updated every two years.</p> <p>The service had not conducted any fire drills since February 2021. A trial evacuation took place in the secure unit on day two of this audit, which revealed good attention to procedures. There is a requirement in standard 4.2.2 to conduct regular fire drills at least every six months.</p> <p>The previous non-conformance related to the fire evacuation scheme is resolved. Fire and Emergency NZ (FENZ) have reviewed the new building footprint and approved an evacuation scheme on 24 May 2021. The non-conformance about the quantity of stored water is also resolved. An additional 1,000 litre water tank has been installed on</p>

		<p>site.</p> <p>Staff routinely lock entry doors at dusk.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There was a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. An infection outbreak within the past six-months was managed effectively with appropriate notification completed. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available during the audit days. The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>The Māori cultural advisor for the organisation provides support with culturally safe practices in IP to acknowledge the spirit of Te Tiriti. The infection control nurse reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements. There were no educational resources in te reo Māori.</p> <p>The previous non-conformance in HDSS: 2008 criterion 3.1.3 which was related to annual review of the infection control programme was resolved. The IP programme was reviewed in June 2022.</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>All infections are recorded on the infection record form electronically. The data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. There are standardised surveillance definitions used. Surveillance records do not include ethnicity data. The infection control nurse is responsible for monitoring infection data and the responsibility is documented in the infection control nurse's job description.</p> <p>The short-term care plans sampled for review evidenced that residents who developed a healthcare associated infection were advised of the condition in a timely manner. The infection control nurse reported that culturally safe processes for communication will be provided when required. The interviewed residents and family/whānau expressed satisfaction with the communication</p>

		provided. There was an infection outbreak in April and May 2022 that was managed effectively with appropriate notification completed.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The service continues to aim for a restraint free environment. This is supported by the governing body. Restraint activity is reported to the board each month by the full time employed physiotherapist who is the restraint coordinator. This person provides support and oversight for enabler and restraint use and demonstrated a good understanding of the organisation’s policies, procedures and practice and their role and responsibilities. Attendance at education in minimising restraint, use of alternatives and the services’ restraint policies is mandatory for all staff. Training records confirmed that this is continuing.</p> <p>On the days of audit, three hospital residents had restraints in place. One resident had bedrails raised on both sides when they were in bed, one required a hip harness when seated and one other required a lap belt. Each of these interventions had been consented to by a third party. Any other equipment such as bed rails, and safety belts in mobility scooters or wheelchairs were being used at the request of the resident and with their written consent.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident on review of the clinical files and from interview with staff and residents..</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure 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>	FA	<p>The previous non-conformance in HDSS 8134:2012 standard 2.2.3.4 which was related to the accuracy of restraint monitoring records has been rectified. Monitoring records sampled for the restraints in place clearly documented on and off times and what cares had taken place and when.</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 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	<p>PA</p> <p>Moderate</p>	<p>Planned fire drills in September 2021 and February 2022 were cancelled due to lockdown in 2021 and COVID risk and an outbreak in 2022. Staff training in emergency management has been ongoing and all new staff are inducted about fire safety and emergency procedures. A trial evacuation in the secure unit was carried out on day two of the audit. This went smoothly and outcomes were reported to the local fire service.</p>	<p>There had been no fire drills for 18 months.</p>	<p>Ensure trial fire evacuations occur at least every six months.</p> <p>60 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.