

Wairarapa Limited Partnership - Wairarapa Village

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 Central Region's Technical Advisory Services 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:	Wairarapa Limited Partnership
Premises audited:	Wairarapa Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 6 October 2022 End date: 7 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:	46

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

Wairarapa Village is an independent care facility certified to provide rest home, hospital, and residential disability care for up to 66 residents. The facility is attached to a retirement village (independent living service apartments and villas). Occupancy on the first day of audit was 46 residents with a mix of rest home, hospital, young person's disability, accident corporation commission, and aged residential care contracts.

This certification audit was conducted against the Health and Disability Services Standard Ngā Paerewa NZS8134:2021 and the service contracts with Te Whatu Ora - Health New Zealand.

The audit process included a review of policies, procedures and resident and staff files; observations and interviews with residents, staff, management; the general practitioner and the chief operations officer.

There had been no significant changes since the last audit.

Residents and family spoke positively about the care provided. Interviews with management and staff confirmed they are committed to deliver services that meet requirements.

There were no areas identified as requiring improvement.

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 service complies with the Health and Disability Commission Code of Health and Disability Consumers' Rights. Residents receive services in a manner that considers their dignity, privacy, and independence as well as facilitating their informed choice and consent.

Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual connection, and relationship status.

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse. The service has a culture of open disclosure. Complaints processes are managed according to requirements.

Care plans accommodate the choices of residents and/or their family/whānau.

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 BeGroup is the governing body responsible for the services provided at this facility and understands the obligation to comply with Ngā Paerewa NZS8134:2021. The organisation's mission statement and vision are documented and displayed in the facility. The service has a current business plan and quality, and risk management systems are in place.

The chief executive officer has been involved in managing and governing aged care services for over thirty years.

An experienced and suitably qualified facility manager ensures the management of the facility. A clinical services manager oversees the clinical and care services in the facility. An operations manager and regional clinical lead supports the facility's managers in their roles.

Quality and risk management systems are in place. Meetings are held that include reporting on various clinical indicators, quality and risk issues, and there is review of identified trends.

There are human resource policies and procedures that guide practice in relation to recruitment, orientation, and management of staff. A systematic approach to identify and deliver ongoing training supports safe service delivery.

Systems are in place to ensure the secure management of resident and staff information.

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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A person-centred and whānau-centred approach is adopted when residents enter the service. Relevant information is provided to the potential resident and or whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are referred or transferred to other health services as required.

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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There is a current building warrant of fitness. A reactive and preventative maintenance programme is implemented. External areas are safe and provide shade and seating.

Residents' rooms are of an appropriate size for the safe use and manoeuvring of mobility aids and provision of care. Lounges and dining rooms provide spaces for residents and their visitors. Communal and individual spaces are maintained at a comfortable temperature.

A call bell system allows residents to access help when needed. Security systems are in place and staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills.

Waste, hazardous substances and chemicals are stored managed appropriately. Staff use protective equipment and clothing.

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

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

Subsections applicable to this service fully attained.

The facility manager and the clinical services manager ensure the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The clinical services manager ensures surveillance occurs monthly.

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

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

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

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There is a registered nurse restraint co-ordinator, at the facility. The governing body, as documented in the restraint policy, are committed to eliminating restraint. There are seven residents using restraint at the time of the audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and use of alternative interventions as needed. Restraint is used as a last resort. Processes are in place to monitor and review restraint use.

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	28	0	0	0	0	0
Criteria	1	160	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Staff receive training in cultural safety at orientation. The training defines and explains cultural safety and its importance, plus outlines the Treaty of Waitangi and tikanga best practice.</p> <p>At the time of audit there were no residents who identified as Māori. Residents and their family/whānau are encouraged to participate in the development of the resident's care plan. Residents and their family/whānau confirmed at interview that they are involved in this process. Opportunities for input into services are provided through residents' meetings which was confirmed on review of resident meeting minutes.</p> <p>The organisation has a cultural responsiveness plan for Māori and Pacific residents that recognises the principles of Te Tiriti o Waitangi and describes how Wairarapa Village responds to Māori cultural needs and Māori beliefs in relation to health and illness. The Māori health plan outlines that the recruitment and training of Māori staff will be encouraged however, at time of audit this was yet to be</p>

		<p>implemented. The plan outlines the aims of Wairarapa Village to ensure outcomes for Māori are positive and equitable. The document outlines the importance of residents identifying as Māori having the opportunity of family/whānau involved in their care.</p> <p>Documents are provided in te reo Māori where possible.</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>	Not Applicable	<p>The cultural responsiveness policy reviewed, outlines the provider's commitment to providing culturally safe care however, the policy does not reflect the cultural needs of Pacific peoples.</p> <p>Information gathered during assessments includes identifying a residents' specific cultural needs, spiritual values, and beliefs. Assessments also include obtaining information on a resident's cultural preferences, which includes but is not limited to, cultural identity and spirituality. This informs care planning and activities are tailored to meet identified needs and preferences.</p> <p>At time of audit there were no residents who identified as Pacific peoples residing in the facility.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The organisation has implemented policies and procedures to ensure that services are provided in a manner that upholds patient rights and complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>All staff have received training and education on the Code, as a part of their orientation and the mandatory annual training and education programme. Staff interviews confirmed awareness of the Code and observations evidenced practices that demonstrate an understanding of their obligations. Evidence that the Code is implemented in everyday practice includes maintaining residents' privacy, providing residents with choice, and providing opportunities to residents and family/whānau to be involved in care planning.</p> <p>Residents and/or their family/whānau are provided information on the Code as a part of their admission information pack on admission to Wairarapa Village. This information supplied includes documentation</p>

		<p>on the complaints process and advocacy services. The admitting nurse explains the Code during the admission process to ensure understanding. Posters in te reo Māori, and English were visible throughout the facility.</p> <p>Policy and practice include ensuring that all residents, including Māori residents' rights to self-determination is upheld and they can practice their own personal values and beliefs. The cultural responsiveness plan identifies how Wairarapa Village responds to Māori cultural needs and beliefs in relation to health and illness.</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>	FA	<p>The provider ensures that residents including younger people with disability, and whānau are included in planning and care, which includes discussion and choices regarding maintaining independence. Staff and family/whānau interviews and observation confirmed that religions, social preferences, values, and beliefs are identified and upheld. This information was documented in resident files.</p> <p>The organisation has a policy on sexuality and intimacy that provides guidelines for managing expressions of sexuality. Residents have choices in terms of how they express their sexuality; for example, choosing the clothing and adornments they wear.</p> <p>The organisation has policies and procedures that are aligned to the requirements of the Privacy Act and Health Information Privacy Code, to ensure that a resident's rights to privacy and dignity is upheld. These policies provide guidelines for respecting and maintain privacy and dignity. There are spaces where residents can find privacy within communal areas.</p> <p>Resident, family/whānau, and staff interviews as well as observation confirmed that staff knock on bedroom and bathroom doors before entering, ensure that doors are shut when personal cares are being provided and residents are suitably clothed and covered when taken to the bathroom. Interviews and observation confirmed that staff maintain confidentiality, are discreet, and hold conversations of a personal nature in private. Resident interviews confirmed that resident</p>

		<p>privacy is respected.</p> <p>Staff receive training in tikanga best practice. Culturally appropriate activities have been introduced such as celebrating Matariki, and the provision of food cooked in a hāngi.</p> <p>Interviews with staff confirmed their understanding of the cultural needs of Māori including in death and dying.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>There is policy that defines guidelines and responsibilities of staff to report suspected abuse. It includes definition of abuse and guidelines for managing abuse. Staff receive orientation and mandatory training on abuse and neglect. Interviews confirmed staff awareness of their obligations to report any incidences of suspected abuse or neglect. Staff and family/whānau interviews confirmed there was no evidence of abuse or neglect.</p> <p>The admission agreement signed prior to occupation, provides clear expectations regarding the management and responsibilities of personal property and finances.</p> <p>Residents and/or their family/whānau provide consent to the facility to manage the resident's comfort funds. There was no evidence of abuse of resident property or possessions.</p> <p>There are policies and procedures to ensure that the environment is free from discrimination, racism, coercion, harassment, and financial exploitation. They provide guidance for staff on how this is prevented and, where suspected, reported.</p> <p>Job descriptions include the responsibilities of the position, including ethical issues relevant to each role. Staff interviews confirmed awareness of their obligation to report any evidence of discrimination, abuse, neglect, harassment, and exploitation.</p> <p>Staff are required to sign and abide by the Wairarapa Village code of conduct and professional boundaries agreement. All staff files reviewed evidenced these were signed. Staff mandatory training</p>

		<p>includes maintaining of professional boundaries. Staff interviews confirmed their understanding of professional boundaries relevant to their respective roles. Interviews with residents and families/whānau confirmed that professional boundaries are maintained by staff.</p> <p>Resident interviews described that the service promotes an environment in which residents and their family/whānau feel safe and comfortable to raise any questions or concerns, and that discussions are free and open.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>There is policy to ensure that residents and their family/whānau have the right to comprehensive information, supplied in a way that is appropriate for the resident and/or their family/whānau, and considers specific language requirements and disabilities. An interview with the facility manager (FM) confirmed that where required, interpreters and advocacy services are accessed to ensure information is understood. Staff represent different ethnicities and can communicate with residents in their native language if the resident wishes. At the time of audit there were no residents who required an interpreter.</p> <p>There is a policy requiring that family/whānau are advised within 24 hours of an event occurring. Review of documentation, staff, and resident family/whānau interviews confirmed that timeframes are met regarding informing resident's family/whānau of events that have occurred.</p> <p>Staff, resident, and family/whānau interviews confirmed that family/whānau are included in resident care planning. Two monthly resident meetings and newsletters inform residents and families/whānau of facility activities. Family/whānau are welcome to attend all resident meetings. Meetings are advertised in the activity's planner and newsletters with reminders of what is coming up, placed on notice boards throughout the facility. Meetings follow a set agenda and are chaired by the FM. Meeting minutes, interviews and observation demonstrate attendance by residents and family/whānau. The meeting minutes capture issues raised, and who is taking responsibility for follow up. The outcome of which is then discussed at the next meeting along with progress made. Resident meetings offer</p>

		<p>an opportunity to provide feedback and make suggestions for improvement as well as raise and discuss issues/concerns with management. Copies of the activities plan, and menu are available to residents and their family/whānau.</p> <p>The resident agreement, signed by the resident or enduring power of attorney (EPOA), confirms for residents what is, and what is not included, in service provision.</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>There is an informed consent policy to ensure that a resident who has capacity/competence to consent to a treatment or procedures, has been given sufficient information to enable the resident to arrive at a reasoned and voluntary decision. This policy provides guidelines for staff to ensure adherence to the legal and ethical requirements of informed consent and informed choice. The policy includes a definition of consent, procedures and how this will be facilitated and obtained. Staff receive orientation and training on informed consent and all staff interviewed demonstrated their understanding of procedures to uphold informed consent. The resident information pack includes information regarding consent. The clinical services manager (CSM) discusses and explains informed consent to residents, and their family/whānau during the admission process, to ensure understanding. This includes consent for resuscitation and completing advance directives.</p> <p>There is a resuscitation order and advanced directives policy to ensure that the rights of the resident are respected and upheld, and residents are treated with dignity during health and all stages of illness. The policy defines the procedure for obtaining an advanced directive, Verbal consent is expected for all activities of daily living, and specific consent is sought for end of life, advance care planning, and for the resuscitation decision.</p> <p>Informed consent provided by the resident and/or EPOA is documented. Consent includes release of medical information, medical review by other health professionals, medication administration, blood tests, vaccinations, consent to students,</p>

		<p>photographs on files and recreational activities such as outings.</p> <p>File reviews demonstrated that advanced directives and resuscitation orders are completed in accordance with policy. When required, advance care planning and EPOAs were initiated and documented.</p> <p>The informed consent policy acknowledges Te Tiriti and the impact of culture and identity of the determinants of the health and wellbeing of Māori residents. This policy requires health professionals to recognise these factors as relevant when issues relating to health care for Māori residents, arise.</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>The facility has a complaints policy and process that is aligned with Right 10 of the Code. The complaint process is made available in the admission agreement and explained by the CSM on the resident's admission. Complaint forms are freely available throughout the facility.</p> <p>The FM is responsible for managing complaints. There had been 11 complaints over the 2021/22 period. A complaints register is in place that includes the name of the complainant, date the complaint was received, the date the complaint was responded to, and the date the complaint was closed. Evidence relating to the investigation of the complaint is contained within all documentation within the complaints register. Interview with the FM and a review of complaints indicated that complaints are investigated promptly and resolved in a timely manner.</p> <p>Interviews with the FM, staff, and residents confirmed that residents can raise any concerns, and provide feedback on the service. Family/whānau stated they had been able to raise issues with the FM and CSM.</p> <p>On day of audit there had been no Health and Disability (HDC), or other external agencies complaints logged.</p> <p>Support for Māori residents when making a complaint, is accessible where required.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The Wairarapa Village facility is a part of the BeGroup with the executive team providing direction to the service. The BeGroup governance body meets legislative, contractual, and regulatory requirements with commitment to international conventions ratified by the New Zealand government. The governance body understands the obligation to comply with Ngā Paerewa NZS8134:2021, as confirmed during interview with the chief operations officer (COO).</p> <p>The annual strategic business plan has key outcomes which are resident centred, such as resident satisfaction, health and safety, complaints, education, and fiscal stability and updates on key service delivery areas are forwarded to the board monthly.</p> <p>The organisation is yet to obtain Māori representation on the board but remains committed to rectifying this.</p> <p>The COO outlined the core competencies that the governing body are required to demonstrate, and these include understanding of the services' obligations under Te Tiriti, health equity, and cultural safety.</p> <p>The organisation has a documented strategic plan incorporating vision, mission, and values statements. The organisation values were displayed in the facility and in information available to residents and their family/whānau.</p> <p>The facility's Māori health plan describes how the organisation will ensure equity. The FM described how the staff are encouraged to use basic te reo Māori phrases and upskill in Māori tikanga. Families/whānau are encouraged to have input into service improvement as confirmed in interview with resident's family/whānau.</p> <p>The management team has a clinical governance structure in place, that is appropriate to the size and complexity of service provision. The FM reports monthly on key aspects of service delivery.</p> <p>The FM reports to the COO who oversees the facility's quality, and operational performance. The FM has a weekly meeting with the COO. The COO provides weekly updates to the chief executive (CE)</p>
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		<p>on all key aspects of service delivery within the facility.</p> <p>The FM is an experienced manager who has been in the role for two years. The CSM is a registered nurse (RN) who has led clinical operations in the facility for just over two years. Both the FM and CSM have current annual practising certificates. Both managers have completed more than eight hours educational/management training. In the absence of the FM or CSM, one covers for the other.</p> <p>The service provides rest home, hospital level, and care for younger people with lifelong disabilities – (YPD), for up to 66 residents. Current allocation of beds consists of nine rest home, 11 hospital, 42 dual purpose, and four YPD – physical beds.</p> <p>There are currently 21 residents assessed as requiring hospital level care and 26 requiring rest home level care. Included in these numbers are: five YPD residents, two at hospital and three at rest home levels of care and one resident in a serviced apartment assessed at rest home level care. Of these 47 residents, at the time of the audit 1 has been admitted to the public hospital, and not counted in current occupied bed numbers.</p> <p>There was one resident (ORA) included in these numbers.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	FA	<p>The organisation has an annually reviewed, executive team approved, quality and risk management plan, which was developed with input from facility staff.</p> <p>The policy outlines the quality and risk framework to promote continuous quality improvement. There are policies, procedures, and associated systems to ensure that the facility meets accepted best practice and adheres to relevant standards, including standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>There is an implemented annual, schedule of internal audits. Areas of noncompliance from the internal audits include the implementation of a corrective action plan with sign off by the FM, when completed.</p>

and support workers.		<p>Identified trends are raised for discussion within the quality meetings.</p> <p>The FM is the health and safety officer and has completed the required training. The maintenance person has also commenced the required training to share the role and responsibilities.</p> <p>The facility holds a comprehensive schedule for all staff meetings, that includes, but is not limited to quality, health and safety, staff, infection control and prevention, with good staff attendance. Meetings minutes evidence that a broad range of topics are discussed.</p> <p>At interview, through observation, and resident meeting minutes, it was confirmed that residents were able to be involved in decision making/choices.</p> <p>Completed hazard identification forms and staff interviews show that hazards are identified and appropriately managed. The hazard register is relevant to the service and has been regularly updated and reviewed.</p> <p>The facility follows the National Adverse Event Reporting policy for internal and external reporting (as required) as outlined in interview with the FM.</p> <p>Notifications to HealthCERT under Section 31 had been completed to notify of resident pressure areas.</p> <p>The organisations commitment to providing high quality health care and equity for Māori is stated within the Māori health plan.</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</p>	FA	<p>Staff rosters are completed by both the FM and CSM. The FM completes the roster for all non-clinical and operational staff with the CSM having responsibility for all clinical staff rosters. The roster is completed following safe staffing guidelines and takes into account the lay-out of the facility and additional complexities within the facility that can impact on safe care delivery. Interviews with residents, relatives and staff confirmed that staffing levels are sufficient. Rosters reviewed evidence that staff were replaced when absent, by other</p>

<p>through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>staff picking up additional shifts, and with the use of agency staff.</p> <p>The FM works 40 hours per week Monday to Friday and participates in the on-call roster. The CSM works 40 hours per week and shares the responsibility of an after-hours on call roster with the FM.</p> <p>Laundry and cleaning staff are rostered on, seven days a week.</p> <p>There are four RNs who have completed InterRAI training. Caregivers complete Careerforce training in New Zealand Qualification Standards (NZQA) to level four.</p> <p>There is an implemented annual training and education programme. Staff competencies, training and education scheduled, are relevant to the needs of the aged care residents.</p> <p>Annual resident and relative satisfaction surveys are completed, with a corrective action plan put in place to address areas identified as requiring improvement.</p> <p>Support systems promote staff wellbeing, and a positive work environment was confirmed in staff interviews. Employee support services are available as required. Staff interviews confirmed the support from management during the coronavirus disease (COVID-19) lockdowns, was appreciated.</p> <p>The service collects resident data to inform Māori health information reporting.</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</p>	FA	<p>The facility follows policies and procedures which adhere to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisation's policy is consistently implemented and records maintained. The recruitment processes include, police vetting, reference checks, signed contracts, and job descriptions. Current practising certificates were sighted for all staff and contractors who require these to practice. Personnel involved in driving the van, for outings and resident appointments, held current driver licences, and</p>

<p>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>first aid certificates.</p> <p>Non-clinical staff include household and laundry personnel, a part time maintenance person, and kitchen staff.</p> <p>There is a documented and implemented orientation programme and staff training records show that training and education are attended. There was recorded evidence of staff receiving orientation, with a generic induction component specific to their roles. Staff interviews confirmed completing this, and stated it was appropriate to their roles.</p> <p>Staff competencies and scheduled training and education are relevant to the needs of aged care residents including those receiving hospital level care.</p> <p>Ethnicity information is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Residents' records and medication charts are managed electronically. Residents' information including progress notes is entered into the resident's records in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents' progress notes are completed at every shift.</p> <p>There are policies and procedures in place to ensure the privacy and confidentiality of resident information. Staff interviews confirmed knowledge of their obligations to maintain confidentiality of resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised access.</p> <p>Records include information obtained on admission and information supplied by resident's family/whānau where applicable.</p> <p>The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals.</p> <p>National Health Index registrations of people receiving services meet</p>

		the recording requirements specified by the Ministry of Health.
<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>Residents enter the service when their required level of care has been assessed and confirmed by the local needs assessment and service coordination (NASC) service. Residents and whānau interviewed, stated they were satisfied with the admission process, and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision.</p> <p>Enquiries are documented. However, the service does not yet analyse entry and decline rates and ethnicity data is not collected prior to admission.</p> <p>There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. The service is working to establish links to enable this to occur when needed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The RNs, health care assistants and GP work in partnership with the resident and whānau to support resident wellbeing. A care plan is developed by the RNs following comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Clinical assessments: including mobility, falls risk, pressure injury risk, pain, continence, and nutritional needs, inform care planning. An initial care plan guides care during the first three weeks of the assessment process. InterRAI assessments are completed within three weeks of admission and reviewed six-monthly thereafter. Long term care planning details strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community. Cultural needs are identified for residents during the assessment process and goals are documented. Short term care plans are developed for acute problems, and examples were sighted for infections. These are reviewed weekly or</p>

		<p>earlier if clinically indicated.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes, meet contractual requirements. On the InterRAI summary reviewed there are only two InterRAI reassessments to be reviewed by the RN interviewed. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Review of resident's records showed that residents under the young person with disability contract participate in care planning. Their plan includes activities and interventions to ensure that their physical, mental health, cultural and wellbeing needs are met.</p> <p>Management of medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, or new needs are identified, changes are made to the care plan in collaboration with the resident and/or whānau. Multidisciplinary review occurs six monthly with resident and whānau input when possible. Residents' and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Cultural resources are available and staff training and education has been provided. However, not all staff understood the Māori constructs of ora and pae ora.</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</p>	FA	<p>The diversional therapist (DT) provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages, and stages of life. The DT is employed for four days a week and is supported by another DT who works one day a week and one coordinator who also works one day a week. The aim of the activities programme is to involve the family as much as possible.</p> <p>Connections with the community has been limited due to the COVID-19 pandemic. Van outings are welcomed and are part of the programme sighted. Residents interviewed are participating and</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>enjoying this activity, when possible.</p> <p>Recreational profiles, activity assessments and plans identify individual interests and consider the person's identity, strengths and skills. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are being considered.</p> <p>The residents under the young person disabled contract can choose activities of their preference from a range of opportunities. These include beautician appointments, visits to a hair salon, and visits to family and friends. The DT provides assistance for outings to cafes or chopping trips as requested.</p> <p>Special events have been celebrated recently with Matariki and te Reo language week. Resident birthdays and special anniversaries are also recognised. A monthly newsletter highlights up-and-coming events, previous months activities with photographs and a narrative, laughing matters, facility updates and general information.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</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 policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe process for medicine management using an electronic system, was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs, implemented by the GP, when prescribing. All medications sighted were within current use-by dates. Allergies and sensitivities were added to the electronic medication records reviewed.</p> <p>Medicines are stored safely and securely and meet all legislative</p>

		<p>requirements. The required stock checks by a pharmacist, for controlled drugs, were completed 28 June 2022. This occurs six monthly. Weekly checks are completed each Tuesday by two RNs. Medicines were stored within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine charts. Standing orders are used and are reviewed annually by the GP.</p> <p>One resident was self-administering medications at the time of audit. Required processes are followed and the GP reviews the individual resident for competencies, three-monthly. The senior RN interviewed described how this is facilitated and managed safely.</p> <p>There is a process to manage any medication errors.</p> <p>Residents, including Māori residents and their whānau when required, are supported to understand their medications. Partnerships with local Māori providers are being explored to enable the facility to support Māori residents who wish to access traditional Māori medicines when requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for health of older people. The menu has been reviewed by a qualified dietitian within the last two years, dated; 24 May 2021. Recommendations made at that time have been implemented.</p> <p>The kitchen manager interviewed, has a dietary folder of all residents' preferences, likes/dislikes, special diets, with food allergies documented. All staff have completed related food safety and food handling training, and records are maintained.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a dietary profile and nutritional assessment,</p>

		<p>completed on admission to the facility, and updated as required. The personal food preferences, any special diets and modified texture requirements are accommodated and made known to the kitchen. There are vegetarian options available on the menu.</p> <p>Residents have opportunities to be involved in food preparation through the activities programme. How to incorporate menu options that are culturally specific to te ao Māori is being explored.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, satisfaction surveys (last completed September 2022) and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services, and in collaboration with the resident and whānau. Transfer and discharge planning includes open communication and handover of information between all services, this includes current needs and any risks identified. A transfer form would be completed.</p> <p>Residents and whānau reported being kept well informed during the transfer of their relative.</p> <p>Families and residents are informed that they can access other health service providers and assistance would be provided if they wish to do this. Support and staff escorts are provided as necessary.</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-</p>	FA	<p>A current building warrant of fitness is displayed in the entrance to the facility. Buildings, plant, and equipment comply with relevant legislation.</p> <p>A preventative and reactive maintenance schedule is implemented. This includes monthly checks of all areas and specified equipment such as hoists. Staff identify maintenance issues in a hard copy folder. This information is reviewed by the maintenance person and</p>

<p>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>prioritised. Interviews confirmed staff awareness of the process for maintenance requests, and that repairs were conducted in a timely manner.</p> <p>Interviews with staff and visual inspection confirmed that there is adequate equipment available to support care. The facility has an up-to-date test and tag programme. Evidence of checking and calibration of biomedical equipment was sighted. There is a system to ensure that the facility van, that is used for residents' outings, is routinely maintained. Inspection confirmed that the van has current registration, warrant of fitness, first aid kit, fire extinguisher and functioning hoist. Staff interviews and documentation evidenced that those who drive the van have a current driver's licence and first aid certificate.</p> <p>Interview with the maintenance person confirmed a system is in place that records the temperature of the hot water across the facility at regular intervals. Anomalies are managed by the maintenance person.</p> <p>All areas can be accessed with mobility aids. There are accessible external areas for residents and their visitors that are shaded and provide seating.</p> <p>There are adequate numbers of accessible showers, hand basins and toilets throughout the facility with visitors' toilets clearly identified.</p> <p>Communal toilets have a system to indicate vacancy and have disability access. All shower and toilet facilities have call bells, sufficient room, approved handrails, and other equipment to facilitate ease of mobility and to promote independence.</p> <p>Residents have their own rooms, and each is of sufficient size to allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance.</p> <p>Observations and interviews with residents confirmed there is enough space to accommodate personal items, furniture, equipment, and staff as required. Observations and interviews with staff confirmed that</p>
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		<p>space for hoists, wheelchairs, and walking frames is adequate.</p> <p>Most residents were observed to have their meals with other residents in the communal dining rooms but can have their meals in their rooms if they wish to do so.</p> <p>All resident's rooms and communal areas accessed by residents have safe ventilation and at least one external window providing natural light. Resident areas are heated in the winter. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed by residents in interviews.</p> <p>Interview with the chief operations officer advised that in the event of additions to the facility Māori consultation and co-design can be accessed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Staff and training records demonstrated that orientation and mandatory training includes emergency and disaster and fire safety procedures. An approved fire evacuation plan was sighted. Interviews with staff and review of documentation confirmed that fire drills are conducted six-monthly. There is a sprinkler system throughout the facility and exit signage is displayed. Staff interviews, and training records confirm that fire wardens received training and staff have undertaken fire training.</p> <p>The staff competency register evidence that there is a system to ensure that staff maintain their first aid competency.</p> <p>The facility has sufficient supplies to sustain staff and residents during an emergency. Alternative energy and utility sources are available in the event of the main supplies failing. These include a gas barbeque for cooking, emergency lighting, and enough food and water, dressings, and continence supplies. The facility emergency plan includes considerations of different levels of resident needs.</p> <p>All handbasins used for handwashing, including those in residents' rooms, have access to liquid soap and paper towels. These were</p>

		<p>observed to be used frequently by staff and visitors.</p> <p>Call bells are available to summon assistance in all resident rooms, bathrooms, and communal areas. Call bells are checked monthly by the maintenance person. Observation and resident interviews confirmed that call bells are answered promptly.</p> <p>Security systems are in place to ensure the protection of the residents, staff, and visitors. These include all visitors signing in and out of the building and the facility being locked in the evenings, with restricted entry after hours.</p> <p>Visitors to the facility are advised of procedures to follow for various emergencies via posters displayed throughout the building. The senior staff member on duty provides further direction in the event of an emergency.</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 appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The governance body has identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and part of the quality and risk programme. Management/quality meeting minutes reflected the reporting of the IP and AMS information. They provide information on planned IP and AMS programmes for example, COVID-19 and any corrective actions arising from deficits identified.</p> <p>The GP provides initial support and advice as needed. Expertise and advice are sought as required following a defined process and includes escalation of significant events.</p> <p>There is a RN who is the designated infection prevention and control coordinator. The RN is experienced in the health of older people and has completed relevant updates for infection prevention through Te Whatu Ora – Health New Zealand Wairarapa.</p> <p>Wairarapa Hospital provided advice, and support with personal protective resources during the COVID-19 outbreak. No staff or residents contracted COVID-19 during the pandemic. There have been no infection outbreaks reported since the previous audit.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the CSM and FM. The IPCC is a RN and has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice is sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Staff were familiar with policies through orientation and ongoing training and education and were observed to follow these correctly.</p> <p>Policies include procedures related to the decontamination and disinfection of medical instruments. Staff are aware which items were designated single use, and these are not re-used.</p> <p>There is a Pandemic Plan in place, staff were familiar with the plan and the service has sufficient stores of personal protective equipment available (PPE).</p> <p>Cultural resources are available to support staff. However, there are no resources available in te reo Māori and the service is yet to develop external partnerships to ensure culturally safe practice for Māori.</p> <p>Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally</p>	FA	<p>An antimicrobial policy is in place, this appropriate to the size and scope of the service and has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The service is yet to evaluate the effectiveness of the antimicrobial programme and to monitor the quality and quantity of antimicrobial</p>

<p>safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>prescribing.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with the priorities defined in the infection control programme.</p> <p>Standardised definitions are used, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance does not yet include ethnicity data. Results of the surveillance programme are reported to the director and shared with staff.</p> <p>There are clear processes for communication between staff and residents. Residents and whānau interviewed were happy with the communication from staff in relation to healthcare acquired infection.</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>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Non-clinical staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Protective personal equipment is available to staff when handling hazardous waste and chemicals. Non-clinical staff interviewed described when this would be used.</p> <p>Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored securely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint coordinator is a RN who has only recently been appointed to this role. The CSM supported the RN for the audit and is currently overseeing the restraint programme while the RN is orientating to this position. The FM, CSM and staff interviewed described the organisation's focus on eliminating restraint use, safely. There are seven residents using restraint either in the daytime or night-time, or both.</p> <p>Policies and procedures meet the requirements of the New Zealand Standards Nga Paerewa for restraint and seclusion. The restraint coordinator is a defined role and the job description reviewed, outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions and de-escalation as part of the ongoing training and education programme. Restraint protocols are covered in the orientation programme of the facility and restraint is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The restraint coordinator and the general practitioner (GP) are responsible for the approval of the use of restraint, should this be required. There are clear lines of accountability. For any decision to use or not use restraint there is a process to involve the resident and their family as part of the decision-making process. Restraint is used as a last resort when all alternatives have been explored.</p> <p>A restraint register reviewed is clearly documented and this includes information to provide an auditable record should restraint be used. Three-monthly reviews of all residents who may be a restraint risk, or are using a restraint, occurs.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to</p>	FA	<p>Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of this Standard. Family confirmed their involvement. Access to advocacy is facilitated as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record.</p>

<p>ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint committee undertakes a three-monthly review of all restraint use, which includes all requirements of the Standard. The outcome of the review is reported to the FM. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced by three over the past year.</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.

No data to display

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The activities programme supports residents to maintain and develop their interests and was suitable for the age and life stages of the residents. It is managed by an experienced team of activities staff led by a diversional therapist (DT) with a specific interest in the speciality area of digital technology. The DT is part of a wider regional/district DT support group and attends an annual conference for DTs. The programme provided and reviewed, is interesting and provides a variety of activities based on the residents' past experiences, interests and motivational activities enjoyed by all residents. The needs of residents are ascertained on admission as part of the admission assessment process. Input from residents and their respective families is sought by the DT to ensure the individual activities plans are personalised. Information obtained is used as the basis of the activities programme. The programme is</p>	<p>Having fully attained the criterion the service clearly demonstrated a review of the activities programme which focused on residents who could no longer talk or use their hands to communicate. Often these residents have some form of motor neurone impairment. This was identified by the DT for two residents who were no longer able to communicate effectively with staff and/or family members. Through a referral process, a speech language therapist was involved along with the service's multidisciplinary team and in collaboration with the residents and their families, to find a pathway of communication for these residents. A speech language therapist working in assistive technology services was contacted. Customised software was used, and the DT was fully instructed on using the eye glaze calibration system which involved visually selecting phrases to suit the resident. The set-up is tailored for each of the</p>

		<p>displayed for residents and families to view. Residents also receive a copy of the weekly plan. One on one activities are also provided</p>	<p>individual residents to suit their needs. Phrases chosen are what the resident/person would typically say. Two examples of residents using this device were provided and followed through. Care staff are receiving training on this method of communication and residents are involved as applicable from admission. Ongoing consultation with the speech therapist and communication assistive technology assessor, ensures the best possible device is available for each resident. Documented review processes have occurred with evaluation and reporting of the benefits for residents. Management, the DT and staff interviewed report a high satisfaction with the success of this project to enhance communication and to improve the quality of life for residents.</p>
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End of the report.