

# Kamo Home & Village Charitable Trust - Shalom Aged Care

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## Introduction

This report records the results of a Provisional 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:** Kamo Home & Village Charitable Trust

**Premises audited:** Shalom Aged Care

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 3 November 2022      End date: 4 November 2022

**Proposed changes to current services (if any):** Provisional audit- total sale of the facility and business.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 29

# 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.

## General overview of the audit

Shalom aged care is owned by Deakoda Holdings Limited. The rest home provides rest home level care for up to 30 residents. There have been no significant changes to the service and facilities since the previous audit.

This provisional audit was conducted against the Nga Paerewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora Te Tai Tokerau. The audit process included review of policies and procedures, review of residents' and staff records, observations, and interviews with residents, family members, the manager, one of two owner/directors, staff, catering staff and a general practitioner and a contracted physiotherapist.

The audit has three areas requiring improvement. These areas relate to staffing, medication management and restraint management.

The prospective provider interviewed is fully prepared to manage these services and has a good understanding of the new Nga Paerewa Standard and the contractual obligations required by Te Whatu Ora – Health New Zealand Te Tai Tokerau. The takeover date for this service is planned for the 20 January 2023.

## **Ō tatou motika | Our rights**

Shalom Aged Care provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan available that encapsulates care specifically directed at Māori, and other ethnicities. Shalom Aged Care works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori staff interviewed.

Residents of Shalom Aged Care receive services in a manner that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. There was evidence that residents and family are kept well informed.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Residents are safe from abuse.

The prospective provider interviewed has experience in the aged care sector and clearly understands the Code and the obligations required.

Residents and family/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 provided as needed. Whānau/family and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Procedures are in place to resolve complaints promptly and effectively in collaboration with all parties involved.

## **Hunga mahi me te hanganga | Workforce and structure**

The governing body and management team are responsible for delivering safe and appropriate services.

The purpose, values, direction, scope and goals for Shalom Aged Care are documented. Goals are reviewed during the comprehensive annual business planning processes. Performance is monitored by the owner/directors and the manager.

The quality and risk management systems are focused on improving service delivery and care. Residents and family are given the opportunity to provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks and hazards are identified and mitigated.

There is one staff member on duty at night and more during the morning and afternoon shifts. The manager and the RN are on call when not on site.

Staff are provided with detailed orientation and ongoing education programme relevant to the facility and level of care provided.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

When residents are admitted to Shalom Aged Care a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

Shalom Aged Care works in partnership with the residents and their family/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 their family/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 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 transitioned or transferred to other health services as required.

## **Te aro ki te tangata me te taiao haumarū | Person-centred and safe environment**

The facility meets the needs of residents and was warm and clean. The facility is well maintained internally and externally. External areas provided shade and seating. There is a current building warrant of fitness. Clinical calibration and electrical checks are performed annually. equipment was checked and calibration was performed. Staff are trained in emergency procedures, use of equipment and supplies and fire safety principles. Staff, residents and families understood emergency and security arrangements. Call bells are available in all service areas and in resident's rooms.

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

The owner, manager and senior care team at Shalom Aged Care ensure the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme and is involved in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The owner, manager and senior care team have approved the infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

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

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

## **Here taratahi | Restraint and seclusion**

The service has been restraint free for eleven years and aims to maintain a restraint environment. This is supported by the governing body. There were no residents using restraints at the time of the audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions if needed.

## 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	24	0	1	2	0	0
Criteria	0	153	0	1	2	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>	<p>FA</p>	<p>Shalom Aged Care provides an environment that supports residents’ rights and culturally safe care. Staff demonstrated an understanding of residents’ rights and obligations. There is a Māori health plan that encapsulates care specifically directed at Māori. The manager interviewed advised that there are staff employed in various roles who identify as Māori. Currently there are no residents who identify as Māori or families who have enquired that identify as Māori. Ethnicity is recorded. A Māori centred focus on care is applicable, equitable, supported and encouraged because of the history, locality and the environment of the home. The manager already has a relationship with Māori Health Providers in the region and the local church. The manager stated that there are significant challenges and constraints in the current labour market, which is a sector wide issue. The manager aims to employ staff representative of the residents and the community and Māori applying for job vacancies, would be employed if appropriate for the applied role.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Policies and procedures have been provided by the contracted quality consultant to guide staff in the care of Pacific peoples. These policies reference the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020 – 2025 and other published documents. The provision of equitable services that are underpinned by the Pacific people’s worldview policy notes ‘to improve the health outcomes of Pacific people. There are staff member who identify as Pasifika. Residents will be encouraged to participate in cultural activities in the community and community groups will be invited to share their culture and knowledge with the care home.</p> <p>Residents will have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. There are currently no residents that identify as Pasifika. Policy states an aim to employ staff representative of the residents. The manager advised communication would occur for advice and support if this is required for individual resident care in the future.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code) and were seen supporting residents of Shalom Aged Care (Shalom) in accordance with their wishes. The local Health and Disability advocacy service provided in-service training on the Code and the Nationwide advocacy service in July 2022. The prospective owner is aware of their responsibilities and obligations regarding complying with the Code.</p> <p>Eight residents and four family/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. The Code is on display and accessible in English and in te reo Māori. Brochures on the Nationwide advocacy service are available at reception. The prospective provider is aware of their obligations in relation to complying with the Code.</p> <p>Shalom has access to interpreter services and cultural advisors/advocates if required and has established relationships with local Māori Health providers/advisors, a Kaumatua and Te Whatu Ora</p>

		Te Tai Tokerau. Shalom recognises Māori mana Motuhake.
<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>Shalom 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, choices, and independence. Care staff understand what Te Tiriti o Waitangi means to their practice. Te reo Māori and tikanga Māori is promoted by staff who identify as Māori. Evidence of formal Te Tiriti o Waitangi training was not sighted. Staff were aware of how to act on residents' advanced directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit. Shalom can respond to tangata whaikaha needs and enable their participation in te ao Māori through their partnerships with local Māori Health advisors and the Kaumatua.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</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>Employment practices at Shalom include police vetting. Policies and procedures outline safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Shalom enables staff opportunities to question if institutional and systemic racism is operating within their environment through open communication networks. Residents reported that their property is respected. Professional boundaries are maintained. A holistic model of health at Shalom is promoted. The model encompasses an individualised approach that ensures best outcomes for all.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my</p>	FA	<p>Residents and family/whānau at Shalom reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format, in English and te reo Māori. Although at the time of audit there were no residents who identified as Māori, staff incorporate te reo Māori in day-to-day greetings, and</p>

<p>wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>signage throughout the facility.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed in a timely manner of any events/incidents. A Facebook page captures the events happening at Shalom and enables families to be kept informed (residents' consent to photos on the page, has been obtained). Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents at Shalom 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.</p> <p>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.</p> <p>Staff who identify as Māori assist other staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A Kaumatua or Māori advisor is available to support and advise if needed.</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</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that would lead to improvements. This meets the requirements of the Code.</p> <p>Residents interviewed understood their right to make a complaint and knew how to do so. They informed they felt free and comfortable about raising any issue of concern.</p>

<p>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>There have been no complaints since the previous audit. The register reviewed evidenced this and the process was discussed. The manager is the complaints officer and is supported as required by the administrator.</p> <p>There have been no complaints received from the Health and Disability Commissioner (HDC), Te Whatu Ora New Zealand (TWONZ) New Zealand or Ministry of Health (MoH) since the last audit.</p> <p>The complaints management system has not been reviewed to ensure this works effectively for Māori, as there are no Māori residents. Processes would be put in place if needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Shalom Aged Care provides aged related residential care at rest home level. The service also has a contract to provide respite care. There are two owner/directors. The owner directors have owned the care home for eleven years. One owner is involved several days a week with the maintenance and business management of the facility.</p> <p>The manager worked at this facility for 14 years and resigned November 2021, however, returned to the role in February 2022. The manager is responsible for the day to day running of the care home, staffing/human resource management and business management. The manager reports to the directors monthly and more frequently as needed. Support is provided to the manager by an administrator who is an enrolled nurse (no current APC). The administrator works two days a week and is involved and assists with administrative, health and safety and quality and risk activities. Due to a turnover and a period of not being able to employ a registered nurse (RN) interRAI assessments had not been completed in a timely manner. Since this was last reported to HealthCERT, a registered nurse has been contracted to complete the interRAI assessments for all residents and these are now all completed documented and are current. In addition to this, an RN has been employed who works three days a week. This RN is not interRAI trained, but is responsible for the general practitioner visits, care planning and working closely with the care</p>

		<p>staff.</p> <p>Policies and procedures have been developed by an external consultant and provided to Shalom Care Home. These documents have current references including those related to equity and outcomes for Māori. The manager and owner advised cultural advice and support for Māori residents would be accessed in the event this is needed. The organisation already has relationships with a Kaumatua and Kuia on a local marae and cultural advisors at two Māori Health Trusts in Te Tai Tokerau. There have been no concerns from residents interviewed about the cultural appropriateness of care provided to residents. The manager, owner/director and administrator have an open-door policy and are available to residents and families at any time.</p> <p>The owner/directors have not attended any training on Te Tiriti and cultural safety. Training on equity has not occurred as noted in the training records reviewed. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated.</p> <p>The owner/director and manager confirmed a continuing commitment to ensure that the residents receiving services and their family/whānau continue to actively participate in all aspects of planning, implementation monitoring and evaluation of their individual services/care. This includes reviewing services for tangata whaikaha via the care planning and review process and environmental audits.</p> <p>The owner/director and manager (governing body) of Shalom Care Home assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> <li>-defining a governance and leadership structure, including clinical governance that is appropriate to the size and complexity of the organisation.</li> <li>-identifying the purpose, value, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned</li> </ul>
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		<p>intervals.</p> <p>-demonstrating leadership and commitment to quality and risk management.</p> <p>The service has Aged Related Residential Care (ARRC) contracts with what is now Te Whatu Ora Te Tai Tokerau for rest home level care and respite care. On the days of the audit there were 29 residents receiving rest home level care and no residents were receiving respite care.</p> <p><b>Prospective provider interview:</b></p> <p>The prospective provider Kamo Home and Charitable Trust is an established aged care provider currently operating with three facilities in the sector. All aged Residential Related Care (ARRC) facilities owned are in New Zealand – Te Tai Tokerau. All contracts held are under Te Whatu Ora Te Tai Tokerau. This proposed acquisition will add one further facility. The prospective provider understood the requirements for the service type and clearly understands ARRC agreement obligations. An organisational structure sighted details the reporting lines to the Board of Trustees currently in place October 2022.</p> <p>The acquisition plan for Shalom Aged Care is led by the general manager who is an experienced and well qualified registered nurse who is responsible to the Trust Board to ensure the transition is planned and seamless for the organisation and the residents and families. The senior team will be changed as the manager and the administrator are not staying on and have already advised the prospective provider. It is expected that the remaining existing staff will transfer with the prospective provider.</p> <p>The takeover date is currently set as 20 January 2023. All required documentation has been completed with the funder and an application has already been forwarded to HealthCERT. Te Whatu Ora Te Tai Tokerau is aware of this audit being undertaken.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous improvement. This includes management of complaints, audit activities, satisfaction surveys, monitoring of outcomes, policies and procedures, health and safety reviews and staff training. The manager is responsible for implementation of the quality and risk system with the assistance of the administrator and registered nurse.</p> <p>The resident satisfaction survey was completed 21 July 2022. Twenty-nine (29) surveys were sent out to residents and 19 were returned. Family surveys have recently been sent out in September 2022, with currently five being returned so far. Information received is used for quality improvement.</p> <p>There are a range of internal audits, which are undertaken using template audit forms. A schedule was reviewed. Audits have been completed and corrective actions are developed and implemented to address any shortfalls. There is a good level of compliance in the audit results sighted.</p> <p>Organisational policies, procedures and associated documents are developed by an external consultant and provided to Shalom Aged Care via email with recent changes made to reflect the Nga Paerewa standards and legislation. These documents are still currently being reviewed by the manager on arrival and printed for staff to access in the policy manual.</p> <p>Health and safety systems are being implemented according to the health and safety policy by the manager. There is a current hazardous substance register that was last reviewed in October 2022.</p> <p>Organisational business risks are identified and documented. Mitigation strategies are implemented for all aspects within the owner/director and manager's control. The owner/director has business risk experience and reviews the register. The manager confirmed that changes, or the identification of any new risks are brought to their attention promptly. There is a current hazard register. Shalom Aged Care has not yet included potential inequities in the</p>
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		<p>organisational risk management and review processes.</p> <p>Staff are advised of quality and risk information via the staff meetings, shift handover discussions and the communication book. Staff interviewed confirmed they are informed of relevant information including infection prevention and control, training topics, hazards, system and process changes and new and amended policy or procedures. While there is satisfaction with services provided there is not yet a critical analysis of organisational practices at the service/operations level aimed to improved health equity within Shalom Aged Care.</p> <p>Processes related to reporting adverse events/incidents are managed effectively. Section 31 notices reviewed, have been completed and reported only in relation to the registered nurse vacancies and shortage in registered nurse hours. The service is not required to comply with the National Adverse Event Reporting Policy. The manager was aware of the other type of events that require essential notification.</p> <p>The prospective provider interviewed stated that the policies and procedures currently in use will be changed to the Kamo Home and Charitable Trust policies and procedures and is not therefore concerned that policies and procedures in use are not all updated to the Nga Paerewa Standard requirements. The annual quality plan and quality and risk management plans will also be replaced with an electronic quality management system. A human resource manager will be responsible for the employment of staff. There are no health and safety, local body, police, HDC or coroner events impacting on the service.</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>PA Moderate</p>	<p>There is a documented process for determining staffing levels and skill mix to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. There is a minimum of one staff member on duty at night.</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>	<p>There are three care givers in the morning shift (two work 6.45am to 3.30pm) and one care giver who completes a shorter shift helping with showers and bed making. The afternoon shift consists of two care staff 3.15pm to 9pm. The night care giver works 8.45pm until 7am. One covers three shifts and one four shifts. There is a registered nurse who is employed three days a week (24 hours), and an enrolled nurse who works full time Monday to Friday and covers the general practitioner rounds of residents. The registered nurse hours are below the requirement for this rest home level care facility to meet the service contract which also includes after hours.</p> <p>The manager works weekdays Monday to Friday 9am to 5pm. The administrator works two days a week. The RN and manager are on call when not on site. The RN does not have an interRAI competency. An RN has been contracted since August 2022 to complete the resident interRAI assessments in a timely manner.</p> <p>There are designated hours daily for the cook, cleaner and laundry staff. All staff have completed first aid training except for the EN. The EN is currently enrolled in a course. The diversional therapist is employed 28 hours a week Monday to Friday. The manager interviewed stated that they do not use bureau staff at all at this facility. A contracted physiotherapist, dietitian and podiatrist visit the service regularly.</p> <p>Continuing education is planned for the year but has not been fully implemented as planned. An external educational provider is contracted to provide education on-line for staff. Education during COVID 19 was not always completed as planned. Some education is provided at the staff meetings. Relevant topics to meet the Nga Paerewa Standards are not all included in the documented programme reviewed such as equity and Te Tiriti of Waitangi. Recent education included COVID 19, first aid, fire safety, infection prevention, medication management, abuse and neglect and de-escalation. Applicable staff have medicine competency training annually.</p> <p>There are 13 care staff employed at this facility full and part-time.</p>
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		<p>Eight caregivers have completed external Level 4 training which is based on the New Zealand Qualification Authority (NZQA) levels and two are Level 2, with two further care staff enrolled in 2022.</p> <p>Staff reported feeling well supported and safe in the workplace, including at the cultural level. Cultural competency packages are set up for all staff to complete. There are a range of initiatives that provide staff with support and a positive work environment.</p> <p><b>Prospective provider interview:</b></p> <p>The prospective provider GM is fully aware of the current situation in relation to RN hours and skill mix. The GM was able to confirm understanding of the required skill mix to ensure rest home level care residents needs are met and recognises the contractual obligations to be met for the nature of this service. The organisation has a clinical manager to oversee all clinical care of residents and the GM discussed planned and available registered nurse cover inclusive of 24/7 cover of this facility.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource 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 for staff. Ethnicity data is collected on all staff employed in this organisation. There are job descriptions available for each position and current employment contracts. Records of professional qualifications are on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Orientation and induction programmes are fully utilised, and staff confirmed their usefulness and felt well supported. A buddy system is in place and extra time is allocated for new staff as required. A checklist is required to be completed relevant to each role. Staff appraisals are completed annually.</p> <p>Staff advised they have been provided with a high level of support in</p>

		relation to the national COVID 19 pandemic. Staff interviewed commented on the 'family environment' fostered at this rest home. If any incidents occurred these were discussed with all staff involved in a debrief session.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Residents' records at Shalom are uniquely identifiable and all necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Residents' files are integrated electronic and hard copy files. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Shalom is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents are welcomed into Shalom when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Shalom provides, and have chosen Shalom to provide services they require. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements. Shalom collects ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Shalom has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Shalom, several residents have requested another provider to manage their medical</p>

		needs.
<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 at Shalom works in partnership with the resident and family/whānau to support the resident's wellbeing.</p> <p>Seven residents' files were reviewed. These files included residents receiving respite care, residents who self-administer medication, residents with challenging behaviour, residents losing weight, residents with diabetes, residents using an enabler and residents on anticoagulant therapy.</p> <p>Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration where required. Assessments are based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. Policies and processes are in place to ensure tāngata whaikaha and whanau participate in Slaloms service development, deliver services that give choice and control, and remove barriers that prevent access to information.</p> <p>This was verified by reviewing documentation, sampling residents' records, from interviews, including with the GP, psychiatry for older persons (POP) community nurse, a visiting physiotherapist, and from observations.</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 active involvement in the process, including residents with a disability.</p>
Subsection 3.3: Individualised activities	FA	The diversional therapist at Shalom provides an activities programme five days a week that supports residents to maintain and develop their

<p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>interests and was suitable for their ages and stages of life. At the weekends, many residents go out.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Matariki, Waitangi Day and Māori language week was celebrated at Shalom. Activities offered include poi making, as part of the initiative to support the local woman's world cup rugby games being held in Whangarei and learning Kapa Haka moves. Prior to Covid-19 restrictions being in place, several community groups including the local Kapa Haka group, and local entertainers visited Shalom, however this has not occurred during the Covid-19 restrictions. Local entertainers have recently started returning in small groups. Visitors are required to be vaccinated and wear masks prior to entering Shalom. The facility has a van, and outings occur weekly. There is a monthly café outing for lunch. Several of the residents have mobility scooters and take themselves out to the local shops.</p> <p>Residents' meetings occur every month, and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are satisfied with the activities provided at Shalom.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	<p>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. All staff who administer medicines are competent to perform the function they manage. Records reviewed for controlled drugs, and interviews, evidenced the management of controlled drugs at Shalom was not consistent with Shalom's policy, best practice guidelines, or legislative requirements. This is an area identified as requiring improvement.</p>

<p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>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. Weekly stock checks have been completed. Medicines are stored were within the recommended temperature range. There are no vaccines stored on site.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Shalom.</p> <p>Self-administration of medication is facilitated and managed safely. Residents are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Shalom is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in August 2021. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken in June 2021. No areas requiring corrective action was identified, and the plan was verified for 18 months. The plan is due for reaudit in December 2022.</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. All residents have opportunities to request meals of their choice and the kitchen will attend to this. During Matariki, Waitangi and Māori language week, the kitchen prepared a boil up, fried bread and steamed pudding, hangi style, for those residents who requested it.</p>

		<p>The cook is able to cater to culturally specific menu options specific to te ao Māori.</p> <p>Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from Shalom is planned and managed safely to include current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and family/whānau. The resident and family/whānau interviewed reported being kept well informed during the recent transfer of their relative. Family/whānau are advised of their options to access other health and disability services, social support or Kaupapa Māori services if the need is identified</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</p>	FA	<p>The environment was comfortable and accessible, prompting independence and safe mobility inside and outside areas. The deck area provides additional areas for residents to walk around the building safely. All electrical testing of electrical equipment was completed on the 10 June 2022 and the 15 June 2022 as recorded. The calibration of all clinical equipment is next due 28 January 2023. Records are maintained and an inventory of all equipment is documented.</p> <p>There is a current building warrant of fitness (BWF), and this was displayed in the reception to the facility. The expiry date is the 3 June 2023.</p> <p>Refurbishment is ongoing as rooms are vacated. The rest home is</p>

<p>belonging, independence, interaction, and function.</p>		<p>homely. There are no shared rooms. Bedrooms are large and all rooms are personalised by the residents and their families. There are grabrails in all bathrooms and in the hallways. There are adequate showers and separate toilets that are positioned close to resident's rooms. Some rooms have their own ensuite bathrooms. All rooms without an ensuite bathroom, have a handbasin with flowing soap and handy towel paper dispensers.</p> <p>Personal protective equipment (PPE) resources were readily available throughout the facility.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs. Two total mobility scooters were parked in the rest home garage and were cared for by the maintenance/groundsman manager interviewed.</p> <p>Gas underfloor central heating was provided throughout the rest home. A heat pump/air-conditioning unit was available in the main office. All rooms have an external window for ventilation purposes.</p> <p>There are two lounges and a large dining room available for residents with comfortable seating arrangements.</p> <p>The grounds are well maintained and potted flowers and raised gardens are available to be enjoyed by the residents.</p> <p>The manager confirmed that should any building alterations or new builds be required consultation will be sought from Māori staff and residents to ensure they reflect the aspirations and identity of Māori.</p> <p><b>The prospective provider interview:</b></p> <p>The GM interviewed stated there are no plans in place for any environmental changes to the facility required or planned.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Policies and procedures are in place for all types of civil defence emergencies and fire emergency. Adequate supplies for use in the event of a civil emergency meet the National Emergency</p>

<p>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>		<p>Management Agency recommendations for the region. This includes water, food supplies, extra blankets, lighting, barbecues and gas bottles and other consumables.</p> <p>Staff are trained and knew what to do in an emergency. The administrator has been responsible for the regular checking of all equipment and resources available and these records were reviewed.</p> <p>There is always a staff member on duty with a current first aid certificate.</p> <p>There is a fire evacuation plan that has been approved by the New Zealand Fire Service. The approval letter reviewed was dated 24 February 2000. The last fire drill for staff was recorded as the 31 October 2022. The emergency plan for Shalom Aged Care was last reviewed July 2022 by the manager and the director. The plan covers a manual aid operating procedure, pandemic management plan and a policy and emergency planning policy and procedure. Service risks and any hazards are documented to ensure continuity, readiness and to ensure the hazard register is up to date. A grab-bag is also available for an emergency when needed.</p> <p>The monthly safety audit is completed with the last date recorded as 27 October 2022.</p> <p>Adequate security arrangements are in place. All visitors and contractors sign in and out of the facility. Residents also are documented in the communication book when they are out on leave or at appointments in the community. Residents and family interviewed confirmed they are pleased with the security arrangements in place. Staff ensure the building is locked and windows are closed during the afternoon and night duties with rounds occurring regularly.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service, links to the quality improvement system and is reviewed and reported on a monthly basis by the registered nurse. The manager and</p>

<p>appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>administrator are kept well informed, and information is readily available. The owner/director is committed to the AMS programme and the reduction of the use of antimicrobial medicines at this facility as possible.</p> <p>The manager reported there is prompt reporting of any new concerns and discussed the IP activities occurring onsite as detailed in the programme.</p> <p>The general practitioner provides initial support and advice. There have been no infection outbreaks since the pandemic. The manager and the RN advised there are multiple methods in place to communicate with staff of any changes in COVID -19 related risks and the management strategy.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) at Shalom is the clinical manager (CM) and is responsible for overseeing and implementing the infection prevention (IP) programme with reporting lines to the manager. The IP and antimicrobial stewardship (AMS) programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard, are provided by an external advisory company, and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed following these correctly. Shalom's policies, processes and audits ensures that reusable and shared equipment is appropriately decontaminated using best practice guidelines. Single use items are not reused. Educational resources are available and accessible in te reo Māori for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan is documented and</p>

		has been tested. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff have been trained accordingly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Shalom is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Evidence was sighted of a downward trend in the use of antibiotics over the past six months, with no adverse outcomes because of this.</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>Shalom undertakes surveillance of infections appropriate to that recommended for long term care facilities and this is in line with priorities defined in the infection control programme. Shalom uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Surveillance data is collected monthly and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme is shared with staff at handover. Surveillance data does not include ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There was a respiratory infection outbreak at Shalom from August to September 2022. Tests for Covid-19 were negative. Residents affected were isolated in their rooms and visiting was restricted. The Regional Public Health Unit (RPH) and the Te Whatu Ora Te Tai Tokerau were informed of the outbreak.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>A clean, well maintained, and hygienic environment at Shalom supports prevention of infection and transmission of anti-microbial resistant organisms at Shalom. Suitable personnel protective equipment is available to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals are labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>PA Low</p>	<p>The restraint policies and procedures were reviewed and had not been updated since 2019. No residents were using a restraint on the day of the audit. The owner/director stated that no resident has used a restraint since the service was purchased 11 years ago. The restraint register reviewed verified this information. The policies and procedures reviewed were not current and in line with the Nga Paerewa Standard. The owner/director was committed to ensuring restraint was eliminated and a statement to this effect was sighted and had been signed by the director.</p> <p><b>The prospective provider interview:</b></p> <p>The prospective provider is experienced in the requirements of the</p>

		standard, as it pertains to aged residential care.
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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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The staff roster system was reviewed. The rosters reviewed are currently just covered with clinical and nonclinical staff. Staff are replaced as able, when staff absences occur. However, the manager explained that there are currently insufficient registered nurse hours to cover the requirements of the service contract obligations in relation to registered nurse cover for rest home level care, inclusive of the after-hours on-call system. A registered nurse has recently been employed to meet the interRAI requirements as these assessments were not being completed in a timely manner. On the day of the audit all interRAI had been completed. Additional care staff are also required to ensure adequate cover for leave etc continues.</p>	<p>There are insufficient registered nurse hours to cover the service to meet the contracted obligations for a thirty-bed rest home level care facility including the after-hours cover.</p>	<p>To ensure there is adequate registered nurse cover for day and after hours at Shalom Care Home to meet the contractual requirements for up to and including thirty residents.</p> <p>180 days</p>

<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>The medication management policy at Shalom was current and in line with the Medicines Care Guide for Residential Aged Care. All staff who administer medicines are competent to perform the function they manage.</p> <p>Three areas related to the management and administration of controlled drugs was not consistent with Shalom's policy, best practice guidelines and legislative requirements.</p> <p>The controlled drug register had evidence of weekly stock checks, however there was no evidence of a quantitative stock check on December 31 and June 31, as required.</p> <p>A resident requiring administration of a controlled drug, had this checked out and signed off by two persons, however due to only one staff member being on duty when the medication was administered, two people could not evidence the correct resident received the medication.</p> <p>A resident requiring a controlled drug four hourly overnight, had this checked out and administered by only one person, as two people were not on duty. The controlled drug book did not evidence a two-person check.</p>	<p>The management of controlled drugs at Shalom is not in line with legislative requirements, the policy in place, or best practice guidelines.</p>	<p>Provide evidence that the management of controlled drugs at Shalom is in line with legislative requirements, policy, and best practice guidelines.</p> <p>30 days</p>
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic</p>	<p>PA Low</p>	<p>The manager interviewed stated that the restraint management policies and procedures had not been updated to meet the new Nga Paerewa Standard and these were dated 2019. No residents have used restraint since the owner/director</p>	<p>There is no updated policies and procedures to reflect the requirements of the newly implemented Nga Paerewa Standard in relation to restraint management and best</p>	<p>To ensure the policies for restraint management are updated to meet the requirements of the Ngā Paerewa Standard 8134</p>

<p>assessment of the person's care or support plan. The policy or procedure shall inform the delivery of services to avoid the use of restraint;</p> <p>(b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;</p> <p>(c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>		<p>commenced this service 11 years ago.</p>	<p>practice.</p>	<p>180 days</p>
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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.