

# Beattie Community Trust Incorporated - Beattie Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Beattie Community Trust Incorporated
<b>Premises audited:</b>	Beattie Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 10 August 2022 End date: 11 August 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	37

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Beattie Community Trust Incorporated operates as Beattie Home and provides rest home level care for up to 36 residents and 20 secure dementia care beds plus two respite dementia beds. On the days of audit there were 15 residents in the dementia unit and 22 in the rest home. The general manager (GM) advised that one rest home bedroom has been converted to an office, meaning the total capacity for rest home residents is now 35.

Since the 2019 surveillance audit and the provisional audit in September 2021, a new GM commenced in May 2022 and a new clinical nurse leader (CNL) started two weeks earlier. The provider applied for reconfiguration of services to include hospital level care, but confirmation of the request was not received before the start of the audit and the service provider was not fully prepared and ready to deliver hospital care. A partial provisional audit was not undertaken at this time.

This certification audit was conducted against the 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 GM, CNL, other staff and a general practitioner. There was a significant lack of knowledge in the senior leadership team about the requirements for Ngā Paerewa.

This audit revealed five areas requiring improvement. These relate to senior management knowledge and understanding of essential notifications, staff qualifications, the planning and recording of staff training, undertaking and recording vital signs and neurological observations following falls, and evaluation of pro re nata (PRN - as needed) medicines.

## 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.

Beattie Home works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Although there were no Pacific peoples receiving care on the days of audit, there is a Pacific health plan, and other resources available to assist staff in providing services that recognise Pacific people's worldviews and ensure cultural safety.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

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

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Entry processes are efficiently managed. Qualified personnel assess residents on admission. 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 referred to specialist services and to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

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

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

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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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 reflected cultural preferences. Bathroom facilities are maintained and conveniently located.

Testing, tagging and calibration of equipment is completed as required. There is a current building warrant of fitness.

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

There is a functional call bell system. Security is maintained. Hazards are identified.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The governance group is aware of their responsibilities to the infection prevention and antimicrobial stewardship programme. The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A suitably qualified registered nurse leads the programme.

Specialist infection prevention advice is accessed when needed. Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required. Since the previous audit, there was an infection outbreak 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.
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Beattie Home has never used restraints, which is endorsed by governance. There is a restraint policy and procedures if this is ever required, 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	24	0	1	2	0	0
Criteria	0	156	0	2	2	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>Beattie Home has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is also reflected in the service values, the building design and day to day practices. Manu motuhake is respected.</p> <p>On the days of audit there were twice as many staff who identified as Māori as there were Māori residents. These residents and their whānau interviewed reported that staff respected their right to Māori self-determination and they felt culturally safe.</p> <p>A Māori health plan has been developed with input from the cultural advisers on the board and is used for residents who 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>	FA	<p>Beattie Home 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, and</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>there had not been for many years, 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>	<p>FA</p>	<p>Staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and in ongoing annual training, as was verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and Māori languages and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed on the notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by involving residents, family/whānau or their representative of choice in the assessment process to determine residents' wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents and family/whānau confirmed being involved in the assessment and care planning process where they are provided with opportunities to share what is important to them as individuals, including their identity and cultural values and beliefs. Services are provided in a manner that has regard for residents' privacy, dignity, confidentiality and preferred level of interdependence. Residents have individual rooms. The cultural advisor who is one of the board members has provided staff education on Treaty of Waitangi/Te Tiriti o Waitangi and cultural safety.</p> <p>Te reo Māori and tikanga is actively promoted and incorporated in all</p>

		<p>activities. Māori cultural advice is provided by the cultural advisor and whānau where appropriate. Tangata whaikaha needs are responded to as assessed and they are supported to participate in te ao Māori as desired. Residents expressed satisfaction with the support provided in relation to their culture. Cultural artwork was observed in residents' rooms where applicable and Māori carvings were displayed around the facility. Staff were observed supporting residents in a respectful manner.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Professional boundaries, code of conduct, misconduct, discrimination, and abuse and neglect information is included in the staff employment handbook. These are discussed with all staff during their orientation. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of abuse, neglect and exploitation. Residents confirmed that they are treated fairly.</p> <p>Residents' property is labelled on admission. An assessment plan for residents who identify as Māori is completed on admission and guidelines for the provision of culturally safe services for Māori are used to complete care plans for Māori residents.</p> <p>The clinical nurse leader (CNL) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards are in place to protect residents from abuse and revictimisation; these include the complaints management processes, residents' meetings and satisfaction surveys. The service is planning to include a survey questionnaire that covers institutional racism monitoring.</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</p>	FA	<p>Residents, family/whānau and enduring power of attorneys (EPOAs) for residents in the dementia unit (Papakainga homestead) are given an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. This was observed on the days of the audit and confirmed in</p>

<p>wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>interviews with residents. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code. Open communication with residents and family/whānau is promoted through the open-door policy maintained by the managers. Residents, family/whānau and EPOAs expressed satisfaction with communication and the response to requests. A record of phone or email contact with family/whānau was maintained.</p> <p>Information provided to residents, family/whānau or EPOAs is mainly in the English language. However, the CNL stated that information can be accessed in other languages if required. Interpreter services can be accessed if required. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow. Communication with other agencies and allied health providers involved in residents' care was evidenced in residents' records.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Staff understood the principles and practice of informed consent. Best practice tikanga guidelines in relation to consent and the Code are used in obtaining consent. Informed consent was obtained as part of the admission documents which the resident and family/whānau or their nominated legal representative signed on admission. Staff were observed to gain consent for daily cares. Resuscitation treatment plans/advance directives were available in residents' records. The general practitioner (GP) signed resuscitation treatment plans for residents who were unable to provide consent in consultation with family/whānau and EPOAs.</p> <p>Residents confirmed being provided with information and being involved in making decisions about their care. Where required, a nominated support person was involved with the resident's consent. Residents' EPOAs for residents in Papakainga homestead were involved in the decision making for the residents' care. The RN reported that residents can be offered a support person through the advocacy services when required. Communication records verified</p>

		inclusion of support people where applicable.
<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 which promotes use and understanding by Māori and others to receive and resolve complaints. For example, the Māori board member is 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 sighted showed that the four complainants who had lodged concerns this year had been informed of findings following investigation.</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>	FA	<p>There have been no changes within the governing body/trust board since the previous provisional audit in September 2021.</p> <p>The seven member board assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti. There are two cultural representatives on the board who have always been focused on improving outcomes for Māori and people with disabilities. The governance and leadership structure, including for clinical governance, is clearly described in the board operating manual and is appropriate to the size and complexity of the organisation.</p> <p>Governance demonstrates ways they ensure 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 demonstrated by interviews with the board chairperson, staff, residents and their whānau/family, results of satisfaction surveys, the demographic population of residents and ethnic composition of staff.</p> <p>The purpose, values, direction, scope and goals for the organisation</p>

		<p>are recorded in a five year plan which concludes this calendar year. Annual goals had been set and monitored by the previous manager who reviewed and reported performance to the board at planned intervals.</p> <p>A new GM and CNL have been appointed. The CNL is an RN with extensive nursing background but not in aged care. The GM has post graduate degree in business management and previously held the role of general manager for a health service which included an aged care facility.</p> <p>A sample of reports to the board showed adequate information to monitor performance is reported.</p> <p>The service holds contracts with Te Whatu Ora Waikato for aged residential care – rest home level care, respite and secure dementia care. The agreement includes provision for respite/short stay and Long Term Support-Chronic Health Conditions (LYS-CHC). On the days of audit there were no short stay or LTS-CHC residents. All 37 residents were receiving services under the aged residential care agreement. Of these 22 were assessed at rest home level care and 15 for dementia care in the Papakainga secure unit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	<p>PA Low</p>	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the operator 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. Activities to monitor adherence to the business, quality and risk plan, and the service provider's policies and procedures include regular internal audits, management, RN and staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents, infection and outbreak events, complaints, and resident/relative satisfaction surveys. Where these monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs.</p>

<p>and support workers.</p>		<p>Ethnicity data is being consistently gathered. Tikanga is followed and respected.</p> <p>A Section 31 notification for the change in CNL was submitted by the previous manager in March 2022 and the portfolio manager for Te Whatu Ora-Waikato notified the Ministry of Health about the new GM. Population Health services and the portfolio manager were notified of positive COVID-19 infections in March and June of this year. There have been no other significant events. Interviews with the GM and the CNL revealed that neither were experienced or knowledgeable about essential notification reporting. There is a finding in 2.2.6</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents or the number of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is an RN or EN on call after hours. There are three care staff allocated to rest home residents each morning and afternoon shift and one at night. One of the three morning and afternoon carers is responsible for medicine administration. Two care staff are allocated to Papakainga in the morning and afternoon and one at night. The CNL is on site Monday to Friday and there is an enrolled nurse (EN) on site each day including the weekends.</p> <p>There is a current shortage of trained and qualified diversional therapy (DT)/activities staff. A long serving DT is on site Monday to Friday and a caregiver is allocated to provide rest home activities. This person is leaving shortly. Recruitment is underway to employ more activities staff.</p> <p>Continuing education was planned for the year, including mandatory training requirements, but this has been interrupted by Covid-19. Obtaining up to date records of staff qualifications and training was challenging. There has been a high turnover of all staff this year,</p>

		<p>including an estimated 70% change in care staff. The CNL who is new to the aged care sector is getting established in the role and the requirements for staff training.</p> <p>Personnel records confirmed that medicine competencies were up to date and assessed annually, first aid certificates were current for all staff who required them, an education session has occurred on manual handling, emergency (fire drills) had occurred as scheduled and infection control training related to preventing transmission of Covid-19 occurred early in the year. One of the board members provides staff with regular training and information related to Māori health. The service philosophy is to facilitate people's right to speak their own language, endorse tikanga and support connections to iwi, hapū, and whānau. This was observed during the audit and confirmed by staff and resident interviews and staff files. Not all new staff have attended safe chemical handling. Other open book questionnaires/self-directed learning opportunities have been provided. There is a need to review, plan and manage the education system for all staff. See criterion 2.3.4.</p> <p>The service provider is aware that care staff must engage in a New Zealand Qualification Authority education programme to meet the requirements of their agreement with Te Whatu Ora. Of the total 20 care staff employed, three had completed level four of the nationwide certificate in health and wellness, nine had level three and eight had not started the career path.</p> <p>Not all staff working in the dementia care area were enrolled in the required education. Those that were enrolled and had been progressing the four unit standards had either left or not had their papers marked. There is a finding related to this in 2.3.2.</p> <p>There were no staff with current competencies to undertake interRAI assessments. A qualified RN who works for another aged care provider is currently completing these. One EN is enrolled to complete the interRAI training and the CNL was working toward gaining management access to the programme.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks.</p> <p>Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming that all regulated staff and contracted providers have proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ medical council, pharmacy, physiotherapy and podiatry board.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contained information that meets the requirements of the Health Information Standards Organisation (HISO). The service provider has determined the cultural make-up of their workforce and estimated the percentage of Māori health care and support workers. Staff ethnicity data is recorded and used in accordance with HISO. There is a diverse mix of staff employed.</p> <p>Each new staff member is taken through a comprehensive orientation programme, tailored for their specific role. For care staff this always includes being allocated to a peer/buddy for at least three shifts. An initial performance assessment with management occurs for all new staff three months after commencing employment. Following this, formal performance appraisals occur at least annually. Staff records and interviews showed that all staff had completed or were scheduled to attend a performance review for 2022.</p> <p>There are known processes and policies which guide on staff debriefing and provision of support following incidents that may impact staff wellbeing. This had not had to be enacted since the previous audit.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	<p>FA</p>	<p>The service uses an electronic information management system and paper-based residents' records in the residential homes. All necessary demographic, personal, clinical and health information, including ethnicity data was completed in the residents' files sampled</p>

<p>and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>for review. Progress notes were current, integrated, legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records were held securely in the electronic system and could be retrieved easily. Residents' information is held for the required period before being destroyed.</p> <p>Records were legible with the name of the person making the entry identifiable. All staff have individual passwords to access the electronic systems. The information is accessible for all staff who use it with differing levels of security depending on who is accessing it.</p> <p>The service provider is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. 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 entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). EPOAs have consented to admission and specialist referrals for residents in the Papakainga homestead were present.</p> <p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. The service maintains a record of the enquiries. However, routine analysis to show entry and decline rates that include specific data for entry and decline rates for Māori is not yet implemented. The service maintains links with several local Māori communities. Residents have access to Māori health practitioners, traditional Māori healers and organisations to benefit Māori residents and whanau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	FA	<p>The enrolled nurses (EN) complete admission assessments, care planning and evaluation under the supervision of the CNL. The admission assessments and care plans sampled were developed</p>

<p>know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>within 24-48 hours of an admission in consultation with the residents and family/whānau where appropriate. A recently contracted registered nurse (RN) completes the interRAI assessments. There were no trained interRAI assessors on the days of the audit, therefore interRAI assessment records could not be accessed. The service has a waiver for interRAI assessments valid for six-weeks from 10 July 2022. Current interRAI assessments were not evidenced in six out of seven files reviewed. Six-monthly care plan evaluations were also overdue as a follow-on effect of overdue interRAI assessments. A discussion was held with the Te Whatu Ora - Waikato portfolio manager who confirmed that the waiver for interRAI assessments also covers the care plan evaluations. The identified issue is related to the interRAI process. Behaviour assessments and management plans that included identified triggers were completed for any identified behaviours of concern for residents in Papakainga homestead. Other care evaluations still occurring include short term care plan completion and regular evaluation of these, regular investigations of reported behaviours of concern as well as evaluation of residents' care in each shift and documentation of any changes in the progress notes.</p> <p>Cultural guidelines were used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision were documented. A holistic concept that includes Mauri ora (healthy individuals), whānau ora (healthy families) and waiora (healthy environments) supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan and enables tāngata whaikaha to have choice and control over their supports. Residents and family/whānau for residents who identify as Māori confirmed that their cultural needs are being met.</p> <p>Neurological observations were not completed following unwitnessed falls.</p> <p>Medical assessments were completed by the general practitioner (GP) within two to five working days of an admission. Routine medical reviews were completed three monthly. More frequent reviews were</p>
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		<p>completed as determined by the resident's condition where required. Medical records were evidenced in sampled records. Any changes in residents' health were escalated to the GP. Referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. Referral consent for residents in Papakainga homestead were provided by the EPOAs. The GP expressed satisfaction with the care provided to residents.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau interviewed confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator (AC) who is a qualified diversional therapist provides the activities programme with the support of an activities assistant. The weekly activities programme is posted on notice boards around the facility.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission using a social history assessment form that is completed with input from residents and family/whānau. Residents' participation in activities is monitored and recorded daily. Residents' activity plans are evaluated six monthly and when there is a significant change in the resident's ability. This was evident in the records reviewed.</p> <p>Individual, group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. Community activities on the programme includes visits to local marae, coffee outings, volunteer groups who visit residents, and van trips. Monthly themes and international days are celebrated. Cultural events celebrated include Waitangi, Matariki and St Patrick's day celebration. Other activities included balance exercises, news updates, bowls,</p>

		<p>'happy hour'. Community initiatives that meet the health needs, aspirations of Māori and whānau and participation in te ao Māori include kapa haka performances, visits to local marae, korero time and Māori music played during music sessions. Daily activities attendance records were maintained.</p> <p>Activities for residents in the dementia unit include walks in the secure garden, colouring, walks, exercises, puzzles, quiz, music and one-on-one chats. Residents were observed participating in a variety of activities on the days of the audit. 24-hour activity plans were completed for residents in the dementia unit. Residents can freely access the secure gardens. Interviewed residents and family/whānau confirmed they find the programme satisfactory.</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 and size of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. The ENs were 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. However, the effects of 'as required' (PRN) medicines administered are not being evaluated and recorded.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. 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. Three-monthly medication audits were completed by the clinical pharmacist and corrective actions implemented. Unwanted medicines were 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. Residents and their family/whānau, are supported to understand their medications when required.</p>

		<p>There were no residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required. There is an implemented process for comprehensive analysis of medication errors and corrective actions 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>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A nutritional requirement form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans.</p> <p>The food is prepared on site by two chefs and is in line with recognised nutritional guidelines for older people. Kitchen staff have received required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian in December 2020. The food is transported in a hot box to the dementia unit dining room and served through the kitchen server to the rest home dining room. Residents who chose not to go to the dining room for meals had meals delivered to their rooms. Facilities were available for competent residents in the rest home to make their hot drinks independently when desired. Residents in the dementia unit are supported to participate in cooking activities as able as part of the activities, for example baking preparations.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Ministry for Primary Industries. The current food verification audit was completed on 20 June 2022. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Snacks and drinks were available for residents on a 24hourly basis.</p>

		<p>Residents' weights are monitored monthly by the clinical staff and any identified weight issues were managed appropriately with referral made to the dietitian for weight loss issues. Additional supplements were provided where required. The chef reported that menu options for residents who identify as Māori and other cultures will be offered when requested. Culturally specific to te ao Māori food options, like sea food and hangi, were prepared to celebrate Matariki day. Whānau/family are welcome to bring culturally specific food for their relatives. Residents who identify as Māori expressed no concerns with the meals provided.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Confirmation of residents' satisfaction with meals was verified in interviews</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 and whanau/EPOA. Whānau reported being kept well informed during the transfer of their relative. The ENs reported that an escort is provided for transfers when 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>The CNL reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. The service has links with local kaumatua. Referrals to seek specialist input for non-urgent services are completed by the GP or CNL. Examples of referrals completed were in residents' files sampled, including to the eye specialists, wound nurse specialist and mental health team.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The current building warrant of fitness expires on 07 January 2023.</p> <p>The full time employed maintenance person carries out regular</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>tagging and testing of plug in electrical devices, tests water and fridge temperatures every month and attends to planned and responsive maintenance/repairs. An external company visits annually to check electric beds, hoists and medical equipment which last occurred in December 2021.</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. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. A majority of bedrooms have either a toilet or a full ensuite bathroom.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. There have been very few issues with the new secure unit. Residents, their whānau and local iwi had been consulted and involved in the design of that new building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. New staff are oriented to emergency procedures and all staff attend at least one fire evacuation drill annually and knew what to do in an emergency. The fire evacuation plan was updated and approved by Fire and Emergency New Zealand (FENZ) in late 2021. The most recent fire evacuation drill occurred in July 2022.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. There is a new, high output generator on site which self-initiates in the event of a power outage.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p>



		Residents were familiar with emergency and security arrangements.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. 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>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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>	FA	<p>The CNL is the infection control nurse who oversees and coordinates the implementation of the IPC programme. The infection control nurse's role, responsibilities and reporting requirements are defined in the infection control nurse's job description. The infection control nurse has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. The IPC programme was approved by the governance body and is linked to the quality improvement programme. The IPC programme is reviewed annually, it was last reviewed in July 2022.</p> <p>The IPC policies were developed with input from external IPC services. They reflected the requirements of the standard and are based on current accepted good practice. Staff have received education in IP at orientation and through ongoing annual education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in the records sampled.</p> <p>The infection control nurse is involved in procurement of the required equipment, devices, and consumables through approved suppliers</p>

		<p>and the local Te Whatu Ora Waikato. The CNL stated that they will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. Currently there are no proposed changes.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. The decontamination and disinfection policy to guide staff practices. Regular infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The cultural safety policy includes culturally safe practices in infection prevention and control. The CNL reported that residents who identify as Māori will be consulted on IP requirements as needed with the support of the kaumatua if required, to acknowledge the spirit of Te Tiriti. In interviews, staff understood these requirements. There were no educational resources in te reo Māori on the days of the audit.</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>	<p>FA</p>	<p>The AMS programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The programme is appropriate for the size, scope and complexity of the service. The service has an antibiotic prescribing policy to guide the use of antimicrobials. The policy in use aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm (including drug resistance and toxicity).</p> <p>Monthly records for infections including evidence of monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects were maintained.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated, and action plans are implemented. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Surveillance records did not include ethnicity data.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Results of the surveillance programme are shared with staff and reported back to the governance body regularly</p> <p>Residents were advised of any infections identified and family/whanau or EPOAs where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whanau. There was an infection outbreak reported in May to June 2022 which was managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms. Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. 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 in a locked storage room.</p> <p>Adequate PPE supplies were available in the laundry and cleaning cupboard. Residents and family/whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>Beattie Home has never used restraints and there were no restraint interventions in place on the days of audit. Alternatives, such as sensor mats, low beds with mattresses on the floor, recliner chairs,</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>hip protectors, increased staffing and regular reviews to assess each residents care and support needs, are in use. The governing body and senior leaders are committed to maintaining a restraint free environment, as demonstrated by documents and interviews. The board and all staff are kept informed about there being no restraint at their regular meetings.</p> <p>There is a long term established restraint approval group which includes the GP, restraint coordinator, CNL and management. This group had been convening every three months and were advised to decrease the frequency to six monthly unless a change in restraint use occurred.</p> <p>Policies and procedures for the management of restraint, if it is ever needed, meet this standard. An experienced EN is the restraint coordinator. This documented and defined role provides support and oversight for preventing and minimising restraint. Interviews with the coordinator and other staff, and education records confirmed that regular training on the least restrictive practice, safe restraint practice, alternatives to restraint, culturally safe interventions, managing behaviours that challenge and de-escalation techniques, is occurring.</p>
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## 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 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	<p>The new general manager and clinical nurse leader where not familiar with the requirements for essential notifications.</p> <p>Te Whatu Ora-Waikato submitted notification about the appointment of the new GM. During interview the GM was seeking advice about what needed to be reported, despite there being an information folder with policy and guidelines about section 31 reporting to Te Whatu Ora and other notifications to regulatory bodies. The CNL was observed to not be fully conversant with reporting for pressure injuries.</p>	The new general manager and clinical nurse leader did not fully understand their statutory and regulatory obligations with regard to essential notifications.	<p>Ensure that all senior leaders understand their roles and responsibilities and comply with reporting requirements.</p> <p>90 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure</p>	PA Moderate	There have been interruptions to the training programme due to Covid cases in the facility and the availability of the external	A very limited number of staff who are working in the secure unit have completed the	Ensure all staff who work in Papakainga have achieved or are working

<p>their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>		<p>trainer who also moderates the Careerforce training. There has also been a significant turnover of caregivers. Of the nine caregivers who were rostered in the secure unit and enrolled to do the Dementia Limited Credit Programme (LCP) in June 2021, only four are still employed. Three interviewees stated they had completed the papers, but these had not been marked. There was no evidence that seven other caregivers working in the unit have been enrolled to start the programme. At least three of these staff have been working in the secure unit for six months.</p> <p>Additionally, there was no staff employed who were competent to undertake interRAI assessments.</p>	<p>Dementia LCP qualification.</p> <p>There were no trained interRAI assessors employed.</p>	<p>toward completing the four unit standards that make up the Dementia LCP.</p> <p>Ensure there are staff qualified to undertake interRAI assessments.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Low</p>	<p>The staff education system has been interrupted. Very few of the training subjects on the 2022 annual education programme had been delivered due to positive Covid-19 cases in the facility, the availability of trainers and staff changes. Nobody could find the master copy/spreadsheet which recorded each staff member's ongoing learning at a glance. Signed attendance sheets for the education sessions that had been held this year were available and the individual personnel files contained chronological entries of training up to the end of 2021. The CNL is new to the aged care sector, and still getting established in the role which includes overseeing the staff training programme.</p>	<p>The system for planning and recording ongoing learning and development has not been maintained.</p>	<p>Ensure the staff training programme is planned and implemented and that each staff member's qualifications, skills and expertise is known and recorded.</p> <p>180 days</p>

<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>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. 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 recorded on the medicine charts sampled. The GP stated that over-the-counter medication and supplements are considered as part of the person's medications where requested. Standing orders are not used. The GP and RN reported that when requested by Māori, appropriate support and advice is provided. The administered PRN medicines were not evaluated for effectiveness.</p>	<p>14 sampled medication charts did not have evidence of evaluation of the effectiveness of the administered PRN medicines. These medicines included pain relief, behaviour management, bowel management and respiratory management medicines.</p>	<p>Provide evidence that administered PRN medicines are evaluated for effectiveness.</p> <p>90 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.