

Cambridge Resthaven Trust Board Incorporated - Resthaven on Burns Street

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:	Cambridge Resthaven Trust Board Incorporated
Premises audited:	Resthaven-on-Burns street
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: 30 August 2022 End date: 31 August 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	38

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

Cambridge Resthaven Trust Board Incorporated operates as Resthaven on Burns and provides hospital, rest home and dementia level care for up to 54 residents. On the days of audit there were 38 residents. The general manager (GM) advised that although the dementia unit could accommodate 18 residents, they aim to not exceed 12.

The most significant changes since the partial provisional audit in February 2021 has been loss of nursing staff and a Covid 19 outbreak.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the provider's aged residential care contract (ARCC) with Te Whatu Ora Waikato.

The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, the Chief Executive Officer (CEO) GM, Nursing Director (ND) Clinical Nurse Leader (CNL) and other staff, the contracted physiotherapist and a general practitioner (GP). Residents and their family/whānau were positive about the care provided.

This audit identified one non-compliance related to documenting the effects of pro re nata (PRN/as needed) medicines. The two areas requiring improvement identified at the previous audit have been rectified. These included accessible bathrooms near the new dual purpose rooms and RN cover.

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.

A pacific plan and related policies and procedures guide staff in delivering pacific models of care to residents who identify as Pasifika .There is a Māori health plan, and other related policies and documents to guide staff. These plus specific in-service education ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs.

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

Resthaven on Burns works collaboratively to support and encourage a Māori world view of health in service delivery. Cultural safety guidelines guide staff practices to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. 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. Whānau and legal representatives are involved in decision making that complies with the law. Consent is obtained where and when required.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. There have been ongoing shortages in registered nurses (RNs). There is an RN on site for all morning and evening duties seven days a week and some night duties are being covered by an offsite virtual RN service.

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

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 medium or high risk and/or unattained and of low risk

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 and meets the health needs and aspirations of Māori and whanau.

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 cultural needs catered for. Food is safely managed.

Te aro ki te tangata me te taiao haumaru | 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 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 is a current building warrant of fitness.

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

Resthaven on Burns is committed to reducing and eliminating the use of restraints which is endorsed by governance. On the days of audit there was one lap belt in use. There are clearly documented restraint policy and procedures, a nominated restraint coordinator and restraint approval group. Staff are provided with regular education on restraint minimisation and the policy requirements.

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	21	0	0	1	0	0
Criteria	0	53	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>	FA	<p>The organisation has embedded a Māori model of health into their care planning process. The principles of Te Tiriti are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with residents who identified as Māori. The organisation's Māori Health Plan reflected a commitment to Te Tiriti and providing inclusive person/whanau centred support.</p> <p>Although none of the staff who work at the facility identify as Māori, those interviewed confirmed that services were provided in a culturally safe manner. The human resources manager confirmed they actively recruit and do not discriminate based on ethnicity, and that the Māori staff employed are long serving. Staff said they had ready access to Māori staff from the sister aged care facility and the kaumatua who provides guidance to both care homes. 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</p>

		feel their world view has not been fully considered.
<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 organisation has knowledge of local Pacific communities and organisations who are available to advise and provide information. The Pacific plan, which was developed with input from Pacific communities, supports culturally safe practices for Pacific peoples using the service. Although there were no Pasifika residents, the processes and resources in place provide sufficient guidance for staff to ensure a resident's cultural and spiritual needs and beliefs are taken into account.</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>The service recognises Māori mana motuhake by involving residents, family/ whānau or the enduring power of attorney (EPOA) for residents in the dementia unit (the home) in the assessment process to determine residents' wishes and support needs. Residents who identify as Māori confirmed they were consulted on their values and beliefs and expressed that their rights are being observed.</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</p>	FA	<p>The cultural awareness training includes Te Tiriti o Waitangi, and tikanga guidelines. To promote te reo Māori, Māori words quiz was conducted in the Māori language week. Interviewed staff understood the principles of the Treaty of Waitangi and how these can be applied into daily practice. The Māori care plan is used to plan for tāngata whaikaha needs and enable their participation in te ao Māori.</p>

experiences.		
<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 resident's safety and abuse prevention and security policy and procedures in place includes institutional abuse and racism to guide staff practices. 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. Work is in progress at management level to implement a system to monitor institutional and systemic racism.</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>Consent was obtained as part of the admission process with admission agreements, informed consent, resuscitation treatment plans, level of notification consent signed by competent residents or by nominated representatives of choice and EPOA for residents in the home. Residents confirmed that staff seek consent for daily cares and for special events as required. Signed consent forms were available in residents' files. Staff understood the tikanga best practice in relation to consent.</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</p>	FA	<p>A fair, transparent, and equitable system is in place which promotes use and understanding by Māori and others to receive and resolve complaints. For example, local kaumatua and tau iwi who have been advising the organisation, are available to support any Māori residents and their whānau. Complaint investigations are used as opportunities to make improvements. The process and policies meet the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation</p>

<p>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>sighted showed that the 14 complainants who had lodged concerns since the previous audit in February 2021 had been informed of findings following investigation. All complaints had been resolved and were closed.</p> <p>There have been no complaint investigations from the funder or the office of the health and disability commission since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>There have been no significant changes within the governing body/trust board since the previous provisional audit in February 2021. The eight member board assumes accountability for delivering a high-quality service and is inclusive and sensitive to the cultural needs of Māori. A majority of trustees have trained under the Institute of Directors New Zealand which includes a course on the Principles of Maori Governance. The CEO interviewed is providing the board with information about the new requirements of Nga Paerewa and their additional obligations. The organisation works in partnership with a group of tau iwi, who provide guidance and advice on cultural safety and Te Tiriti. The CEO also confirmed that services are delivered safely and appropriately for tangata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical or other barriers to equitable service delivery. This was further demonstrated by interviews with members of the leadership team, staff, residents and their whanau/family, results of satisfaction surveys, and the demographic population of residents.</p> <p>The service holds contracts with Te Whatu Ora Waikato for aged residential care- hospital medical, geriatric, rest home and secure dementia care. The agreement includes provision for respite/short stay and Long Term Support-Chronic Health Conditions (LTS-CHC) and post-acute care. On the days of audit there was one respite resident and no LTS-CHC residents. All 38 residents were receiving services under the aged residential care agreement. Of these 11 were assessed at rest home level care, 16 for hospital level care and 11 for dementia care.</p>

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the senior leadership team and the external owner of the quality system. The system includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies.</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, restraint use and complaints. Where a need for improvement is identified, corrective actions are implemented until improvement occurs. Annual resident and relative surveys are conducted by an external company which provides valuable feedback and is used to monitor improvement or decrease in satisfaction with services. The 2022 survey revealed no major concerns.</p> <p>Essential notification reporting is occurring as required. One notification/near miss about a resident leaving the secure unit and numerous RN shortage notifications have been submitted in the past 12 months. Population Health were notified about an outbreak of acute gastroenteritis in February 2022 and positive COVID-19 infections in July and August 2022. There have been no other significant events.</p> <p>There is a large percentage of staff employed at their sister facility who identify as Māori, but none at Resthaven on Burns. The staff education programme ensures that all staff complete the self-directed cultural safety courses which instruct on how to deliver high quality services to Māori. The organisation is establishing equity as an integral component of its quality systems.</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>	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). Interviews with Maori residents and their whānau revealed that staff work in ways to deliver</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>health care that is responsive to the needs of Māori.</p> <p>The service has been challenged with RN shortages since two RN's resigned in early 2022. From a preferred number of seven RNs the service is functioning with five plus the nurse director and clinical nurse leader who are on site Monday to Friday. Notifications about RN shortage have been submitted. The organisation had been using the virtual RN service for Monday to Friday night shifts for one week. There was an RN rostered on for the previous weekend. This service has been established with the support of the health of older people relationship manager for Te Whatu Ora Waikato. Documentation describing the scope of this service was provided. This states that use of the virtual RN service exempts the service from corrective actions for RN shortages. The noncompliance issued at the previous certification and partial provisional audit is therefore resolved.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time. The CNL is always on call after hours.</p> <p>There is one RN on the floor for morning and evening shifts plus four full shift healthcare assistants (HCA's) to care for hospital and rest home residents and two HCAs in the secure unit. An additional short shift HCA is rostered for morning shift on specific weekdays. Where there is no RN available, night shifts are staffed by three HCAs, one of whom is nominated as the lead HCA. This person has confirmed competencies and is responsible for regular communications with the virtual RN during the night shifts.</p> <p>All RNs and the three Lead HCAs 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.</p> <p>Allied staff such as the resident support person, the diversional therapist, cleaners, office and maintenance staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. There are sufficient kitchen staff</p>
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		<p>providing meal services. Laundry services are carried out daily under contract to an external provider.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. The training programme is overseen by a long time employed staff educator who is a registered career force assessor and registered nurse. Continual education subjects in infection prevention related to COVID-19 and its variants including donning and doffing of personal protective equipment (PPE), emergency management including fire drills, manual handling and safe transfer, and management of incontinence have taken place this year. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. Of the 26 care staff employed, 13 have achieved level four and level 3 on the NZQA framework.</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. Twelve staff have completed these and six are in training.</p> <p>The organisation supports people's right to speak their own language, endorses tikanga and support connections to iwi, hapū, and whānau. Reading material related to health equity has been distributed to staff.</p> <p>Each 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</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, proof of vaccination status and confirmation of qualifications before an offer of employment is made.</p> <p>Staff records sampled confirmed the organisation's policies are being</p>

<p>health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ medical council, pharmacy, physiotherapy and podiatry.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role.</p> <p>Formal performance appraisals occur at least annually, and all staff had completed or were scheduled to attend a performance review for 2022.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The service maintains a record of the enquiries and those declined entry. Work is in progress to implement a system to collect specific data for entry and decline rates for Māori.</p> <p>The service works in partnership with local Māori communities and organisations. Support from a local kaumatua will be provided in relation to Māori health practitioners and traditional Māori healers for residents and whanau who may benefit from these interventions 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>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The RNs complete admission assessments, care planning and evaluation. There are five trained interRAI assessors. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. InterRAI assessments were completed within three weeks of an admission. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>The Māori health care plan template that is utilised for Māori residents includes Māori healing methodologies, such as karakia, mirimiri, rongoa, special instructions for taonga. The care planning process support residents who identify as Māori and whānau to identify their own pae ora outcomes in planning their care when required. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Behaviour management plans were completed for identified behaviours of concern. Behaviour monitoring charts were completed for residents in the home with appropriate interventions implemented as required. Residents and family/whānau or EPOAs for residents in the dementia unit confirmed their involvement in the assessment and care planning processes.</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/whānau goals and aspirations identified were addressed in the care plan.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Any changes in residents' health were escalated to the GP. Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. The GP confirmed</p>
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		<p>satisfaction with the care being provided.</p> <p>Medical assessments were completed by the GP and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Referrals to specialist services were completed where required and with the EPOAs consent for residents in the home.</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 acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. 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, family/whānau and EPOAs for residents in the home confirmed their involvement in evaluation of progress and any resulting changes. The staff confirmed they understood the process to support residents and whānau when required.</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>	FA	<p>The activities on the programme support community initiatives that meet the health needs and aspirations of Māori and whānau. Opportunities for Māori to participate in te ao Māori include celebration of Waitangi Day and Matariki day with you tube Māori</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>songs. Residents can access internet in their rooms, and they can access activities online if desired. The Māori language week was celebrated with Māori words and quiz for the week. Residents visit their family/whānau in the community and family can visit the residents in the facility. Residents who identify as Māori expressed satisfaction with activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<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. An electronic medication management system is used. The staff who 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.</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. 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. 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</p>

		<p>required and staff understood the requirements.</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 plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents, family/whānau and EPOAs for residents in the home. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The chef stated that culturally specific to te ao Māori food will be catered for per individual requests when required. Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents who identify as Māori expressed satisfaction with the food options.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident family/whānau and EPOAs for residents in the home. Whānau reported being kept well informed during the transfer of their relative. An escort is provided for residents in the home, where required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</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 with expiry 16 June 2023 is in place. 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</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>bio medical equipment was current as confirmed in documentation reviewed, interviews and observation of the environment. External areas accessible for rest home, confused wandering and hospital residents are appropriate for that group and were being maintained for safety.</p> <p>Although there are no building changes planned for this home, the CEO interviewed said they were 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>The previous corrective action related to the number of showers readily accessible to the six new dual-purpose rooms, has been resolved. Two accessible bathrooms have been installed.</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>	FA	<p>Onsite inspection and interviews revealed that the emergency and security systems are intact and known by all levels of staff. Fire safety and evacuation are included at orientation and six-monthly fire evacuation drills occur. The most recent fire evacuations occurred on 25 January and 22 June 2022. The fire evacuation plan was originally approved by the New Zealand Fire Service in 1998 and reviewed in 2006. There have been no structural changes to the building which require any change to the current fire evacuation scheme. 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</p>	FA	<p>The pandemic and outbreak management plan in place is reviewed at regular intervals. It was last reviewed on 2 August 2022. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>The cultural awareness committee in place provides support with culturally safe practices in IP to acknowledge the spirit of Te Tiriti. The infection control officer reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements. The service is working towards</p>

prevention programme that is appropriate to the needs, size, and scope of our services.		providing educational resources in te reo Māori.
<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>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. The service is working towards developing a system to include ethnicity in surveillance data. The infection control officer is supported by the infection control champion in monitoring infection data and the responsibility is documented in their job description. The infection control officer reported that culturally safe processes for communication will be provided when required. The interviewed residents and family/whānau expressed satisfaction with the communication provided. There was an infection outbreak in the past six months that was managed effectively with appropriate notification completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The service continues to aim for a restraint free environment. Interview with the CEO and GM confirmed that this is supported by the governing body and that restraint activity is reliably reported to the board. The clinical nurse leader is the nominated restraint coordinator. This person demonstrated a sound understanding of the role and responsibilities and the organisation's policies and procedures. The facility had been restraint free until March when a new hospital resident was admitted who required a lap belt when seated to prevent harm. This intervention had been consented to by a third party. There was no other equipment in use. Low-low beds with landing strips, sensor mats and hourly rounding is used as alternatives to restraints.</p> <p>Interviews with the CNL and care staff confirmed that restraint is only used as a last resort when all alternatives have been explored.</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)
Criterion 3.4.2 The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.	PA Moderate	All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency. Medicines were prescribed by the GP and over the counter medication and supplements were documented on the medicine charts where required. 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. 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. The GP and CNL reported that when requested by Māori, appropriate	Eight out of 10 sampled medication charts did not have evidence of consistent evaluation of the effectiveness of the administered PRN medicines. These medicines included pain relief, behaviour management and respiratory management medicines.	Provide evidence that administered PRN medicines are consistently evaluated for effectiveness. 90 days

		<p>support and advice is provided for Māori treatment. A minimal amount of the administered PRN medications, for example bowel management medication was evaluated on the bowel monitoring charts and a minimal amount of pain relief medicine was evaluated on pain assessment form. However, 80% of other PRN medicines administered were not evaluated for effectiveness.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.