

# Amberley Resthome 2013 Limited - Amberley Resthome and Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Amberley Resthome 2013 Limited	
<b>Premises audited:</b>	Amberley Resthome and Retirement Village	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 19 October 2022	End date: 19 October 2022
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	20	

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# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Amberley rest home provides rest home care services for up to twenty-one residents. Twelve of the rooms are care studio units occupied under occupation right agreements (ORAs).

This unannounced surveillance audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, managers, staff and a general practitioner.

There were no areas identified as requiring corrective action in this audit. Evaluations of long-term care plans now describe progress towards the intended outcome, which addresses an issue requiring improvement that was raised at the previous audit.

## 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.
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Amberley rest home management and staff are exploring ways in which they can work collaboratively to support and encourage a Māori world view of health in service delivery. Staff are provided with training on Te Tiriti o Waitangi and the principles of mana motuhake.

A Pacific plan that recognises their worldviews and describes requirements for culturally safety is available.

Residents and whānau are informed about their right to make a complaint and any concerns raised are investigated and resolved effectively.

Amberley Rest Home is aware of the need to work collaboratively to support and encourage a Māori and Pacific peoples world view of health in service delivery. Progress towards this goal is in early stages. There is a commitment to ensure Te Tiriti is honoured with a strong organisational philosophy for any Māori resident to be provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

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

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

## 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 service is governed by the owners, one who works as the facility manager (FM). Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals. There is a documented risk management system which includes processes to meet health and safety requirements. An established quality management system is in place, that enables quality data to be collected, and adverse events recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix currently meet the clinical needs of residents, but would not meet the equity requirement of the standard if Māori residents were being supported.

There is a systematic approach to identify and deliver ongoing learning supports for staff, including an orientation process.

## Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/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 haumarū | Person-centred and safe environment**

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

Subsections applicable to this service fully attained.

The facility is being well maintained according to a monthly schedule and has a current building warrant of fitness. Electrical equipment has been tested, equipment is regularly checked for safety and hot water temperatures are safe.

Staff are trained in emergency procedures and attend regular fire drills. Security systems are appropriate for this service. Staff, residents and whānau understand emergency and security arrangements.

## **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 infection control coordinator engages in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

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

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

## 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.

The service is maintaining a restraint free environment, which is supported by the service provider's policies and procedures. There were no residents using any form of restraint at the time of audit. Staff confirmed knowledge and understanding of alternative interventions and de-escalation techniques.



## 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	17	0	0	0	0	0
Criteria	0	41	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

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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>Amberley rest home has policies, procedures and processes that reflect respect for, and the principles of Te Tiriti o Waitangi and Te Whare Tapa Wha. A Māori health plan is available.</p> <p>There are not currently any staff who identify as Māori. The facility manager informed that advertisements for staff vacancies are lodged on platforms, including community Facebook page, where any local Māori person would have access. Other options of how this standard could be met are being discussed by the team.</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>	FA	<p>A Pacific People's Culture and General Ethnicity Awareness Policy, provided for the Amberley rest home by a quality consultant, serves as a Pacific Plan. This describes culturally safe practices for Pacific People, cultural practices and protocols, cultural aspects of death, includes Pacific models of care, acknowledges the need to employ staff representative of the ethnic groups of residents and sits alongside a copy of Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025. Ola Manuia was developed with input from Pacific</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>communities, the health sector, and relevant government agencies, to support Pacific health and improve Pacific health and wellbeing, is attached.</p> <p>Although there are no Pasifika residents at this facility, there are two Pasifika staff. One is new and the other has already agreed to support implementation of these documents and to ensure the Pasifika worldview, cultural and spiritual beliefs are embraced. The facility manager also has easy access to a professional person who is a leader within the Samoan community and has agreed to provide support and advice when needed.</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>	Not Applicable	<p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Acknowledgement of Māori mana Motuhake was evident in documentation only; however, the Amberley Rest Home Manager informed of planned strategies to work collaboratively to support and encourage a Māori and Pacific peoples world view of health in service delivery.</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>Te reo Māori was promoted with the residents and staff in this service during te wiki o te reo 2023. Except for a few new staff, all staff have completed an on-line training course (healthLearn) on Māori cultural safety that included Te Tiriti o Waitangi. Evaluations of these sessions were discussed with the manager and staff confirmed during interview that they had completed this training.</p> <p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. The</p>

		<p>beginning of incorporation of Te reo Māori within the service was evident. The code of rights is displayed in Te reo Māori and in English.</p> <p>There are no residents currently who identify as Māori. The service has in place a Māori health plan and Meihana Model. They are working towards establishing links within the community with the intention of collaboration and participation.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. Professional boundaries are maintained.</p> <p>Residents interviewed informed they feel able to approach the manager with all and any problems; about themselves and for/on behalf of others.</p> <p>The service has in place a holistic wellbeing support plan framework. There is a Māori health plan and Meihana Model, although with no Māori residents these are not yet being implemented.</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>	Not Applicable	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. The service has in place a Māori health plan and Meihana Model.</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 reception person and facility manager inform potential and new residents and whānau about their right to make a complaint. Information is also provided in hard copy format in an information booklet, or via email. The facility manager described the complaint process as being fair and equitable. Three complaints have been received in the past year, all of which were initially raised verbally as concerns, but the facility manager had chosen to investigate as complaints. Processes through to resolution and satisfaction from the complainant met those described in policy documentation. The electronic process available for complaint management was followed and there was evidence of improvements made.</p> <p>The facility manager informed that if they had a Māori resident, a copy of the Code of Rights and the complaint process in te reo would be offered to them. If a complaint was filed from a Māori person, the whānau would be engaged and advocacy for them would be sought. Other sources for advice including the gerontology nurse specialist, the local medical centre and the contract manager were listed as potential support people to ensure all appropriate actions were taken.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body are the owners and they assume accountability for delivering a high-quality service. They have owned the Amberley Rest Home for nine years. One of the owners is the facility manager who confirmed their knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. They are supported by the clinical manager who is an experienced registered nurse. The clinical manager maintains the requirements of their practising certificate and keeps current by attending relevant training and workshops.</p> <p>The owner interviewed stated they are working through a process to ensure meaningful inclusion of Māori within governance and are aware of honouring Te Tiriti o Waitangi, with equitable access to services and improving outcomes for Māori and people with disabilities. The organisational structure defines the</p>

		<p>governance/leadership structure, including for clinical governance, through the clinical manager, that is appropriate to the size and complexity of the organisation</p> <p>The business plan for the 2021 to 2023 period was reviewed, which identifies the purpose, core values, and future direction of the organisation, as well as monitoring, review and performance intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. There is leadership commitment to quality and risk management that is evident in quality and risk documentation. Quality meetings occur every three months, and minutes are taken.</p> <p>The service holds contracts with Te Whatu Ora Waitaha, Canterbury to provide long term and respite aged residential care under the aged related residential care agreement (ARRC). Amberley rest home provides rest home level care for up to 21 residents, nine in rest home rooms and 12 in care studios occupied under occupation right agreements. On the day of audit, nine residents were receiving rest home care in rest home beds and 11 of the care studio units were occupied. One of the rest home residents was funded under a long-term chronic health conditions contract.</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 a planned quality and risk system that reflects the principles of continuous quality improvement. They use an external quality management system which contains their policies and quality programme. This includes their internal audit programme, and systems to manage incidents, complaints and corrective actions, and also the monitoring of outcomes, including clinical incidents and infection rates. Residents, whānau and staff contribute to quality improvement through staff and resident meetings, and resident surveys.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Corrective actions are discussed at staff meetings and action taken is recorded in the Corrective Action Plan which are included in the meeting minutes. Progress against quality</p>

and support workers.		<p>outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. A risk register is maintained, and discussed at staff meetings.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The facility manager understood and has complied with essential notification reporting requirements. Notifications had been completed in relation to a pressure injury, Covid outbreak and staff shortages. The manager also kept their contract manager informed. The facility manager confirmed that there had been no police investigations, coroner's inquests, issues-based audits in the past year.</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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility manager or a registered nurse adjusts staffing levels to meet the changing needs of residents. Healthcare assistants informed during interviews that there were adequate staff to complete the work allocated to them. A second part time registered nurse has been employed to assist the current registered nurse who works four days a week. Residents and whānau interviewed believed there are sufficient staff on duty. Four weeks of rosters, plus the current one, were reviewed and except for a person on a trial laundry shift, all shifts had been covered. At least one staff member on duty has a current first aid certificate and this person is identifiable on the roster. Similarly, the person responsible for medication is noted as the senior on duty on the roster.</p>

		<p>Continuing education is planned on an annual basis, including mandatory training requirements. Most training is delivered through an online learning portal, with a different module completed each month. Training is also delivered at staff meetings or through external providers. Related competencies are assessed and support equitable service delivery.</p> <p>Health care assistants (HCA) have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waitaha Canterbury. The RN is a training assessor and at the time of audit was supporting three people to complete the level three qualification, and two people to complete the level four qualification.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Through the review of staff files it was evident that orientation processes are completed, and regular training is being provided. This was also confirmed by the staff who were interviewed. Ethnicity data is recorded and used in line with health information standards. Professional qualifications are validated, and evidence of registration and scope of practice was sighted. Staff performance is reviewed and discussed at regular intervals.</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</p>	Not Applicable	<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. Whānau members interviewed stated they were satisfied with the admission process and the information</p>



<p>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>		<p>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. Ethnicity data is collected for entry to the service only so there is no data on decline rates as it relates to Māori. Managers confirmed they will be collecting ethnicity data on entry and decline rates going forward.</p> <p>The development of meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau is in early stages.</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 multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments including interRAI and includes resident and whānau input. Timeframes for the initial assessment, medical or nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations. All interRAI reassessments in the sample were found to be current and within six months of previous assessment. Findings in the interRAI assessment were mirrored in the care plan with appropriate interventions.</p> <p>Management of any specific 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, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed</p>

		active involvement in the process, including residents with a disability.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	Not Applicable	<p>The trained diversional therapist with assistance from healthcare assistants, provide an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. 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>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs. Spiritual and cultural needs are included in the planning of the calendar as well as intellectual needs. There are readings, pet therapy, church services and regular trips out to the hairdresser. Activities that may historically be considered gendered based are able to be attended by all.</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>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system 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. A medication round was observed as was the administration of controlled drugs. These were completed appropriately with all staff demonstrating an awareness of correct practise.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range.</p>

		<p>Prescribing practices meet requirements. The required three-monthly GP or NP review was consistently recorded on the medicine charts. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents and their whānau, are supported to understand their medications.</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>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 nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori menu options were not evidenced in the menu, but the cook informed that they would be available as required. Cook identified as having Māori connections.</p> <p>Evidence of resident satisfaction with meals was verified by residents. 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. Whānau reported being kept well informed during the transfer of their relative.</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 warrant of fitness expires 14 October 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. Repairs are completed in a timely manner. Systems such as testing and tagging of electrical equipment, checks of biomedical equipment, hot water testing and upholding of a monthly maintenance schedule for example are being maintained. Residents' rooms are personalised and reflect personal values and interests.</p> <p>The facility manager informed that there are no plans to build onto this facility but is aware that should this happen, there are new requirements to consult and co-design the environments to ensure they reflect the 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 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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan was approved by the New Zealand Fire Service 22 January 2017. The latest trial evacuation records are dated 3 June 2022 and records sighted confirmed staff fire safety and emergency training occurred at the same time.</p> <p>Appropriate security arrangements including windows having limited openings, security lighting, locking of doors when day staff leave, staff security walk-around checks, staff training and open relationships with local police are in place. Residents were familiar with emergency and security arrangements.</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</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to management and governance. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support.</p> <p>The infection prevention and control policies including a current pandemic plan reflected the requirements of the standard and are based on current accepted good practice. There is sufficient IP</p>

<p>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>resources including personal protective equipment (PPE) available to support this plan if it is activated. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p> <p>Educational resources in te reo Māori were not available because no residents identified as Māori, however were able to be sourced as needed by the clinical manager. Acknowledgement of the spirit of Te Tiriti is in early stages. The service has in place a Māori health plan and Meihana Model.</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 health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff at their monthly meeting.</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</p>	FA	<p>There are no restraints used in this facility and none have been used in the nine years the current owner/facility manager has been at this facility. Staff confirmed this and both the staff and the facility manager (who alongside their partner and in consultation with a lawyer forms the governance team) said they are committed to ensuring it remains a restraint free facility.</p> <p>The registered nurse is the restraint coordinator in that they ensure the restraint policies are updated, that staff undertake relevant training and that alternative interventions are instituted for managing any challenging behaviours or situations. A role description is included in</p>

<p>restraint in the context of aiming for elimination.</p>		<p>the restraint policies and procedures, which meet the requirements of the standards. Staff have been trained in alternative cultural-specific interventions, and de-escalation techniques and restraint competencies are all up to date. Nil restraint use is recorded in the staff/management/quality meetings.</p>
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## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.