

Remuera Gardens Partnership - Kensington House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Remuera Gardens Partnership

Premises audited: Kensington House

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 5 July 2022 End date: 6 July 2022

Proposed changes to current services (if any): There has been a change in the name of the legal entity providing services. There has been no change to shareholders or management.

Total beds occupied across all premises included in the audit on the first day of the audit: 23

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

Remuera Gardens Partnership – Trading as Kensington House, provides rest home level of care for up to 32 residents. The business legal entity name has recently changed. There have not been any changes to the shareholding or day to day management as a result of this change. The new clinical manager commenced in February 2021, and a new clinical nurse coordinator was internally appointed in August 2021.

This audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the provider's contract with the district health board. This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, managers, staff, contracted catering staff, and a general practitioner. The audit also included interview with the village manager, the group clinical manager and clinical services improvement manager and the chief executive officer.

Two improvements are required in relation to ensuring records are available to verify residents are seen within five days of admission by the general practitioner, and verification of the food safety programme.

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.

Residents and families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code) and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery based on Te Tiriti o Waitangi and principles of mana motuhake. There were no residents that identify as Māori or Pasifika living in Kensington House at the time of audit.

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

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

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

Procedures are in place to resolve complaints promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

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

The quality and risk management systems are focused on improving service delivery and care. Residents and families/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service understands the statutory and regulatory reporting obligations.

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

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

Ngā huarahi ki te ora | 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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Residents are assessed before entry to the service to confirm their level of care requirements. The registered nurse is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions are appropriate and evaluated promptly.

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

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

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met.

Residents are referred or transferred to other health services as required

Te aro ki te tangata me te taiao haumarū | 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.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Residents and family/whānau had no concerns about staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

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

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

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint free environment. This is supported by the governing body and policies and procedures. No residents were using restraints at the time of audit. Restraint has not been used since 2018. A comprehensive assessment, approval, monitoring and review process is in place should any restraint be used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	25	0	2	0	0	0
Criteria	0	153	0	2	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>Kensington House has policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Manu motuhake is respected. The Māori and Pacific Health Plan and Ethnicity Awareness policy has been developed with input from a Māori cultural adviser.</p> <p>There were no residents who identify as Māori living in the care facility at the time of audit.</p> <p>Staff reported they have attended Te Tiriti o Waitangi and cultural safety training. Training records confirmed this.</p> <p>The provider is actively recruiting and retaining a Māori health workforce across all organisational roles.</p> <p>No staff identify as Māori.</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>The provider aims to ensure cultural safety for Pacific peoples and that their worldviews, cultural, and spiritual beliefs are embraced with a focus on achieving equity and efficient provision of health and disability services for Pacific peoples.</p> <p>The Māori and Pacific Health Plan and Ethnicity Awareness policy has been developed. The provider plans to review the Pacific plan in partnership with Pacific communities.</p> <p>There are staff who identify as Pasifika. No residents identify as Pasifika.</p> <p>The provider has plans to work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori and English languages.</p> <p>There were no residents who identified as Māori. There are no staff who identify as Māori. The registered nurses reported that the service recognises Māori mana motuhake (self-determination) of all residents, family/whanau, or their representatives in its updated cultural safety policy. The assessment process includes the resident's wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whanau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual</p>

<p>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>orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The RNs and caregivers reported that residents are supported to maintain their independence by staff through daily activities, with the care plans clear on activities residents can do independently or with supervision/assistance. Residents were able to move freely within and outside the facility.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering.</p> <p>Staff have completed training on Te Tiriti o Waitangi and culturally inclusive care as part of orientation and ongoing education programme. Te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori in some cases, and during the activities programme. Examples of the activities programme incorporating te reo was sighted.</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>Staff at Kensington House understood the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents reported that their property and finances are respected. Professional boundaries are maintained. The clinical manager and registered nurses reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. Family members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Residents and</p>

		<p>family/whānau interviewed spoke very highly of the staff, their professionalism, kindness and patience. Policies and procedures such as the harassment, discrimination, and bullying policy are in place. The policy applies to all staff, contractors, visitors, and residents. The clinical manager, and RNs stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>There are staff from multiple different ethnicities employed at Kensington House. Staff felt very supported, part of an inclusive team, and worked to ensure all residents feel included in day to day activities. Staff were confident any concerns could be raised by residents or staff, and these would be addressed.</p> <p>The Māori Health Care Plan in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents when admitted.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened too. EPOA/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures. Residents and family/whānau are given a copy of the open disclosure policy on admission, and this is documented in the resident's records.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required and reported accessing interpreters for a recent resident that did not</p>

		<p>speaking any English.</p> <p>The RNs document in the individual resident's initial and long term care plans any visual or hearing aids required by residents, and use of these devices occurs to ensure optimal communication.</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>	FA	<p>The RNs and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the enduring power of attorney (EPOA) and residents. Competent residents are asked about their choices in the event they require resuscitation, and these decisions are documented, and the competence of the resident is verified by a general practitioner. Residents are given opportunities to update these decisions.</p> <p>In the event, the resident's medical/health status changes significantly, the GP makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The RNs confirmed that advance directives are explained and encouraged. Residents are encouraged to establish enduring power of attorney arrangements for property and welfare. Copies of these documents are held on file. The RNs were aware of the process for activating EPOA responsibilities. A recent example of this was sighted. Refer to 3.2.</p> <p>Staff was observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before undertaking any of the actions that need specific consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms were signed and held in the resident's file.</p> <p>The staff reported that tikanga best practice guidelines in relation to consent during care is considered as necessary. This includes ensuring whānau are involved in discussions (with the resident's prior</p>

		consent) and ensuring there is sufficient time for private discussions.
<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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Staff training records evidenced relevant training. Complaint forms and a collection box are at reception. The Code is available in te reo Māori and English. The village manager and the clinical manager reported that no complaints have been received since 2015. The village manager reported that any minor concerns are discussed and resolved on the spot.</p> <p>The village manager is responsible for complaints management and follow up. Staff reported that a translator and/or advocate who identified as Māori would be available to support people if needed. The provider has plans to update the complaints policy to ensure the complaints process works equitably for Māori.</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>	FA	<p>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • supporting meaningful representation of Māori in governance groups and honouring Te Tiriti • defining a governance and leadership structure, including clinical governance, that is appropriate to the size and complexity of the organisation • appointing an experienced and suitably qualified person to manage the service • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals • demonstrating leadership and commitment to quality and risk

		<p>management</p> <ul style="list-style-type: none"> • being focused on improving outcomes and achieving equity for Māori and tāngata whaikaha people with disabilities • identifying and working to address barriers to equitable service delivery <p>A sample of reports to the chief executive officer (CEO) and board of directors showed adequate information to monitor performance is reported.</p> <p>The CEO confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. The clinical manager was appointed in February 2021, and the clinical nurse coordinator was internally promoted in August 2021. Both are appropriately experienced in aged residential care services. When the clinical manager is absent, the clinical nurse coordinator (CNC) carries out all the required duties under delegated authority with support from the group clinical manager and the village manager.</p> <p>Twenty three residents were receiving services at the time of audit, including one client on respite. The service holds contracts with Auckland DHB for aged residential care and respite care.</p> <p>Residents receiving services and family/whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through resident meetings and signing care plans.</p> <p>There are plans to ensure the governance bodies have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.</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</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and audit activities, monitoring of outcomes, policies and procedures, clinical incidents including infections and</p>

<p>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>health and safety.</p> <p>The clinical services quality improvement advisor is responsible for quality. The staff member is a registered nurse and has been in the new full time position for six months. The group clinical manager provides guidance and support. Quality improvements include the employment of a diversional therapist, reviewing the document control system and designing a site specific outbreak plan to ensure the safety of residents in the event of the Covid-19 outbreak.</p> <p>Quality meetings, known as 'leadership meetings', are held monthly. The clinicians attend. Minutes are circulated. Data is also gathered through the health and safety meeting. The group clinical manager uses the data when reporting to the CEO.</p> <p>Internal audits are completed, for example, building compliance, pressure injuries, moving and handling, infection control outbreak kits, cleaning and care plans. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Residents, family/whānau and staff contribute to quality improvement through meetings and surveys. The last resident survey was completed during May 2022 and is still being analysed. The group clinical manager reported a low response rate. The staff survey is due to be completed during October and November 2022.</p> <p>The quality manager reported that all policies and procedures were reviewed within the required timeframes.</p> <p>The clinical manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The register was sighted.</p> <p>Staff document adverse and near miss events. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a</p>
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		<p>timely manner. The provider is not required to follow the National Adverse Event Reporting Policy. The clinical manager reported that no notifications of significant events have been made to the Ministry of Health since the previous audit.</p> <p>The provider ensures their health care and support workers can deliver high quality health care for Māori through, for example, training, including cultural safety training, and cultural assessments.</p> <p>The provider benchmarks against relevant health performance indicators, for example, skin tears and lower respiratory infections. The clinical manager reported that results are average.</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>	FA	<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 reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>A review of five weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. An on call roster is in place to provide cover 24/7. Staff reported that good access to advice is available when needed.</p> <p>The clinical manager described the recruitment process which includes referee checks, police vetting, and validation of qualifications and annual practicing certificates (APCs) where required. APCs sighted included the registered nurses, pharmacist, dietitian, two general practitioners, podiatrist, diversional therapist, and podiatrist. All were current.</p> <p>Residents' meetings are held to discuss, remind, and inform people of, for example, wearing a mask, activities, meals, and outings. Minutes were sighted with responsibilities assigned to any actions required.</p>

		<p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Competencies include handling chemicals, the Code of Rights, complaints, medication, Te Tiriti o Waitangi/Treaty of Waitangi, vital signs, wound care, dementia, reporting and recording, deterioration of residents acute or gradual, interRAI, and age related cares. Care staff have completed a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>The clinical manager reported that health equity is discussed at staff meetings. The provider has plans to invest in the development of organisational and health care and support worker health equity expertise. The provider has plans to establish environments that encourage collecting and sharing high-quality Māori health information.</p> <p>Staff reported feeling well supported and safe in the workplace. Staff reported that the organisation had recently given each employee gifts including a voucher and a wellness pack in appreciation of their dedication. Staff reported they felt valued.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of six staff records reviewed confirmed the organisation's policies are being consistently implemented. Staff performance is reviewed and discussed at regular intervals. Position descriptions are documented and were sighted in the files reviewed. Professional qualifications, where required, are sourced prior to employment and annually thereafter.</p> <p>Staff orientation and induction includes all necessary components relevant to the role. Staff are buddied with an experienced caregiver and complete an orientation booklet. The booklet includes the policies and procedures. Staff reported that the orientation process prepared them well for their role. Staff files are paper based. They are stored</p>

culturally safe, respectful, quality care and services.		<p>securely and are confidential.</p> <p>Ethnicity data is recorded and used for recruitment purposes.</p> <p>Staff reported incident reports are discussed at staff meetings. Staff reported they have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</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>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Resident records are held in paper version and use an electronic medicine management system. Staff have individual passwords to the medication management system and interRAI assessment tool. The visiting GP documents notes within the GP practice electronic records and provides a copy to Kensington House, with the RNs noting on the printed copy the date it is received.</p> <p>Allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The external interRAI and medication records provider holds backup database systems.</p> <p>All records sampled were legible, including the time and date and designation of the writer. Progress notes were documented at least daily and sooner where clinically indicated in sampled residents' records. Records were stored in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>Kensington House is not responsible for National Health Index (NHI) registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	FA	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local</p>

<p>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>communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home level of care were in place. Residents admitted for respite care have a written agreement in place detailing the weekly fee for services if privately paying.</p> <p>The initial care plan details what services will be provided. This has been signed by the residents or family.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames except for GP review (refer to 3.2.1). Admission agreements are signed. The clinical manager and administrator advised family/whānau would be updated where there was a delay to entry to service. At the time of audit, there are vacant beds, so this is not required. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The clinical manager and administrator reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were no residents that identify as Māori or Pasifika at the time of the audit. The service has yet to develop a process for routine analysis of entry and decline rates including for Māori, and will work towards partnering with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau prior to/at the time residents identifying as Māori are admitted.</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</p>	<p>PA Low</p>	<p>The residents' files sampled identified that initial assessments and initial care plans were resident centred, and these were completed on admission. The service uses assessment tools that included consideration of residents' lived experiences, cultural needs, values, and beliefs. Residents' care is undertaken by appropriately trained</p>

<p>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>and skilled staff that include the clinical manager, CNC, RNs and care staff. Cultural assessments were completed by RN's who have completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA and GP involvement are encouraged. InterRAI assessments were completed within 21 days following admission and these were based on the staff's observation of the resident, and information from the resident, family/whānau and staff.</p> <p>Long-term care plans were reviewed at least six-monthly following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned with their values and beliefs documented. Initial and long term care plans are reviewed and approved or changes with input from the resident and or family to achieve the resident's desired pae ora outcomes. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. All outcome scores are considered in the development of care plan goals and interventions. Documented detailed strategies to maintain and promote the residents' independent well-being were sighted.</p> <p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The two GPs share weekly visits to Kensington House. Each GP does two weeks on and two weeks off. A GP is available on call when required as verified by the GP during interview and residents' records reviewed. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP. Residents' medical admission and general practitioner (GP) reviews were completed within the required time frames with the exception two residents' initial assessments. Medical records were sighted in all files sampled. Residents' files sampled identified service integration with other</p>
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		<p>members of the health team. Multidisciplinary team (MDT) meetings were completed six monthly.</p> <p>The RNs and the clinical nurse coordinator reported that sufficient and appropriate information is shared between the staff at each handover, and this process was observed. Interviewed staff restated that they are updated daily regarding each resident's condition. Progress notes were completed at least daily and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP, clinical manager, RNs, clinical nurse coordinator, care staff, diversional therapist, podiatrist, and other members of the allied health team, residents, and family/whanau.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the clinical manager, clinical nurse coordinator and RN as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the development of care plans, evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within assorted documents. Tāngata whaikaha and whānau are involved in the care planning process and this is identified in the Māori Health care plan. Any barriers that prevent residents and whānau from independently accessing information are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whanau.</p>
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		A recommendation has been made in relation to reviewing applicable policies and implementing these requirements for the neurological monitoring of a resident post an unwitnessed fall.
<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>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by the diversional therapist (DT), assisted by care staff. The programme runs from Monday to Sunday. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile detailing their interests, hobbies, abilities and history is completed for each resident within 10-14 days of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the DT in consultation with the clinical nurse coordinator, RN staff, whānau/EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest-home level of care.</p> <p>The DT completed activity progress notes daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Residents' activities and care plans were evaluated every six months or when there was any significant change. Van trips are conducted at least once a week except under Covid-19 national restrictions.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated by celebrating religious and cultural festivals including Matariki, and the use of Māori phrases and key words which are now being included in some activities. Participation is voluntary. Some individual activities are offered.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored within the recommended temperature range. There are no vaccines stored on site.</p> <p>Prescribing practices meet requirements. This includes over the counter medications and herbal supplements. Allergies and other alerts were clearly noted on the ten medicine records sampled. The required three-monthly GP review was consistently recorded on the medicine chart, and residents' photographs updated regularly. Standing orders are not used. There is one resident that has been assessed as safe to self-medicate. The process is implemented safely.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The RNs phone the family/whānau after each medical review and discuss any newly prescribed medications and the rational for these, or medications that have reduced in dose or been discontinued. This process would include Māori residents and their whānau. Residents and family/whānau confirmed being kept well informed.</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>	PA Low	<p>Kensington House uses the Aged Care Association New Zealand Food Control Plan. Records related to any verification audits being undertaken of the food control plan were not available for review.</p> <p>Meal services are prepared on-site in another building called the</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>'lodge' by the two chefs that share the cooking duties over the week. Food is then transported across the car park to Kensington House via hot and cold boxes. The temperature of food is tested before leaving the kitchen and prior to service to ensure it is within required temperature range. Meals are in the dining room, or other room at the resident's request. The menu was reviewed by a registered dietitian on 16 May 2022. The kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the head chef confirmed awareness of the dietary needs of the residents. The residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. This is reviewed regularly. The main meal is in the evening. Residents can make a request if they do not like the menu option and alternative will be offered, within reason.</p> <p>The residents' weights are monitored regularly, and GP review and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night if requested.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Records of temperature monitoring of food, fridges, and freezers are maintained.</p> <p>The EPOA/whānau/family and residents interviewed indicated satisfaction with the food service, and noted they get 'plenty of food'. The weeks menu is displayed at the beginning of the week.</p> <p>As the kitchen is in another building, residents do not have the opportunity of participating in meal preparation, unless part of the activities programme.</p> <p>All decanted food had records of use by dates recorded on the containers and no expired items were sighted. The head chef advised there is sufficient food kept on site to feed the residents for one week</p>
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		<p>in the event of an emergency.</p> <p>The current menu does not include any specific meals that are culturally specific to te ao Māori. However, there are no residents that identify as Māori. The chef advised individual menu items would be planned to ensure the cultural dietary needs of Māori residents are met.</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 documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is utilised when residents are required to be transferred to a public hospital or another service. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p> <p>Upon discharge, current and old notes are collated and archived off-site. If a resident's information is required by a subsequent GP or service, a written request is required for the file to be transferred. The clinical nurse coordinator and another RN interviewed reported residents are supported to access or seek a referral to other health and/or disability service providers and social support and this would include kaupapa Māori agencies, where indicated or requested.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, district nurse wound specialist, and the Heart Foundation. Referrals or visits to DHB medical specialists including 'MHOPS', dermatology, plastic surgery and opticians or hearing services also occurred. EPOA/whānau/family are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>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</p>	FA	<p>A current building warrant of fitness is publicly displayed. It expires on 22 July 2022.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their</p>

<p>move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>purpose, well maintained and that they meet legislative requirements. Electrical testing and tagging is current as confirmed in records, interviews with the clinical manager and observation. The maintenance register was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>Communal areas are available for residents to engage in activities. The dining room and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas, such as the sunroom or the holistic room for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>There are adequate numbers of shared accessible bathroom and toilet facilities throughout the facility. Each resident has their own toilet and hand basin. The number of toilet and bathroom facilities for visitors and staff are adequate.</p> <p>Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. There is room to store mobility aids, and wheelchairs. Staff and residents reported the adequacy of bedrooms.</p> <p>Heating is provided by individually thermostatically controlled ceiling heaters in the residents' rooms. Shared spaces are heated by central heating. Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance.</p> <p>The provider has plans to consult and involve residents and</p>
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		family/whānau in the design of any new buildings.
<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>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed.</p> <p>Emergency evacuation plans are displayed and known to staff. The current fire evacuation plan was approved by the New Zealand Fire Service on 23 March 2012. The last fire evacuation was held on 25 January 2022.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, call boxes, floor plans, hose reels, sprinklers alarms, and fire action notices were sighted.</p> <p>The clinical manager reported that all staff have a current first aid certificate. Call bells alert staff to residents requiring assistance. Residents and family/whānau had no concerns about staff response to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a security company checks the premises at night.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including, water, medical supplies and gas BBQ and meet the requirements for the residents and the National Emergency Management Agency recommendations for the region.</p> <p>Residents are informed of the emergency and security arrangements. Residents interviewed were familiar with emergency and security arrangements.</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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly.</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>Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <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 coordinator is the infection prevention and control coordinator (IPCC) and is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and the advice of the clinical manager and clinical services improvement adviser has been sought when making decisions around procurement relevant to care delivery. The infection programme (IP) has been developed and approved by the CNC, the clinical manager, and the governing body, and appropriate supports for advice and support are in place.</p> <p>Single use items are not being reused and would require review and formal approval prior to this occurring.</p> <p>The pandemic plan is documented and was tested in April/May 2022 during the Covid-19 outbreak. The response was reviewed in detail and opportunities for improvement identified and incorporated into future planning. Appropriate supplies of personal protective equipment are available.</p> <p>The infection prevention and control policies and other clinical policies reviewed reflected the requirements of the standard and were based on current accepted good practice and are available to staff. The IPCC/CNC advised being involved with discussions on changes to services or the facility.</p> <p>Cultural advice is not currently being accessed to ensure the infection</p>

		<p>prevention and control programme is culturally safe, and there were no applicable resources available in te reo Māori. There are plans for this to occur in the future to align with current standards. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly.</p> <p>Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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>Responsible use of anti-microbials is promoted via policy and the IP. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. A monthly report is obtained from laboratory services of all microbiology results, and this along with individual resident results when received are reviewed to ensure appropriate antimicrobials are being use. The results are communicated appropriately.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff as verified by staff interviewed. This data does not currently include consideration of ethnicity.</p>
Subsection 5.5: Environment	FA	A clean and hygienic environment supports prevention of infection

<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>and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances, overseen by the IPCC/CNC. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that their laundry is managed well, and the facility is kept clean and tidy.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim of the service and is included in the policy. The governance group demonstrates commitment to this. At the time of the audit there were no residents using restraint. The management team advised there has been no restraint used since 2018.</p> <p>The group clinical manager reported that a restraint would be used as a last resort when all alternatives have been explored.</p> <p>The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>Monthly reports include the requirement to report any restraint at defined intervals. Processes are in place to report aggregated data, including the type and frequency of restraint being monitored and analysed and reported to the governance bodies.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>Records reviewed showed that two out of five residents' files sampled did not have a general practitioner or nurse practitioner consultation prior to or within five working days as required by ARRC timeframes. One resident was admitted from independent living within the wider village and then progressed to permanent rest home level care. The resident retained their own general practitioner initially before registering with Kensington House medical services. Records available demonstrated an eight week gap from admission to initial medical review, although staff noted the resident was likely to have seen their own GP in this time and they do not have the records. Staff advised when patients retain their own GP it is difficult getting copies of appointments and consultation records</p>	<p>Records reviewed showed that two out of five residents' files sampled did not have a medical practitioner (MP) or nurse practitioner (NP) consultation within five working days as required by ARRC contract timeframes.</p>	<p>Ensure residents are seen by a medical practitioner (MP) or nurse practitioner following admission within the timeframes required in the ARRC contract and records of these consultations are readily available.</p> <p>180 days</p>

		<p>provided, where residents want to manage this themselves.</p> <p>One other resident reviewed had an interval of eleven days from admission to first GP review. This resident was admitted from home.</p>		
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Low	<p>Kensington House uses the Aged Care Association New Zealand Food Control Plan (FCP). This FCP was approved by the Ministry for Primary Industries (MPI) and expires 19 May 2025. Records were not available to demonstrate whether a verification audit has been undertaken of the food safety programme at Kensington House and if so when this occurred. A key staff member who is thought to have this information is on leave.</p>	<p>Records were not available to demonstrate a verification audit of the food safety programme has occurred and when.</p>	<p>Ensure records are available to demonstrate the verification audit of the food safety programme occurs within required timeframes and any recommendations are addressed.</p> <p>180 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, these 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.