

Tamahere Eventide Home Trust - Tamahere Eventide Home & Village

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:

Legal entity:	Tamahere Eventide Home Trust	
Premises audited:	Tamahere Eventide Home & Village	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 25 October 2022	End date: 26 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:	104	

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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

Tamahere Eventide Home and Village provides hospital, rest home and dementia level care for up to 107 residents. The service is operated by the Tamahere Eventide Home Trust Board who also own and operate a similar sized aged care facility-Assisi Atawhai Home and Hospital, which is located nearby.

The most significant change since the previous certification audit is the employment of a new general manager care services in September 2022.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the service providers funding agreement with Te Whatu Ora – Health New Zealand Waikato. The provider was well prepared to demonstrate compliance with the new standards. The audit process included consideration of policies and procedures, residents' and staff files, observations and interviews with residents, family members, managers, staff, allied health providers and a general practitioner.

Feedback from all interviewees was positive about the care and services provided.

There is one area requiring improvement identified at this audit. Progress toward achieving goals of care were not being documented in residents' long term care plans.

A strength of the service, which resulted in a continuous improvement rating was the success in reducing the number of restraints in use. The service provider also continues to demonstrate improved outcomes for staff and residents through effective quality and risk management.

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.

There is a Māori health plan, and other related policies and documents to guide staff. These plus specific in-service education ensures the needs of Māori residents are identified and met in a manner that respects their cultural values and beliefs.

Te Tiriti o Waitangi and the principles of mana Motuhake are actively practised. Cultural and spiritual needs are identified and considered in daily service delivery.

A Pacific plan and related policies and procedures guide staff in delivering pacific models of care to residents who identify as Pasifika.

Consent is obtained where and when required. There was no evidence of abuse, neglect, or discrimination

The complaints process aligns with consumer rights legislation and these standards. There have been no formal complaints submitted or investigated since the previous audit.

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 organisation is governed by a board of trustees who work with the executive management team to monitor organisational performance and ensure ongoing compliance. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data, including adverse events, is analysed to identify wanted and unwanted trends.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. There have been ongoing shortages in registered nurses (RNs) but this situation is easing.

Staff competencies are monitored, and their individual performance was being reviewed.

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.

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

The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate

interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whanau.

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

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

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

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 environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There is a current building warrant of fitness.

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

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

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

Subsections applicable to this service fully attained.

The pandemic or infectious disease response plan in place is appropriate for the size and scope of the service. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were infection outbreaks reported since the previous audit and these were managed effectively.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Tamahere Eventide has succeeded in reducing and eliminating the use of restraints which is endorsed by governance. On the days of audit there was one bed rail in use in the hospital. There are clearly documented restraint policy and procedures, a nominated restraint coordinator and restraint approval group. Staff are provided with regular education on restraint minimisation and the policy requirements.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	1	0	0	0
Criteria	2	55	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has embedded a Māori model of health into their care planning process. The principles of Te Tiriti are actively acknowledged when providing support to Māori residents. Partnership, protection and participation were evident and confirmed in interview with residents who identified as Māori. The organisation's Māori Health Plan reflected a commitment to Te Tiriti and providing inclusive person/whanau centred support.</p> <p>Staff who identify as Māori, confirmed that services were provided in a culturally safe manner. The human resources manager confirmed they actively recruit and do not discriminate based on ethnicity, and that the Māori staff employed are long serving. Māori residents and their whānau reported that their mana is protected and that they are treated with dignity and respect and that they are not afraid to speak up if they feel their world view has not been fully considered.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	The organisation has knowledge of local Pacific communities and organisations who are available to advise and provide information.

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>The Pacific plan, which was developed with input from Pacific communities, supports culturally safe practices for Pacific peoples using the service. There was a minimal number of Pasifika residents, the resident's cultural and spiritual needs and beliefs have been taken into account.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The service recognises Māori mana motuhake by involving Māori residents, family whānau or their representative of choice in the assessment process to determine residents' wishes and support needs. The interviewed residents and family/whānau confirmed they were consulted on their values and beliefs. There is a Māori Health plan utilised to guide care for residents who identify as Māori.</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 Tiriti o Waitangi and cultural safety training is included in the annual training programme reviewed. Te Whare Tapa Wha model of care is used to ensure tāngata whaikaha needs are met and participation in te ao Māori is enabled. Te reo Māori and tikanga is actively promoted and incorporated in all activities. To promote the use of Māori language, Māori words and English translation were posted around the facility for bathrooms and toilets. Staff understood the principles of Te Tiriti o Waitangi and how these are applied into daily practice. Residents who identified as Māori confirmed their cultural needs are met.</p>
<p>Subsection 1.5: I am protected from abuse</p>	FA	<p>The clinical nurse leaders (CNLs) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Residents expressed that they have not witnessed any abuse or</p>

<p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>neglect, they are treated fairly, they feel safe, and protected from abuse and neglect or racism. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents. The general manager reported that the survey questionnaire allows residents to report institutional and systemic racism. Residents reported that they are free to express any concerns to the management team when required and these are responded to promptly.</p> <p>A Māori health care plan is completed for residents who identify as Māori to ensure a strengths-based and holistic model of care to ensure wellbeing outcomes for Māori. A group of staff who identify as Māori are working to compile Māori menu options and activities to ensure services that meet the needs of Māori residents are provided.</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>Tikanga guidelines in relation to consent is practiced. Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person and enduring power attorney (EPOA) for residents in the dementia unit were involved in the decision making and consent processes. General consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements and consent forms were evidenced in the sampled residents' records. Staff were observed to gain consent for daily cares.</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>	FA	<p>A fair, transparent, and equitable system is in place which promotes use and understanding by Māori and others to receive and resolve complaints. For example, local kaumatua and tau iwi who have been advising the organisation, are available to support any Māori residents and their whānau. Complaint investigations are used as opportunities</p>

<p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>to make improvements. The process and policies meet the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that no formal complainants had lodged concerns since the previous audit in October 2020. Staff, whānau and residents including Māori residents, said any concerns or informal matters raised had been resolved to the satisfaction of the people involved.</p> <p>There have been no complaint investigations from any external agencies including the funder of services, or the office of the health and disability commission since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>There have been no significant changes within the governing body/trust board since the previous audit. The board assumes accountability for delivering a high-quality service and is inclusive and sensitive to the cultural needs of Māori. There is both Māori and Pasifika representation on the board. All board members and the senior leadership team have attended training and/or demonstrate expertise in Te Tiriti, health equity, and cultural safety.</p> <p>The CEO interviewed is providing the board with information about the new requirements of Nga Paerewa and their additional obligations. The organisation works in partnership with a group of tau iwi, who provide guidance and advice on equity, cultural safety and the services obligations under Te Tiriti. The CEO also confirmed that services are delivered safely and appropriately for tangata whaikaha/people with disabilities to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical or other barriers to equitable service delivery. This was further demonstrated by interviews with members of the leadership team, staff, residents and their whanau/family, results of satisfaction surveys, and the demographic population of residents.</p> <p>The service holds contracts with Te Whatu Ora Waikato for aged residential care- hospital medical, geriatric, rest home and secure dementia care. The agreement includes provision for respite/short stay and Long-Term Support-Chronic Health Conditions (LTS-CHC)</p>

		and post-acute care. On the days of audit all but one of the 104 residents were receiving services under the aged residential care agreement. Of these 39 were assessed at rest home level care, 23 for hospital level care and 41 for dementia care. There was one respite resident and one LTS-CHC resident the dementia wings, one person under 65 years of age under the Ministry of Health young persons with disability (YPD) agreement and one under LTS-CHC in rest home care.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The organisation has a well-established quality and risk system which contributes to continuous quality improvement. Responsibility for quality is shared across the senior management team with staff input at various stages. The system considers external and internal risks and opportunities, including potential inequities. The board and executive leaders are very experienced in aged care and have been engaged with various research and innovation trials in the sector. For example, becoming the first Dedicated Education Unit (DEU) in the region for tertiary nursing students, and exploring socio economic factors related to age care.</p> <p>Key performance indicators/quality data is collated and submitted quarterly for comparison with like size age care facilities across New Zealand and Australia. This data includes staff attrition, staff illness, disciplinary actions, use of agency staff, resident acuity and types of incidents, and the currency of care plans and interRAI assessments. Additionally, the CEO and GM Care Services review and analyse all incidents, infections and complaints, and the results of resident and family satisfaction surveys for trends or areas requiring improvement.</p> <p>Outcomes of service performance monitoring via regular internal audits of clinical files, medicines, and residents' lifestyle are shared with all staff. Where the audits identify a need for improvement, the causes are researched, and remedial actions are agreed and implemented. This was confirmed by continuing improvement report forms, a sample of staff meeting minutes, in memos/time target messages and other forms of communication and by pictorial graphs displayed on the staff room walls.</p>

		<p>Quality data and information is reported and discussed at various staff meetings which are held at regular intervals. For example, senior leadership team meetings, CNL and other managers meetings, Health and Safety team meetings, infection control, wing and other general staff meetings. Staff reported their involvement in quality and risk management activities through audit activities, training and information shared at meetings. The GM Care Services keeps staff informed about areas requiring improvement or policy/process changes by memos and verbally at meetings.</p> <p>An ongoing rating of continuous improvement for accomplishments using the quality and risk system is awarded in criterion 2.2.2.</p> <p>Essential notification reporting is occurring as required. The service submitted a section 31 notification about the change of GM care services and numerous RN shortage notifications have been submitted in the past 12 months. Population Health were notified about positive COVID-19 infections in the past six months. There have been no other significant events.</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). Interviews with Maori residents and their whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori. Māori staff are supported and encouraged to have input toward the methods for delivering care and improving health outcomes for Māori residents which demonstrates collecting and sharing of high-quality Māori health information.</p> <p>The service has been challenged with RN shortages. Numerous notifications about RN shortage have been submitted in 2022, although there has always been at least one RN on site 24/7 and others on call. On the days of audit there were 18 RNs (including the Care Manager, and two CNL's) plus one Enrolled Nurse employed.</p> <p>Staff numbers on each shift are allocated according to the number and acuity of residents in each of the five wings (for example one</p>

		<p>hospital wing, two dementia wings and two rest home wings) The hospital (24 beds) has four care staff and one RN rostered on for each morning and afternoon shift. Three care staff are allocated to each of the dementia units (maximum 20 beds) plus one RN across both units each morning and afternoon, and eight care staff and one RN are allocated across the rest home wings (42 beds). Night-time allocation is one caregiver in each area (four in total) and two RNs-one in the hospital and one for rest home dementia, with another RN on call.</p> <p>In addition, two Clinical Nurse Leaders (CNL) are onsite Monday to Friday to oversee service delivery and resident cares. One CNL is allocated to dementia care and the other oversees hospital and rest home level care. There is always either a CNL or the general manager care services on call after hours.</p> <p>All RNs and care staff who have been employed for more than a year and/or on night shift are maintaining current first aid certificates. There is always at least two first aiders on site. Senior care staff who are assessed as competent to administer medicines are also rostered on each shift</p> <p>Allied staff such as the eight diversional therapists, laundry staff, kitchen staff, office and maintenance staff are allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. Activities staff are on site seven days a week.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time.</p> <p>Education for all levels of staff is planned on an annual basis, which includes staff attending a day of mandatory training. The mandatory training includes cultural safety, health equity, fire/emergency, health and safety, safe food handling, code of rights/vulnerability and abuse, infection control, workplace bullying, restraint minimisation and prevention, manual handling, prevention of falls, and dementia communication.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, proof of vaccination status and confirmation of qualifications before an offer of</p>

<p>people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>employment is made.</p> <p>Staff records sampled confirmed the organisation's policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ medical council, pharmacy, physiotherapy and podiatry.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. A new initiative aimed at strengthening and monitoring the effectiveness of orientation and competencies for new care staff has been recently implemented. Refer criterion 2.2.2.</p> <p>Formal performance appraisals occur at least annually, and all staff had completed or were scheduled to attend a performance review for 2022.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>The service maintains a record of the enquiries and those declined entry. The service is working towards implementing routine analysis of entry and decline rates including specific data for entry and decline rates for Māori. The service works in partnership with local Māori communities and organisations to benefit Māori residents and whānau. The general practitioner (GP) stated that support is available from Māori health practitioners for use of traditional medicines if required.</p>

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>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>	PA Low	<p>The RNs complete admission assessments, care planning and evaluation. There are 11 trained interRAI assessors. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. InterRAI assessments were completed within three weeks of admission. The Māori health care plan using the Te Whare Tapa Whā model of care is used to ensure that tikanga and kaupapa Māori perspectives permeate the assessment and care planning process. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>The care plans were developed within three weeks of an admission. The Māori health plan and Māori health care plan utilised includes Māori healing methodologies, such as karakia, mirimiri, rongoā, special instructions for taonga and tūpāpaku. The care planning process support residents who identify as Māori and whānau to identify their own pae ora outcomes in planning their care. The Māori health plan was developed in consultation with a cultural advisor, and it identifies barriers that prevent tāngata whaikaha and whānau from independently accessing information. The service is actively working towards managing the identified barriers by having links and partnership with Māori communities to provide support when required. A range of clinical assessments, referral information, observation, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. All residents' files sampled had current interRAI assessments completed. Behaviour management plans were completed for identified behaviours of concern. Residents and family/whānau or EPOAs for residents in the dementia units confirmed their involvement in the assessment and care planning processes.</p> <p>The care plans reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and</p>

		<p>where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring. Any family/whānau goals and aspirations identified were addressed in the care plan. However, progress towards achievement of agreed goals of care on long term care plans was not documented. An improvement is required in criterion 3.2.5.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the GP or nurse practitioner (NP). Referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. Referrals for residents in the dementia units were consented for by the EPOAs. The GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>Medical services are provided four days per week with the GP covering two days and the NP the other two days, and on call cover is provided. Medical assessments were completed by the GP and NP within two to five working days of an admission. Routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Referrals to the physiotherapist were completed where required and these were evidenced in the resident's records sampled for review. The GP expressed satisfaction with the care provided.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RNs, as confirmed in the records sampled. Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes. The staff confirmed they understood the process to support residents and family/whānau when</p>
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		required.
<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>	FA	<p>The activities on the programme support community initiatives that meet the health needs and aspirations of Māori and whānau. Māori cultural events celebrated include Waitangi day and Matariki day with poi dancing and Māori music played with residents involved in singing. Māori art and craft completed to celebrate the Māori cultural events. The Māori language week was celebrated. Residents visit their family/whānau in the community and family/whānau can visit the residents in the facility.</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 service uses an electronic medication management system. The implemented medicine management system is appropriate for the scope and size of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. Residents who are admitted for respite care use paper-based medication records.</p> <p>Two RNs were observed administering medicines. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines are prescribed by the NP and the GP and over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. The standing orders list was available and was current. Processes are in place to manage</p>

		<p>these safely when required.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. The RNs complete medication reconciliation when medicine packs are received from the pharmacy and when a resident was transferred back to the service. Medicines sampled for review in the medication rooms and trolleys were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori will be provided.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required and staff understood the requirements.</p> <p>The implemented process for analysis of medication errors and corrective actions is comprehensive. Regular medication audits were completed with corrective action plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. Culturally specific to te ao Māori food options</p>

<p>traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>included on the roster include kumara and pork. The chef stated that other specific Māori food options will be catered for per individual requests when required. Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and family/whānau expressed satisfaction with the food options. Māori staff have input to the menu and present suggestions for optional Māori kai.</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>The transition, transfer, exit or discharge policy guide staff on related processes. Transfers and discharges are managed by the RNs in consultation with the resident, their family/whānau and the GP or NP.</p> <p>For residents who are transferred to acute services, a 'yellow envelope' system and hospital transfer forms are completed. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer or discharge process. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Where applicable, an escort is provided for residents in the dementia unit.</p> <p>Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. Residents' records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident.</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</p>	FA	<p>A current building warrant of fitness with expiry 23 July 2023 is in place. Systems for ensuring that the physical environment, chattels and equipment are fit for purpose and safe, for tangata whaikaha, rest home, confused wandering and hospital residents are effective. This includes testing and tagging of electrical equipment (undertaken by registered electrician on 20 June 2022) and calibration of bio medical equipment including syringe drivers occurs annually, was confirmed in documentation reviewed, interviews and observation of the environment. External areas are accessible and appropriate for all groups of residents and these were being well maintained for</p>

we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		<p>aesthetics and safety.</p> <p>Although there are no building changes currently planned for the facility, the CEO interviewed said they were well aware of the need to consult and invite input from local tāngata whenua and hapu to ensure new designs reflect the aspirations of Māori. A local tau iwi group are regular visitors to the facility to bless/consecrate new artworks and signs and were very involved in the design and opening of the new hospital wing in 2019.</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>Onsite inspection and interviews revealed that the emergency and security systems are intact and known by all levels of staff. Fire safety and evacuation are included at orientation and six-monthly fire evacuation drills occur. The most recent fire evacuations occurred on 17 May 2022. There have been enhancements to the fire and emergency systems since the facilities manager was allocated responsibility. An example of this is the new fire evacuation and emergency preparedness manual which has been developed, is used for orientation and mandatory training and is reviewed and updated annually. All new staff are taken through a hands-on orientation to the emergency systems including the fire board, automatic systems and how to shut off power and gas. The current fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand in 2019 when the hospital wing was added. There have been no structural changes to the building since then.</p> <p>Staff routinely ensure all egress and entry doors are secured at dusk. Entry and exit to TEH is secured by a perimeter fence and electronic gates. There are closed circuit television recording systems in the common areas and hallways (which residents and/or the people authorised to consent for them) have agreed to. The site is also patrolled during the night by a security company. All staff wear identification badges, visitors and contractors are required to sign in and anyone new on site has health and safety and current hazards explained to them.</p>
Subsection 5.2: The infection prevention programme and	FA	The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Infection outbreak that occurred

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>within the past six-months was managed effectively. There were sufficient infection prevention (IP) resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>The CNLs reported that culturally safe practices in IP to acknowledge the spirit of Te Tiriti is provided in consultation with residents and family/whanau. In interviews, staff understood these requirements and residents confirmed satisfaction with cultural aspects of their care. Educational resources in te reo Māori were available.</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>All infections are recorded on the infection record forms by the RNs. The data is collated and analysed to identify any significant trends or common possible causative factors. Monthly and action plans are implemented. There are standardised surveillance definitions used. Work is in progress to ensure surveillance records include ethnicity data. The infection control nurse's responsibility is documented in the infection control nurse's job description.</p> <p>The short-term care plans sampled for review evidenced that residents who developed a healthcare associated infection were advised of the condition in a timely manner. The CNLs reported that culturally safe communication is provided when required. The interviewed residents expressed satisfaction with the communication provided.</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>	FA	<p>The service continues to aim for a restraint free environment. Interview with the CEO and documentation sighted confirmed that this is supported by the governing body and that restraint activity is regularly and reliably reported to the board. The clinical nurse leader hospital/rest home who is the nominated restraint coordinator, demonstrated a sound understanding of the role and responsibilities, these standards and the organisation's policies and procedures. This person provides support and oversight for prevention of restraint and/or safe management of restraint interventions.</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>The service has succeeded in reducing the need for restraint interventions. Refer continuous improvement rating in criterion 6.1.1</p> <p>Interviews with the CNL, care staff, whanau and resident records confirmed that restraint is only used as a last resort when all alternatives have been explored.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-</p>	PA Low	<p>The long-term care plans were reviewed at least six-monthly following interRAI reassessments and using a range of outcome measurements. Where there were changes in the resident's needs, short-term care plans were completed for any identified acute resident care needs. Short term care plans were reviewed regularly and closed off when the acute conditions resolved. The evaluations of short-term care plans included the residents' degree of progress towards the expected outcome. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the plan of care. Where there was a significant change in the resident's condition, interRAI reassessments were completed and a referral sent to the local NASC team for reassessment of level of care. The evaluation of agreed goals on long-term</p>	<p>In six out of seven residents' files sampled for review, progress towards the achievement of residents' agreed goals of care was not documented on long-term care plans.</p>	<p>Ensure progress towards the achievement of agreed goals of care is documented on long-term care plans.</p> <p>180 days</p>

assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		care plans was not documented, though changes were made to the long-term care plan where there were changes to the residents' needs. This is a documentation issue and there is risk of some of the residents' needs not being met.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	CI	<p>The service provider continues to demonstrate a number of service improvements which lead to benefits and better health outcomes for residents. Since the previous audit the following initiatives have been successfully implemented and evaluated for effectiveness.</p> <p>February 2021-Installation of more water fountains throughout the facility provided more readily accessible water and increased the fluid intake of residents and staff during periods of barrier nursing and isolation. The feedback from staff was very positive, saved them time from having to walk further to fill water jugs/bottles and none of the residents who were febrile from illness displayed signs of dehydration.</p> <p>June 2021-The acquisition of a standing hoist for rest home and dementia residents, instead of borrowing the hospitals standing hoist and posing a risk of cross infection. Trials of different hoists determined which one was most suitable and this has been in use since July 2021. The outcome was</p>	A number of quality improvement initiatives that were successfully implemented in 2021 to 2022 have resulted in improved outcomes for resident's health and safety and increased safety and satisfaction for staff.

		<p>increased staff satisfaction, less time wasted for staff and waiting time for residents, improved safety for residents and an additional piece of equipment available for the rehabilitation therapist to use when teaching staff how to prevent injury for themselves and residents.</p> <p>April 2022-The creation of an onsite 'Covid Ward' where positive COVID19 residents and their beds were temporarily moved to for more intensive monitoring and care whilst in isolation. This strengthened existing strategies to prevent and contain the spread of infection. Staff who had already had Covid 19 (RN and care staff) were rostered for 12 hour shifts, frequent deep cleans, and separated systems for medicines, food and laundry were implemented. The overall objective and measurement was to prevent the spread of infection, and although this measurement was not met, the infection spread slowly. It was assumed this initiative succeeded in slowing the spread.</p> <p>March 2022- The establishment of a new role "Health Care Assistant Preceptor". This person works one to one with new (and existing) care staff on the floor to educate and enhance delivery of resident centred care. The objective of this initiative is to reduce the high turnover of new HCAs, rapidly and effectively improve the skills, and competencies of new HCAs and improve the quality of care they deliver to residents, and increase the number of HCAs enrolled in and progressing toward educational achievement. The person appointed to this role had only been in the position for six weeks at the time of audit, and although early indications of successful outcomes are evident, it was too soon to measure and evaluate the success of this project.</p>	
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	CI	<p>Tamahere Eventide has succeeded in reducing the use of restraint interventions in use and implementing methods to prevent these being needed. Bedrails were the only form of restraints in use with hospital level care residents. The number of bedrails in use has been systematically eliminated from five</p>	<p>The service has succeeded in reducing the use of restraint interventions since the previous audit.</p>

		to one bed rail being used. This has been achieved through focused staff and whanau education, and by the effective use of alternatives such as low-low beds with landing strips, sensor mats and frequent rounding/checks on residents.	
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End of the report.