

G A & H J Lydford - Tarahill Resthome

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: G A & H J Lydford

Premises audited: Tarahill Resthome

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 19 October 2022 End date: 20 October 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: 16

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

Tarahill Rest Home has been owned and operated by the same two directors since 2009. One director is the nurse manager and the other director oversees the building, grounds, equipment and procurement. Both directors live on site.

The service provides rest home level care for up to a maximum of 19 residents, but the operator has temporarily limited this number to 17 to ensure that isolation can be provided in the event of an outbreak. On the days of audit 16 beds were occupied, although 15 residents were on site as one resident was in public hospital. Short stay/respite care can be provided subject to bed availability. There have been no significant changes within the service since the previous surveillance audit in 2020.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the service provider's agreement 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, management, staff, and a general practitioner. All interviewees spoke positively about the care and other services provided.

There was one area requiring improvement identified as a result of this audit. This relates to the infection control policy set.

Strengths of the service, which resulted in continuous improvement ratings was the effectiveness of the falls reduction programme and maintaining 100% percent satisfaction with food services for four years.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The proprietors of Tarahill Rest Home work collaboratively to support and encourage a Māori world view of health in service delivery. Māori residents are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Although none of the residents identified as Pasifika, the service has policies and resources available which recognise Pasifika worldviews and provide guidance on cultural appropriateness.

Residents receive services in a manner that respects their dignity, privacy, independence, and is discrimination free. The service supports whānau to be engaged in the resident's care to the extent desired by the resident.

Tarahill Rest Home provides suitable information to facilitate residents and their whānau to make informed decisions. Communication occurs effectively with residents and other health care providers. Consumer rights and cultural training is provided to all staff, and tikanga Māori is incorporated into the delivery of care.

The complaints policy meets the requirements of consumer rights legislation and these standards. The sole complaint since the previous audit was initiated by the proprietors and any concerns raised by residents, whānau or others, are attended to promptly in collaboration with the parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The directors/proprietors assume accountability for delivering a high-quality service. They monitor organisational performance and ensure ongoing compliance. The mission, values, scope and business goals of the organisation are documented and monitored for achievement.

There is a documented and implemented quality and risk management system which is focused on improving service delivery and care. The system includes processes to meet health and safety requirements. Residents and whānau provide regular feedback and staff are involved in quality activities.

Quality data including adverse events is analysed to identify wanted and unwanted trends. All incidents are being reliably reported and recorded. When an event identifies a need for improvement, corrective actions are implemented. The service complies 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 good employment practices. 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

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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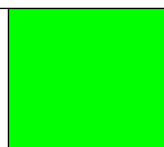
Tarahill Rest Home provides a model of care that ensures holistic resident centred care is provided. Information is provided to potential residents and whānau in a suitable format to ensure all decisions are based on informed consent.

Resident assessments inform care plan development. Care plans are implemented with input from the resident and whānau and contribute to achieving the resident's goals. Review of the care plans occurs regularly. Other health and disability services are

engaged to support the resident as required. The activity programme supports the resident to maintain physical, social, and mental health aspirations. Medicine management reflects best practice, and staff who administer medication are competent to do so. The food service provides well-presented and nutritional meals for the residents. Specific dietary needs and wishes are catered for. The discharge and /or transfer of residents is safely managed.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible and safe for people with disabilities. Adequate shade and suitable seating is provided. Residents were observed to be using the outside areas.

Staff are trained in emergency procedures, the use of emergency equipment and supplies and they attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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

Some subsections applicable to this service partially attained and of low risk

The directors/proprietors support the safety of residents and staff via the infection prevention and antimicrobial stewardship programmes. The programmes are appropriate for the size, complexity, and type of service. The nurse manager/proprietor is responsible for the implementation of the programme. A pandemic plan is in place and has been tested. Staff are educated in the principles of infection control. A surveillance programme is implemented and is relevant to the service type.

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Tarahill Rest Home has a philosophy and practice of no restraint. There were no restraints in use. On the days of audit, bed levers and transfer belts were in use to promote independence and to keep residents safe. These do not limit freedom of movement. All residents are competent and had consented to the use and positioning of these. Policies and procedures meet the requirements if a restraint is required and staff education is ongoing.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	2	166	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Tarahill Rest Home has policies, procedures and processes in place to embed and enact Te Tiriti o Waitangi within all aspects of its work. Residents who identified as Māori reported that staff respected their right to self-determination and they felt culturally safe. These residents and their whānau were involved in developing their care plans, deciding on activities and dietary needs. Their health records identified any culturally specific physical, spiritual, or family/whānau needs. Interviews with Māori residents and staff confirmed that the service is actively supporting Māori by identifying their needs and aspirations.</p> <p>The service employs a small number of Māori staff who confirmed they are supported in a culturally safe way and that their mana and culture is respected. The service uses a local kaumatua and knows they can contact Te Whatu Ora Waikato region, Māori health unit or Māori health providers should they require more assistance with cultural advice, rongoā, mirimiri or other tikanga practices.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There were no residents who identified as Pasifika living in the home on the days of audit. The organisations Pacific Health Policy refers to the Ministry of Health, Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The policy lists contact details for Pasifika groups available for guidance and consultation. The policy also states Pacific models of care which can be utilised within the plan of care when indicated.</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>Tarahill Rest Home has a current policy that reflects the Code of Health and Disability Services Consumers' Rights (the Code). Observations during the audit confirmed that the policy was implemented into day-to-day practice by staff. The Code was seen displayed in the facility in English and te reo.</p> <p>Staff confirmed that they had completed training relating to consumer rights, advocacy and Māori cultural values and customs. The training had been provided during orientation and thereafter as part of the ongoing staff education programme. This was verified in staff education records sighted. Packs provided to residents and their whānau on admission include information about the Code and the national advocacy service. National advocacy brochures were sighted in communal areas of the facility. Monthly resident meeting minutes confirmed that residents' rights, including the right to independent advocacy are discussed regularly.</p> <p>The service has connections with Māori agencies and service providers that provide support and guidance to ensure ongoing recognition and acknowledgement of Māori mana Motuhake. Māori residents and their whānau interviewed stated that care was provided in a manner that acknowledged and respected their Māori heritage.</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>Resident files held documentation identifying the resident's values, beliefs, culture, spirituality and other social identities. Staff interviewed discussed individual resident's preferences and how they provided care to ensure these preferences were met. Observation during the audit verified that care was provided in a manner that respected the resident's dignity, privacy and supported independence. For example, residents have a single bedroom and staff were seen to knock prior to entering bedrooms. Visitors and residents were offered a private area to meet. Residents and whānau advised they had been asked about what was important to them and confirmed that the care provided met their needs.</p> <p>Te Tiriti o Waitangi training had been completed by all staff. Staff provided examples of how they implement this knowledge into their day-to-day practice. Signs throughout the facility are written in English and te reo, and staff were heard to be including te reo in their conversations with Māori residents. Māori residents and their whānau advised they participated in te ao Māori, for example attending iwi hui's.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There is an abuse and/or neglect policy that directs service delivery to ensure the residents are not exposed to abuse or neglect. The service undertakes a police check of all new employees and updates this information as required to maintain currency. Education records confirmed that staff receive orientation and ongoing training pertaining to abuse and neglect. There was no evidence of abuse or neglect during the audit. The admission agreement provides information to inform residents/whānau regarding management responsibilities for the residents' personal property and finances. Residents and whānau interviewed confirmed they were aware of these responsibilities, and that of the service.</p> <p>Staff described professional boundaries and the principles of the abuse/neglect policy. They advised what actions they would take if they suspected abuse or neglect of a resident. Residents and whānau confirmed that staff maintained professional boundaries and that the environment felt safe. They felt comfortable to raise any questions or concerns with staff, or the nurse manager. Clinical files, observation</p>

		and resident and whānau interviews verified that holistic and a strengths-based model of care was embedded to ensure wellbeing for all residents.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau advised that options for care were provided in verbal and written format as required. They stated the information was easy to understand, and that they had been provided adequate time to consider options. Clinical records contained documentation to confirm that communication occurs with whānau, and other health professional as required. For example, the general practitioner (GP), podiatrist, and the public hospital. Whānau confirmed that they are notified of any changes in the residents' health status in a timely manner. Two-way communication between the service and the residents occurs during resident meetings, as evidenced in the meeting minutes. Interpreter services are provided by the public hospital if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The admission agreement provides information to residents and whānau regarding instances when written or verbal consent is required. Clinical files contained evidence of informed consent including, for example, signed consents for vaccinations. Residents stated they provided verbal consent prior to commencing new medications or a medical procedure being undertaken, for example a wound dressing. The residents advised they were supported in their decision making by whānau when this was requested. Staff interviewed discussed the principles of informed consent and were observed to be implementing these during the audit</p> <p>Clinical files contained the resident's resuscitation status, which had been signed by the resident and the GP. No advance directives were seen in the files sampled. Enduring Power of Attorney (EPoA) documents were sighted in some of the files sampled, however only one had been activated.</p> <p>Residents and whānau stated they were given sufficient information in a suitable format and timeframes, to make decisions appropriate to their individual values, beliefs and culture as per tikanga.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy and associated forms meet the requirements of this standard and Right 10 of the Code. Information explaining the complaints process is provided to residents and whānau on admission and those interviewed, including Māori residents, said they felt comfortable and would not hesitate to raise a concern if they had one. Residents are reminded about their right to raise concerns and complaints at the monthly resident meetings.</p> <p>The director/nurse manager (NM) is responsible for complaints management and all staff interviewed confirmed a sound understanding of the complaint process and what actions are required of them.</p> <p>The complaint register recorded one complaint submitted by the proprietors to staff in 2021. Review of the documents related to this, interviews with staff and the NM revealed that the matter was promptly and fully investigated and definitive action was taken as a result.</p> <p>There have been no complaints to the Health and Disability Commissioner (HDC) nor any requests for advocacy services to provide support in the last certification period.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The two directors/proprietors assume accountability for delivering a high-quality service to the residents. The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation.</p> <p>The service philosophy, annual business management plan and policies and procedures demonstrate various ways that meaningful inclusion of Māori and honouring Te Tiriti occurs in all aspects of service delivery. The organisations mission, vision and value are documented. Service monitoring and review of organisational performance occurs at planned intervals.</p> <p>The home has a maximum capacity for 19 rest home level care residents, but the NM has limited this to 17 since the global pandemic to enable isolation measures if required. Services are provided under</p>

		<p>the Age-Related Residential Care (ARC) agreement with Te Whatu Ora-Waikato. The service also holds an agreement for respite/short stay care, which can only be provided when there is a vacant room. On the days of audit 16 beds were occupied but only 15 residents were on site as one person was in hospital.</p> <p>The directors have completed, and are maintaining, competencies in Te Tiriti and cultural safety. Interviewees confirmed understanding about the principles and practices of equity. The directors were able to describe ways they ensured services are delivered safely and appropriately for tangata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity.</p> <p>There was no evidence of infrastructural, cultural, financial, physical or other barriers to equitable service delivery. This was demonstrated by interviews with staff, residents and their whanau/family, results of satisfaction surveys, the demographic population of residents and ethnic composition of staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service provider has a documented and implemented quality and risk management system which is reviewed and kept current by the directors with input from the part time RN and other health professionals. 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 policies and procedures include regular internal audits, management and staff meetings, provision of staff education and professional development opportunities, analyses of quality data such as incidents, infection and outbreak events, complaints, resident/whānau satisfaction surveys and staff wellness surveys. Where these monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. The organisation is establishing equity as an integral component of its quality systems. Ethnicity data is being consistently gathered. Tikanga is followed and respected.</p> <p>The manager reported there had been no significant events which</p>

		required section 31 reporting since the previous audit in 2020. Te Whatu Ora population health team were notified about residents and staff who tested positive to COVID 19 in June 2022.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Thirty percent of the workforce identify as Māori. The business owners ensure staff work in ways to deliver health care that is responsive to the needs of Māori. Staffing levels are adjusted to meet the changing needs of residents. Both the NM and part time RN are maintaining competencies with interRAI.</p> <p>Care staff reported there were adequate staff to complete the work allocated to them. The directors live on site and are available afterhours and the other RN is allocated on call duties when they are unavailable. Staff stated that ready access to advice is available when needed. The residents and whānau interviewed supported this.</p> <p>Four care staff are rostered for various hours during morning shifts, three staff are on site during the afternoon shift and there is one senior care giver on night duty. All staff members have a current first aid certificate and there is always at least one person with current medicine competencies. All staff who administer medicine are regularly competency assessed to ensure compliance with known best practice and safe procedures. There have been very few medicine related errors since the previous audit.</p> <p>Kitchen staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery. The care staff carry out laundry and housekeeping duties on all shifts seven days a week.</p> <p>Continuing education for staff is planned on a bi-annual basis to support equitable service delivery. Education includes mandatory training topics such as infection prevention, management of emergencies, manual handling and safe transfer, resident cares and residents' rights. Recent staff education was focused on understanding Te Tiriti o Waitangi and health equity related to Māori,</p>

		<p>cultural safety, infection prevention related to COVID-19 and the Omicron variant including donning and doffing of personal protective equipment (PPE).</p> <p>The service provider has determined the cultural make-up of their workforce, and estimated the percentage of Māori health care workers. The owners also confirm 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.</p> <p>Most of the staff are long term employees, many of whom have worked at the home for more than 20 years. All staff interviewed said they felt supported by their employer and that the work environment was positive.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Staff management policies and processes are based on good employment practice and meet relevant legislation. A sample of staff records confirmed the organisation's policies are being consistently implemented. Signed employment agreements, position descriptions and evidence of recruitment checks were documented. Staff qualifications including current membership with professional bodies and annual practicing certificates were confirmed prior to employment and copies were held on file. Validation of other health practitioners practicing certificates, such as the dispensing pharmacist, and general practitioners was also being checked and monitored for currency.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. A new staff member described the orientation process as excellent. Orientation includes being allocated to a peer/buddy for at least three shifts and a 90-day post-employment appraisal. Formal performance appraisals occur at least annually. Staff records sampled contained evidence that their performance had been reviewed in the past 12 months. Staff ethnicity data is recorded and used in accordance with Health Information Standards Organisation.</p> <p>Employment, incident and adverse event policies describe how</p>

		support, discussion and debriefing will be offered to staff involved in significant or stressful events.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled. Clinical notes were current, integrated, and legible and met current documentation standards. Residents' files are held securely and archived for the required period before being destroyed. No personal or private resident information was on public display during the audit. Resident records were legible with the name and designation of the person making the entry identifiable. InterRAI assessment information are in the residents' hard copy files. 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>Entry to the service is usually a resident or whānau initiated process. Information about the rest home is available from the service in printed format, and further information is available on the Eldernet website. Most enquires are via the phone or a personal visit, and the nurse manager provides all the required information and a tour of the facility if appropriate. The Needs Assessment Service Coordination agency (NASC) holds information about the service.</p> <p>A documented policy outlines entry criterion to the service. The nurse manager co-ordinates the entry process, waitlist and declining of enquiring residents and their whānau. The policy details the management for declining a resident into the service. The nurse manager advised that persons eligible for the service are not declined admission unless a bed is unavailable. A wait list is maintained, and the nurse manager contacts persons on the list monthly to ensure their health needs are being met in their current environment.</p> <p>If a bed is available and the resident has been assessed by the NASC as fitting the services admission criteria a referral is generated by the NASC and sent to the nurse manager. A copy of the NASC referral and level of care required by the resident was seen in all files sampled.</p>

		Existing relationships with Māori organisations and health practitioners are in place, and residents and whānau interviewed, including Māori, expressed satisfaction with the admission process and the delivery of care, and confirmed they were treated with dignity and respect.
<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>Residents had individualised support provided that met their physical, cultural, spiritual, social dimensions and aspirations of their wellbeing. The nurse manager had completed the assessments and developed the care plans for all residents. Another part time registered nurse (RN) is employed to provide input into the assessment, interventions, and review of resident's care-plans. All clinical files sampled had been reviewed and signed off by the nurse manager and the RN.</p> <p>Clinical files demonstrated that assessments of the resident's holistic wellbeing were undertaken on admission and included for example skin integrity, pain, falls risk, sleep patterns and behaviour. Short term care plans were developed for acute conditions for example an infection or skin tear. These were updated regularly and signed off when the condition had resolved.</p> <p>All interRAI assessments were up to date at the time of the audit. The resultant care-plans were documented and reflected opportunities to improve the resident's health and wellbeing. Progress notes, observations during the audit and interview with the resident's and their whānau confirmed that care-plan interventions had been implemented. A continuous improvement rating has been allocated for the successful implementation of strategies to reduce the harm from falls.</p> <p>Clinical records sampled were integrated including, for example, correspondence from community health providers, interRAI reports, the admission agreement, laboratory reports and a copy of the EPoA.</p> <p>Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. The nurse manager and staff stated that changes in a resident's behaviour prompted consideration of early warning signs. Monthly vital signs and the</p>

		<p>weight of residents were documented. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness, vital signs were repeated, and further assessments were performed as appropriate. The nurse manager routinely reviewed any early warning signs, or significant changes in weight or vital signs. In the event a significant trend was identified a short-term care-plan was developed by the nurse manager and the GP was notified as required. Examples of this were seen in the clinical files.</p> <p>The GP confirmed that residents were seen and assessed every three months. If the residents condition changed between time the nurse manager notified the GP and requested a medical review. The GP confirmed that the residents receive effective and responsive care that is provided in a manner that maintains their dignity and cultural needs.</p> <p>Records sampled of Māori residents confirmed that cultural preferences were incorporated into the care plan, and whānau were involved in identifying their own pae ora outcomes. Interviews with these residents and their whānau confirmed that care was provided in a manner that respected their mana, and that access to whanau and kaumātua was encouraged. The service connects with Māori and tāngata whaikaha to support service development, and this was confirmed during staff, resident, and whānau interviews.</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 service employs a diversional therapist (DT) to deliver the activities programme five days per week. The activities weekly programme was sighted on display throughout the facility. The DT was interviewed and discussed the weekly programme that included a range of activities suitable for the residents. The programme included for example colouring in, exercises such as bowls, and crafts. Planned outings to the community occur for shopping and/or sight-seeing.</p> <p>Implementation of the programme was observed during the audit and residents were seen to be engaged and having fun. Where a resident does not like the group activity individual activities are available for example puzzles, colouring in, reading and listening to music.</p>

		<p>Clinical files contained activity assessments and plans that identified the resident's interests and enhanced their strengths and skills. The plan was responsive to each resident's identity.</p> <p>Residents and whānau confirmed satisfaction with the programme, and stated it enhanced their well-being. The service has connections with the Māori community, enabling staff and residents to participate in te ao Māori activities as desired.</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>FA</p>	<p>The medication management system reflects current recommended best practice. An electronic programme is used for the prescribing and recording of the administration of medication. Medications are dispensed by the pharmacy using a pre-packaged system. The pharmacy delivers medications as required and disposes of unwanted medications. The nurse manager checks the medications upon delivery. Medication administration is performed by care assistants who have completed an in-house medication competency programme. A medication round was observed, and staff demonstrated competency with administration.</p> <p>The medication cupboard in the nurse manager's office is kept secure. The temperature of the cupboard was monitored. During the audit no medications were observed to be out of date. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication fridge was temperature monitored.</p> <p>All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. The GP had consistently reviewed the medication chart every three months. Standing orders were not used in this service. Over the counter medications (OTC) were discussed with the resident and family/whānau by the registered nurse and the GP. The GP had noted on the medication record the name of the OTC the resident was taking. Self-administration of inhalers was supported by the service for residents who have been determined as being competent by the RN. One resident was self-administering medication during the audit. The resident was interviewed and confirmed that staff monitored the</p>

		<p>medication self-administered, the inhaler was stored in suitable location in the resident's room, out of public view.</p> <p>Residents, including Māori residents and their whānau, are supported to understand and access their medications and this was confirmed by the residents and their whānau during interviews.</p> <p>Medication incidents are rare, however when an incident does occur the nurse manager reviews the factors that contributed to the incident and implements a corrective action. The GP stated that the medication system and process used was safe and appropriate to the service, and that reviews includes an analysis of the need for the medications prescribed.</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>All aspects of food management comply with current legislation and guidelines. There was a current food control plan that had been verified on 29 September 2022. The food service menu reflects the Ministry of Health nutritional guidelines for the older person and had been approved by a registered dietician.</p> <p>Prepared food was covered, dated and stored in the fridge. Cleaning records of the kitchen and its appliances were completed daily. Fridge and freezer temperature records were maintained, and records verified these were within acceptable parameters.</p> <p>Each resident had a nutritional assessment completed by the nurse manager on admission. Individual dietary requirements were documented in the resident's clinical file, and a copy of this information was sighted in the kitchen.</p> <p>The cook was interviewed and discussed how the menu, food preparation, cooking and serving is undertaken with consideration of cultural values and beliefs, including Māori. Family and whānau at times bring food with cultural significance to a resident/s, and residents go out with whānau for meals/kai and celebrations.</p> <p>Meals were served in the dining room and observation confirmed that the environment was light and spacious, and all residents received</p>

		<p>their meals with dignity. Meals and snacks were presented in an appealing manner.</p> <p>Residents and whānau interviewed spoke highly of the food service and confirmed that any feedback was accepted and implemented. The previous rating of continuous improvement for food services is ongoing.</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>	<p>FA</p>	<p>Transfer and discharge processes provide clear details regarding the transition, transfer, and discharge of residents in a safe and timely manner. The nurse manager was interviewed and discussed the policy/process.</p> <p>Discharge is planned and facilitated with the resident and whānau involvement when a resident's health status is observed to be changing. The nurse manager and the GP collaborate to ensure appropriate care is provided as the residents needs change. Whānau are informed, and discussion occurs regarding the care requirements of the resident and ongoing care provision options. The nurse manager completes an interRAI assessment that reflects the current care needs of the resident, and this information is provided to the NASC. Upon discharge the nurse manager provides relevant information to the new service provider.</p> <p>Acute transfers to the public hospital have occurred when there was a sudden change in the resident's health status and the nurse manager and/or the GP determined the resident required specialised care. A standardised aged residential care transfer form, designed by Te Whatu Ora -Waikato, was completed to ensure the required information was provided to the public hospital. A copy of the medication chart also accompanied the resident to the specialist service.</p> <p>Residents and whānau were given options to access other health and disability services and social support or kaupapa Māori agencies as/if required. This was confirmed during interviews with family/whanau and verified in the clinical files sampled.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <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>FA</p>	<p>The building has a current warrant of fitness with an expiry date of 17 June 2023. Appropriate systems are in place to ensure the residents' physical environment, equipment and furniture is fit for purpose and being well maintained. These include regular checking and calibration of medical equipment, mobility aids and electrical checks. There have been no changes to the building structure since the last audit.</p> <p>External areas are safely maintained and are appropriate to the resident group and setting. The internal environment is inclusive of the resident's cultures. For example, signage in te reo and English, a copy of the original Te Tiriti o Waitangi document and other artworks.</p> <p>There is an adequate number of accessible bathroom and toilet amenities located in each wing of the facility, and are in close proximity to residents' bedrooms. One bedroom has an ensuite bathroom. All bedrooms have a washbasin with hot and cold running water. Hot water temperature is regulated by tempering valves and monitoring of the temperatures at the tap is carried out monthly. The temperature records showed hot water was delivered within a safe range. Residents interviewed were very happy with the provision, cleanliness and access to ablution areas. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</p> <p>Each bedroom is unique in its size and shape and can easily accommodate a bed, seating and other furniture. These are spacious enough to allow residents and staff to manoeuvre and move around. All have external opening windows/doors, to allow ventilation and individually temperature-controlled panel heaters. Two of the bedrooms are twin share, although only occupied by one person at time of audit, and all others are single occupation. Rooms are personalised with furnishings, photos and other personal items displayed. There are additional rooms and spaces for storage of mobility aids, wheel chairs and mobility scooters. Family and residents expressed satisfaction with their bedrooms.</p> <p>There have been no new buildings. The directors confirmed they</p>
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		understood the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori.
<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>Emergency, natural disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Adequate supplies of food and water and equipment for use in the event of a civil defence emergency were sighted. These meet the National Emergency Management Agency recommendations for the region.</p> <p>Six monthly fire evacuation drills had been occurring. The most recent drill occurred in September 2022. The fire evacuation scheme approved by the New Zealand Fire Service in 1994 has not required a review as no changes have been made to the footprint of the building. An external fire safety service visits the site monthly to test the fire suppression systems, check that all egress is clear, and that the emergency lighting system is functioning.</p> <p>One of the proprietors is the onsite handyman. This person carries out or arranges for regular maintenance on the call bell system, mobility aids and equipment. Appropriate security arrangements are in place. The handyman has a background in security management and is maintaining skills and knowledge as an assessor of educational standards in security. Staff check and sign that all exits are locked at dusk. On the days of audit, the main entry point to the home were locked as all visitors required a rapid antigen test (RAT) before entry and were required to wear masks. Visitors are asked to sign in and provide proof of identify if they are unknown to staff.</p> <p>Residents and staff said they were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials</p>	FA	<p>The directors (proprietors) have oversight and operational input into the infection prevention (IP) and antimicrobial stewardship (AMS) and this is reflected in the quality plan that ensures the safety of residents and staff. The directors have access to the IP clinical nurse specialists (CNS) at Te Whatu Ora Health New Zealand Waikato and the GP</p>

<p>appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>who provide advice as required. The proprietor is the nurse manager who implements the IP programme, and uses a stepwise approach to risk management, and evidence of this was seen in the IP documents sighted.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>The nurse manager (proprietor) oversees and implements the IP programme. The IP and AMS programme are reviewed annually and link with the quality programme. The nurse manager has the appropriate knowledge and skills for the size and type of service and has attended training appropriate to the role. The nurse manager has access to relevant resources and support.</p> <p>A pandemic/infectious diseases response plan was documented and had been tested. Learnings from the implementation of the plan had been included in staff meetings and incorporated into training updates. Sufficient resources of personal protective equipment (PPE) were sighted during the audit. Staff interviewed confirmed that adequate supplies of PPE are, and have been, available for use when required. They also confirmed that they had received training regarding donning and doffing and had completed regular IP education. They described the principles of infection prevention.</p> <p>The nurse manager/proprietor is involved in any building modifications and was in charge of the purchasing of clinical equipment and supplies. There had been no building modifications since the last audit.</p> <p>Reusable devices and shared equipment were wiped with a suitable product after each use and this was confirmed by observation and staff during interviews. Single use items were not re-used, and this was verified by observation during the audit.</p> <p>The nurse manager enabled residents including Māori to understand</p>

		<p>infection prevention strategies and treatments by involving their whānau and facilitating a korero. When available written resources in te reo were provided. The nurse manager had completed Te Tiriti training and observation verified that the learnings were embedded in everyday practice. Staff also demonstrated cultural awareness in all care provided during the audit.</p> <p>Staff discussed how they implemented the IP policies and confirmed they had received IP education during orientation and ongoing education annually. There were IP policies documented that addressed the required topics, however these had not been developed with input from suitably qualified personnel.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service was committed to reducing the inappropriate use of antibiotics. There was a documented antimicrobial stewardship (AMS) policy, developed and approved by the directors that was appropriate to the size scope and complexity of the organisation.</p> <p>The service maintained a focus on improving the resident's health and wellbeing, for example considering their food and fluid intake. Monthly reports were sighted that reported the number and type of infections, with an analysis that included the antibiotic course prescribed, and the causative organism identified by laboratory report. The GP interviewed confirmed antibiotic prescribing occurred as per best practice guidelines sourced from Best Practice Advocacy Centre New Zealand (BPAC), and laboratory services.</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</p>	FA	<p>Surveillance of health care-associated infections was appropriate to the size and type of service. The surveillance programme was documented, and standard definitions were used relating to the type of infection acquired. The surveillance data captures ethnicity data.</p> <p>Monthly surveillance data was collated and presented at staff meetings. The nurse manager analysed the data to detect trends. The GP stated the service had a low rate of infections and residents were cared for in a manner that reduced the risk of infection.</p> <p>Residents who develop an infection are informed of this and whānau</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>were advised. The process is culturally appropriate, and this was confirmed by residents and whānau.</p> <p>The service has had one outbreak of COVID 19 in June this year. Thirteen residents tested positive over a period of three weeks. The pandemic plan was implemented, and residents were isolated in their bedrooms. The required notifications were made. Following the event, a review was undertaken, and learnings have been implemented and shared with staff.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are written policies and procedures related to the management of waste and hazardous substances. Staff interviewed confirmed they had been orientated to these and were able to access them if required. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were available in the rooms in which they were used. Cleaning trolleys were stored safely stored when not in use. A satisfactory supply of personal protective equipment (PPE) was available and included masks, gloves, aprons and goggles. Staff were observing using PPE.</p> <p>Cleaning is a shared role. After providing resident cares allocated caregivers commence the cleaning of the facility. The facility was observed to be clean, and residents and whānau interviewed confirmed that the facility was kept clean and tidy.</p> <p>The care givers also perform laundry duties. Interviews with the caregivers confirmed they had completed training appropriate to both the cleaning and laundry role, for example the safe use of chemicals. Bed linen and towels are laundered on site, in addition to the residents clothing. There are two laundries in the facility, one in each wing. One of these was sighted and it was observed that clean and dirty laundry was kept separated. Heavily soiled items were pre-rinsed prior to being placed in the washing machine. Residents and whānau reported satisfaction with the laundry service. Observation during the audit verified that all linen and clothing was clean and well maintained.</p> <p>The cleaning and laundry services were audited every six months by</p>

		<p>the nurse manager. Feedback from residents and whānau relating to cleaning and laundry services were discussed at resident meetings. All recent feedback has been positive.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Tarahill Rest Home is maintaining its philosophy and practice of no restraint. The directors who are directly involved in service provision, ensure the service remains restraint free through the use of alternatives. There have been no restraints used for more than 10 years. The only restraint interventions approved for use should they be required, are lap belts and a safe seat/vest. Any residents requiring these they would most likely be reassessed as needing a different level of care. The restraint policies which were developed by the directors contain definitions that are congruent with this standard and describe processes for assessment, consent and monitoring. Policy designates the RN/manager as the restraint coordinator, and authorises them to initiate an emergency restraint if required. Staff engage in ongoing and at least annual education on managing challenging behaviour, use of de-escalation techniques and preventing the use of restraint.</p> <p>Three residents had bed levers attached to their beds to assist them in repositioning or getting out of bed. These did not impede their freedom of movement, were voluntary and had been consented and agreed to by the residents using them, confirmed by resident interviews and their care records.</p> <p>Staff were observed using transfer belts with residents to keep them safe and prevent them tripping or falling when mobilising.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 5.2.3</p> <p>Service providers shall develop written IP policies with input from suitably qualified personnel, which comply with relevant legislation and accepted best practice. The suite of policies shall include:</p> <ul style="list-style-type: none"> (a) Hand hygiene and standard precautions; (b) Aseptic technique; (c) Transmission-based precautions; (d) Prevention of sharps injuries; (e) Prevention and management of communicable infectious diseases in service providers and users; (f) Management of current and emerging multi-drug-resistant organisms; (g) Outbreak management; (h) Decontamination and reprocessing of 	PA Low	There was a suite of policies relating to a-k of the criterion. Although the policies had been reviewed within the past year by the nurse manager and the registered nurse, there was insufficient evidence to confirm that the policies had been developed or reviewed with input from suitably qualified personnel.	The written policies had not had input from suitably qualified personnel.	<p>Ensure suitably qualified personnel have input into written policies.</p> <p>180 days</p>

reusable medical devices and equipment; (i) Single-use items; (j) Health care-associated infection (HAI) surveillance; (k) The built environment.				
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional</p>	CI	<p>The service has a comprehensive and effective falls minimisation and risk prevention system. A risk of falls profile for each resident is documented and updated regularly. These profiles clearly record the level of falls risk (high, medium, low) the identified cause of risks, for example, confusion, glaucoma, vertigo, weight, degenerative medical conditions, and current interventions to minimise and prevent falls. A one-page summary titled Accident/Incident and Safe Mobility plan is developed for each resident identified as a high falls risk. The strategies documented are additional to the standard interventions and precautions practiced by staff. For example, use of sensor mats, safe footwear, night lights, written reminders in residents’ bedrooms to use call bells, safe transfer and mobility practices, regular toileting and half hourly rounding. All falls are analysed monthly for causative factors, time and location of the event. The annual accident analysis for August 2021 to July 2022 revealed that the total number of falls for the same period of time in 2020 and 2021 had reduced from 51 falls</p>	<p>A focused approach to minimising falls and preventing risks from falls, has reduced the number and severity of resident falls.</p>

<p>healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>to 44. There were also no falls which resulted in fractures.</p>	
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	<p>CI</p>	<p>Resident meetings confirmed that the food service was discussed monthly. All resident feedback was accepted, and the kitchen staff implemented modifications in response to the feedback. For example, the time of day the main meal is served, and the options of food types available at breakfast. Resident surveys have maintained a 100% satisfaction rate since the last audit. The kitchen staff member approached residents individually to ensure they liked the menu of the day, and where the resident had an alternative preference, this was catered for.</p>	<p>The food service is responsive to resident feedback.</p>

End of the report.