

Cunliffe House Retirement Home 2006 Limited - Cunliffe House Rest Home

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, 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: Cunliffe House Retirement Home 2006 Limited

Premises audited: Cunliffe House Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 22 August 2022 End date: 23 August 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 19

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

Cunliffe House Rest Home has been owner-operated for 16 years. The service provides rest home level care for up to 23 residents. On the day of the audit there were 19 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability services standards and the services contract with Te Whatu Ora Canterbury. The audit process included a review of quality systems, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

The owner-operators have maintained a minimum of eight hours of professional development relating to the management of an aged care facility. They are supported in their role by a registered nurse who works four to five mornings a week.

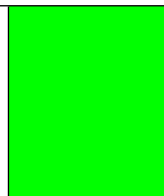
The service has an established quality and risk management system. Residents, family, and the general practitioner interviewed, commented positively on the standard of care and services provided.

The service has addressed the two previous certification audit findings relating to care planning and wound management.

This surveillance audit identified further improvement is required around documentation of allergies.

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.



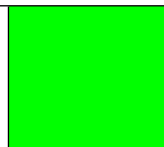
Subsections applicable to this service fully attained.

Cunliffe House is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. A Māori Health Plan is in place. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. Residents are involved in providing input into their care planning, their activities, and their dietary needs and services are provided in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicate with them about their choices. Staff receive comprehensive training on Māori health and awareness at orientation.

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.

A combined strategic business plan and quality goals are documented and supported by quality and risk management processes. Services are planned, coordinated and are appropriate to the needs of the residents. Systems are in place for monitoring the services provided.

The orientation programme provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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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The service promotes equity of access to their facility through a well-documented entry and decline process. There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision.

The care plans demonstrate service integration; there is a plan in place for registered nurses to review assessments and care plans on the resident's six-month anniversary. The organisation uses a paper based resident management system. Resident files included medical notes by the general practitioner, and allied health professionals.

The activities coordinator provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts are reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking prepared and cooked on site in the centrally located kitchen. Residents' food preferences, dietary and cultural requirements are identified at admission. The dining rooms are spacious and meet the needs of each resident group. The menu has been reviewed by a dietitian and meets the required nutritional values.

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.
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The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up to date resident list for evacuation purposes.

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 infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed by an external consultant and approved at board level.

The infection control coordinator is the clinical manager. The infection control coordinator has access to a range of resources including Te Whatu Ora Canterbury. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practises through meetings, and education. There have been two covid outbreaks since the previous audit.

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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Cunliffe House strives to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are complete.

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	14	0	0	1	0	0
Criteria	0	37	0	0	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	Not Applicable	<p>Three caregivers interviewed confirmed that the organisation would welcome suitably qualified Māori staff. There is a Māori Health plan.</p> <p>On interview the facility manager described supporting increasing Māori capacity by employing Māori staff members who apply to work at Cunliffe House. There are no staff currently employed 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> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	Not Applicable	<p>A Pacific health plan is documented and is available for residents who identify as Pasifika. Plans are in place to partner with Pasifika groups within the community to provide guidance around implementation of the plan.</p>

<p>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>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>Not Applicable</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori.</p> <p>Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents. There are links to spiritual supports. Church services are held.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Management recognises Māori mana Motuhake: self-determination, independence, sovereignty, authority, as evidenced in policy. Plans are underway to ensure staff receive education and are encouraged to promote Māori mana motuhake</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>FA</p>	<p>The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. The service is planning to use the use Te reo Māori during activities and to encourage staff to use te reo Māori during service delivery.</p> <p>The services annual training plan demonstrates training that is</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>responsive to the diverse needs of people across the service. Training on the code of rights was provided in March 2022, cultural safety in May 2022 and the treaty of Waitangi training was last provided in June 2022.</p> <p>Discussions with eight staff (five caregivers who work morning and afternoon shifts, a cook, one activities coordinator, one housekeeper), one clinical manager, five residents and two relatives confirmed that residents are treated with dignity and respect with staff adhering to their cultural values and beliefs.</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>The policy states that no person will be subjected to exclusion, ridicule or be prejudiced as a result of their race or ethnic background, skin colour, sexual orientation, disability, gender, age, or religion. This policy is reinforced in in the 'house rules' document that all staff are required to read and sign as part of the employment process. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff complete education on orientation and annually on how to identify abuse and neglect as per the training plan. Staff are educated on how to value the older person showing them respect and dignity. Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for their Māori residents. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</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</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines. The service has a policy on Māori cultural principles. The clinical manager has a good understanding of the organisational process to ensure they are able to inform Māori residents and whānau if specific tikanga practices are requested within the clinical setting.</p>

<p>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>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>There is a complaints policy that aligns with Right 10 of the Code. A complaints register is maintained. Concerns/complaints are discussed during the monthly staff and three-monthly management quality meetings. Complaints forms are available at the entrance to the facility.</p> <p>There have been no internal or external complaints lodged in 2021 or 2022. Staff interviewed were familiar with the complaints process and stated complaints were a standard agenda item at all staff meetings.</p> <p>Residents and families interviewed are aware of the complaints process. The complaints policy works equitably for all residents.</p> <p>Discussions with residents and families confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</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</p>	Not Applicable	<p>Cunliffe House Rest Home provides rest home level care for up to 23 residents with 19 occupied beds on the day of the audit. All residents were under the age-related residential care (ARCC) contract.</p> <p>There is a documented service philosophy, mission and vision and a strategic plan for 2022. The business plan and quality and risk management plans are being implemented.</p> <p>Four directors (two couples who are all directors) form the Board. They own Cunliffe and another facility in Geraldine. All directors have many years' experience in the age care sector.</p> <p>A trainee manager (non-clinical) has been employed for six years at the facility and has recently been appointed the manager role. The</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>trainee manager is on site Monday to Friday and is being orientated into the role by the facility manager (director/ Board member). Clinical oversight and 24/7 on call cover is provided by an experienced clinical manager (registered nurse) 30 hours a week on site Monday to Thursday and a second RN is available on alternate weekends if required.</p> <p>The co-owners/managers have maintained at least eight hours annually of professional development activities related to managing a rest home including pandemic planning with Te Whatu Ora. The owners attend provider (Te Whatu Ora) forums quarterly and are involved on the executive committee. The trainee manager confirmed knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements.</p> <p>The Board meet informally at least monthly and have formal annual meetings. The Board is seeking expertise to ensure tāngata whaikaha have meaningful representation to support solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The owner operators and the clinical manager are planning to attend external cultural training in order to demonstrate expertise in Te Tiriti, identification of barriers and health equity for Māori and cultural safety.</p> <p>Documentation has been updated by the external provider to reflect the requirements of the 2021 Health and Disability standards.</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</p>	<p>FA</p>	<p>Cunliffe House is implementing a quality and risk management programme. Annual 2022 quality improvement goals are documented and include plans to achieve these goals, target dates for implementation, responsibilities for implementation and improvement indicators. Interviews with the facility manager/owner (board representative), clinical manager and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>The service is planning to implement and assess staff cultural competencies to ensure the service can deliver high quality care for</p>

<p>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>Māori.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a comprehensive range of adverse event data (e.g. skin tears, falls, pressure injuries, challenging behaviour, infections, and medication errors) and is collated and analysed. Cunliffe House is not currently benchmarking with other providers; however, is investigating options to expand services with the contracted external provider who provides a benchmarking component to their services. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the facility manager.</p> <p>Annual family and resident meetings are held with evidence of both residents and families providing feedback via annual satisfaction surveys and 2021 results indicated that 100% of families were positive and 98% of residents were positive. Results were shared in meetings and by phone call to family members. Corrective actions were implemented to address food services and laundry services.</p> <p>Monthly combined quality, health and safety, infection control and full staff meetings document comprehensive review and discussion around all areas including hazards, service improvement plans, emergency processes, complaints, incidents and accident, internal audits, and infections.</p> <p>A risk management plan is in place. The monthly meetings ensure good communication. Interviews were conducted with the owner manager who is also the health and safety representative. Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. The hazard register is reviewed six monthly (last reviewed 2 May 2022). A plan is implemented to orientate contractors to the facility's</p>
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		<p>health and safety programme.</p> <p>Paper based reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls and challenging behaviours). Incident and accident data is collated monthly and analysed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations were completed as per protocol for unwitnessed falls and/or suspected injury to the head. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>The facility manager is aware of statutory responsibilities regarding essential notification with examples provided. There have been no section 31 reports completed since the previous audit. Public health authorities were notified of two recent Covid outbreaks.</p> <p>The owner managers are planning to complete critical analysis of organisational practices in order to improve health equity. The service collects ethnicity data during the resident's entry to the service and is planning to collect ethnicity data during the employment process for staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager, clinical manager and eight caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. The facility manager (non-clinical) and clinical manager are available Monday to Friday and are on call when not available on site. The clinical manager provides 24/7 on call cover for clinical concerns with support from a registered nurse on alternate weekends or when the clinical manager is on leave. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes</p>

		<p>to staffing levels, evidenced in staff interviews.</p> <p>Roster for Cunliffe House with 19 rest home level residents: Two caregivers (0700-1500; 0700-1300) cover the AM shift, two caregivers (1500-2200; 1630-2030) cover the PM shift and one caregiver covers the night shift (2300-0700). Other staff include the clinical manager for six hours a day Monday to Thursday, a daily cook, a cleaner each day and activities staff Monday to Friday. The facility manager and trainee Manager works five days per week.</p> <p>There is an annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through the local hospital and hospice.</p> <p>Annual competencies completed include medication, hand hygiene, fire, and emergency training, donning on and off of personal protective clothing and manual handling.</p> <p>Staff complete training on Māori health and awareness on orientation to the service and as part of the ongoing education programme. Work is underway to implement and assess staff cultural competencies to include the Treaty of Waitangi to ensure the service can deliver high quality care for Māori. The service is planning to expand reporting to encourage collection and sharing of Māori health information. Plans are in place to encourage staff to participate in learning opportunities around health outcomes and disparities, and health equity.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of ten caregivers, three staff have level one qualification, one staff has completed their level three qualification and six have completed their level four qualification.</p> <p>The clinical manager is interRAI trained.</p> <p>Interviews with residents and families confirmed staffing overall was</p>
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		satisfactory.
<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>	FA	<p>A register of practising certificates for general practitioners, registered nurses, podiatrist, and allied health visitors is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Five staff files reviewed (three caregivers, one clinical manager and one cook) included evidence of the recruitment process, including reference checking, police checks, signed employment contracts and job descriptions. All files identified all components of the workbook including clinical competencies evidenced signatures of completion within 90 days. Staff interviewed stated that new staff were adequately orientated to the service.</p> <p>There is a personnel file policy. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment application stage. The service plans to collect ethnicity data and reporting it at a governance level.</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</p>	Not Applicable	<p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes including required documentation. The trainee manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared to the Board. The report does not currently include ethnicity but will include ethnicity specific to Māori moving forward. The new electronic system records ethnicity/race/indigenous status and iwi details.</p> <p>The service identifies links to Māori health providers within the Māori health and awareness policy and procedure. The service is planning</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>to develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The care plans on the paper based resident management system were resident focused, individualised and identified all support needs, goals, and interventions to manage medical needs/risks. The clinical manager described how the care delivered is based on the four cornerstones of Māori health model Te Whare Tapa Whā evidenced in the reviewed resident files. For end-of-life care, the RNs use the Te Ara Whakapiri tool.</p> <p>Five resident files were reviewed. The clinical manager is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. Initial assessments, long-term care plans and interRAI reassessments had been developed within the required timeframes in all files reviewed. Routine interRAI assessments and long-term care plans had been evaluated in all five resident files. The clinical manager/registered nurse interviewed described working in partnership with the resident and whānau to develop the initial care plan and long-term care plan to ensure residents have the opportunity to identify their own pae ora outcomes, and all residents including residents with disabilities are not restricted in accessing information, care and supports they need to achieve their goals and aspirations. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>The clinical manager described working in partnership with residents and whānau.</p>

		<p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The general practitioner (GP) who visits weekly is available after hours for palliative residents. On-call cover is provided by a 24-hour surgery. The clinical manager provides on-call afterhours with the support of a part-time RN every second weekend. The GP (interviewed) commented positively on the care, communication, and the quality of the care staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has access to a physiotherapist if required. A podiatrist visits regularly and a dietitian, speech language therapist and wound care specialist nurse are available as required through Te Whatu Ora Canterbury.</p> <p>Risk assessments are conducted relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment has been implemented. Behavioural assessments have been utilised where needed. The long-term care plan included sections on mobility and transfers, activities of daily living, continence, nutrition, communication, medication, skin care, cognitive function, and behaviours, cultural, spiritual, sexuality, and social needs. The care plan aligns with the service's model of person-centred care and addressed the residents assessed needs. The previous shortfall around care plan interventions (NZS 8134:2008 criteria 1.3.5.2) has been addressed.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts included (but not limited to) weights, neurological observations, vital signs, and weight were implemented according to the care plan interventions. Neurological observations have been routinely completed for unwitnessed falls.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and the clinical manager. The clinical manager further adds to the progress notes if there are any incidents</p>
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		<p>or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager initiates a review with a GP. Family were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. Family contact is recorded on a whanau sheet and in the progress notes and includes family notifications and discussions.</p> <p>Wound assessments and wound management plans were reviewed for two residents with wounds (skin tear and pressure injury and a skin conditions). A wound register is maintained. The wound charts reviewed included detailed assessments, a management plan, dressings at the documented frequencies and regular evaluations. The previous shortfall around wound documentation (NZS 8134:2008 criteria 1.3.6.1) has been addressed.</p> <p>When there is a change in resident health needs, such as infections, wounds, or recent falls, appropriate assessments are completed, and short-term care plans initiated. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>Not Applicable</p>	<p>The activities coordinator works 21 hours a week and leads activities during the week. The care staff provides activities during weekends and to cover leave.</p> <p>There is a monthly programme in large print on noticeboards in five communal areas. A printed copy is delivered to each resident's room. Activities are provided for 21 hours a week. The cleaner and care staff</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>assist with activities when the activities coordinator is not on site and the trainee manager assists with van outings. Caregivers also assist with activities over the weekends. Activities resources are stored in the lounge and are readily available to all staff. Activities include (but are not limited to) exercises, walks, bowls, golf outside, crafts, games, quizzes, entertainers, gardening and housie. Those residents who prefer to stay in their room have one-on-one visits to check if there is anything they need and to have a chat.</p> <p>There are outings twice weekly and fortnightly shopping trips. The service utilises their own van. Community visitors to the service include entertainers, speakers, and churches. Special events like Matariki, Waitangi Day, birthdays, Easter, Mothers' Day, and Anzac Day are celebrated. There are bi-weekly church services with monthly visits from the catholic church for communion.</p> <p>An activity assessment and profile are completed on admission in consultation with the resident/family as appropriate. An activity plan is documented within two weeks of admission. The activities coordinator documents each resident's attendance and responses at least monthly.</p> <p>Activity plans in all files were evaluated monthly and six monthly at the same time as the care plan in consultation with the RN. Residents and families are able to provide feedback and suggestions for the programme through meetings, surveys, and one-on-one feedback. Residents and relatives interviewed commented positively on the activity programme. The resident survey (November 2021) evidence a high level of satisfaction related to activities.</p> <p>The service does not currently have any Māori residents, however, is planning towards ensuring opportunities are facilitated for future Māori residents to participate in te ao Māori.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	<p>PA Moderate</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in locked trolleys and a locked cupboard. The internal audit schedule includes medication</p>

<p>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>management six monthly.</p> <p>The clinical manager and medication competent caregivers administer medications, and all have completed medication competencies annually. All medication blister packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent, and safe storage of the medications. There were no residents self-administering medications on the day of the audit. The clinical manager advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolley were dated on opening. All medications no longer required are returned to pharmacy, there were no expired drugs on site on the day of the audit. Standing orders are not used.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification however not all residents' charts had the allergy status documented.</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</p>	<p>Not Applicable</p>	<p>The cook interviewed stated they receive resident dietary profiles and are notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. The service caters for cultural preferences and special diets are accommodated, including gluten free and diabetic desserts. The kitchen staff are involved to assist with theme months particularly during cultural events and celebrations. The service is working towards a better understanding of tapu and noa ensuring all staff understanding.</p>

needs are met to promote and maintain their health and wellbeing.		
<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>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. A transfer document is completed and include a copy of the advance directives, advance care plan (where available) and medication chart. A verbal handover is provided. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Discussion with the registered nurses identified that the service accesses support either through the GP, specialists, and allied health services as required. Referral to other health and disability services is evident in the resident files reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current building warrant of fitness that expires 1 July 2023. There is a maintenance and repairs request book in the nurse's station that is checked daily and signed as repairs are completed. Hot water temperatures in resident areas are maintained below 45 degrees. Essential contractors are available as required.</p> <p>Management advised they are not currently planning any future development; however, they were aware of their obligation to include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	FA	<p>There is an approved fire evacuation plan in place. Six monthly fire drills occur. Emergency management and fire training is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. The facility manager oversees contractor induction and management. Contractors and visitors are identified visitors through a sign in process and staff</p>

<p>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>are required to have name badges. The front door is closed from 5pm onwards. Staff complete security checks at night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed by an external consultant and approved by the facility manager/owner in agreement with board members. The facility manager and clinical manager described working towards partnership with future Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Staff follow the pandemic policy provided by the external contractor which is available for all staff. All staff and residents have been double vaccinated and boosted. Visitors are being asked to be double vaccinated or restrictions to visiting will be implemented. Visitors complete a rapid antigen test (RAT) test prior to entering the facility. All new residents are requested to be double vaccinated. Personal protective equipment (PPE) is ordered through the MOH portal and a stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted in the centrally located store, which is accessible to all staff. Staff education includes (but is not limited to), standard precautions, isolation procedures, hand washing competencies, donning, and doffing PPE.</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-</p>	<p>FA</p>	<p>Infection monitoring is the responsibility of the infection control coordinator. All infections are recorded in a paper-based system by the infection control coordinator, who documents a monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events outside accepted levels. There are monthly comparisons of data. The service is planning to benchmark with other facilities using an electronic monitoring system. Outcomes are discussed at the monthly combined full team meeting. Education is completed to address infection trends</p>

<p>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>for the month with specific goals to improve outcomes. A copy of the minutes of monthly meetings are provided to the owner operators. The service is planning to incorporate ethnicity data in surveillance reporting.</p> <p>There have been two covid outbreaks in April and July 2022 since the previous audit. Both were well managed. Logs were maintained, relatives were kept up to date with changes and notifications were made appropriately. Debrief meetings were held to discuss lessons learned.</p> <p>All staff and residents have received the required Covid-19 vaccinations. All visitors, entertainers and contractors are required to be fully vaccinated.</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>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice.</p> <p>No residents were using restraints at the time of the audit. The restraint coordinator interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation. Staff training records evidenced that guidance is given on restraint minimisation.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people’s medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	PA Moderate	<p>The electronic medication system accurately records all resident details and include up to date photos.</p> <p>Allergies were recorded on four resident files reviewed</p>	<p>Six of ten resident files reviewed did not include the resident’s allergy status</p>	<p>Ensure resident allergies or nil known documentation on the medication chart is completed.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.