

Lara Lodge 2017 Limited - Lara Lodge

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 HealthShare 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: Lara Lodge 2017 Limited

Premises audited: Lara Lodge

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 6 December 2022 End date: 6 December 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: 18

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

Lara Lodge can provide rest home level care for up to 27 residents. The rest home is privately owned by the two managers. Organisational performance was monitored. There had been no changes to the organisation since the last audit. The provider is well placed for meeting the requirements of Ngā paerewa Health and disability services standard NZS 8134:2021.

This transitional surveillance audit was conducted against a sub-section of Ngā paerewa Health and disability services standard NZS 8134:2021 and the provider's agreement with Te Whatu Ora – Health New Zealand Lakes region. The audit process included a review of updated policies and procedures, samples of residents' and staff files, observations, and interviews with residents, family/whānau, management, staff, and the general practitioner (GP). Previously identified areas of improvement from the last certification audit were also followed up. The GP, residents and family/ whānau spoke positively about the care provided.

The provider has effectively addressed previously identified areas requiring improvement. No additional areas of improvement have been identified.

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.

Staff received training in Te Tiriti o Waitangi and cultural safety which was reflected in service delivery. Care was provided in a way that focused on the individual and considered values, beliefs, culture, religion, and sexuality.

Policies were implemented that supported the residents' rights, communication, and protection from abuse. Residents were supported to make informed choices and self-determination.

The complaints process aligns with consumer rights legislation and is equitable.

Hunga mahi me te hanganga | Workforce and structure

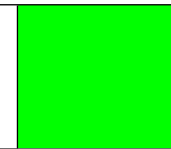
Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Management demonstrated a commitment to ensuring equitable services for Māori and tangata whaikaha/people with a disability. The quality and risk management system was being updated to meet the requirements of this standard. Risks were identified with a plan to respond to them. There were sufficient health care and support workers on duty at all times. Competencies were defined and monitored. Professional qualifications were validated, and all staff received orientation. Training on Te Tiriti o Waitangi and cultural competencies had been developed and delivered.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

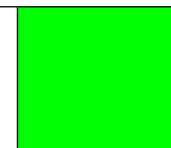


Subsections applicable to this service fully attained.

The provider had relationships with community groups that supported potential residents to make an informed choices regarding care available. Resident assessments informed the development of care plans. Care plans were implemented with input from the resident and whānau and contributed to achieving the resident's goals and aspirations. Review of care plans occurred regularly. The activity programme supported residents to engage in cultural celebrations and participate in the community. Medicine management reflected best practice, and staff who administered medication were competent to do so. The food service provided nutritional and culturally appropriate meals for the residents. The discharge and/or transfer of residents is safely managed

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.

There had been no changes to the facility since the last audit. There was a current building warrant of fitness and approved evacuation scheme. The rest home respects the cultural needs of residents. Appropriate security arrangements were in place.

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.

There was a current pandemic plan which had been activated twice since the last audit. There were sufficient supplies of personal protective equipment. Staff who identify as Māori were actively involved in the development and implementation of the infection prevention programme. Surveillance methods were documented and appropriate to the size and scope of the organisation.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The provider actively minimises the use of restraint. The nurses were responsible for restraint management with the support of management and the general practitioner. All staff received education regarding restraint minimisation and the management of challenging behaviour. Any events of escalated behaviour were reported using the adverse event reporting system.

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	0	0	0	0
Criteria	0	51	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The manager had whakapapa connections to the local iwi. There were approximately 25% of staff members who identified as Māori, some of whom were joining the local wananga, including the manager.</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</p>	Not Applicable	<p>Policies had been updated to include the requirements of this standard and are aligned with national health strategies for Pasifika people. The manager had local connections with Pacific people who have previously been involved in the rest home. The provider had previously (pre Covid-19) celebrated Pacific cultures by organising a Pasifika celebration day at the rest home which was well attended by the local community.</p>

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
<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	During the audit staff were observed supporting and caring for residents in a manner that met the requirements of the Code of Health and Disability Services Consumer Rights (the Code) and that respected Māori mana motuhake. Residents and family/whānau stated that staff were respectful and encouraged each resident's autonomy and self-determination.
<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	Staff education records and staff interviews confirmed that Te Tiriti o Waitangi training had been completed, and this knowledge was observed to be implemented within routine daily activities. Staff discussed how linen was managed and how meals were served to ensure tikanga was respected (refer subsection 2.2 for more details). Te reo was used by staff during conversations with residents. Resident meetings were attended by all residents including young persons with a disability (YPD). The needs of tāngata whaikaha were discussed at resident meetings. Residents interviewed confirmed that the outcome of meetings were actioned as appropriate. Clinical records, observation and discussion with a YPD resident confirmed that these residents were able to maintain their individual identity.
<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</p>	FA	Staff interviewed described the policy and actions they were required to take, should they have any suspicion of discrimination, abuse, neglect, harassment, racism, and/or exploitation. The service was aware of institutional racism, and staff confirmed that racist behaviour was inappropriate. Residents and whānau confirmed they felt safe to raise any questions or concerns, and that discussions are free and

safe and protected from abuse.		<p>open.</p> <p>Interviews with staff confirmed their knowledge and understanding of the cultural aspects of te ao Māori. Clinical records sampled confirmed that Te Whare Tapa Whā model of care had been implemented for residents who identify as Māori.</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>Clinical records sampled contained documented consents that reflected tikanga. Residents and whānau interviewed stated they were provided information in a suitable manner and format to facilitate decision making. The manager stated support for ongoing development and implementation of a revised policy that references tikanga was available from Te Whatu Ora Lakes Māori Health Equity Directorate if required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints process met consumer rights legislation and worked equitably for Māori. The process was explained to all residents and family/ whānau members as part of the admission process. There were additional processes for obtaining resident and family/ whānau feedback, for example regular resident meetings and satisfaction surveys. The manager reported that Māori staff spend time with Māori residents and whānau to discuss any concerns kanohi ki te kanohi, followed by kai. This was confirmed in both staff and resident interviews. There have been no formal complaints made since the last audit. It was also reported that there have been no complaints to external agencies.</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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>There had been no changes in governance/ownership since the last audit. The rest home ensured they delivered services which improved outcomes for Māori. The manager had iwi affiliations and approximately 25% of staff were Māori. It was reported that Māori whanau had chosen the rest home based on their kaupapa which supported and respected tikanga. This was confirmed in whānau and resident interviews. The owners frequently participated in local activities such as community hangi and provide a community garden with many traditional plants for rongoā. The manager also provided examples of how they ensured equitable services for tangata whaikaha/people with a disability. For example, the residents with a disability were supported to reside in the rest home so they could continue to be with whanau and were now achieving better health outcomes due to more frequent monitoring and better access to a general practitioner.</p> <p>Both owners/managers had attended training regarding Te Tiriti o Waitangi, including a cultural competency training package over the 20-week period. The manager demonstrated an understanding of equity and had embarked on a quality project to ensure that the rest home could fully meet the requirements of this standard (refer subsection 2.2 for details).</p> <p>On the day of the audit, there were 18 residents requiring rest home level of care under Te Whatu Ora age-related care agreement, two tangata whaikaha people with a disability who were under the age of 65 years (funded by the Ministry of Health) and one respite resident funded by Te Whatu Ora. The service can provide care for up to 27 residents. The rest home had HealthCERT dispensation for the provision of hospital level care for one resident. The required three-monthly reports were completed as required.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	FA	<p>The required policies and procedures were documented and had been, or were in the process of being, updated to reflect the</p>

<p>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>requirements of this standard. Te Tiriti policy had been updated with input from Māori staff and included an education component. All staff had completed the education package which included information regarding the articles of Te Tiriti, the history, the impact on Māori, legislation that had adversely impacted on Māori, colonisation and Māori models of health. It was reported that this resulted in an excellent response from staff, which was then confirmed in staff interviews.</p> <p>All policies reflected current good practice, legislation and compliance requirements. Policies and procedures were accessible to staff who were being informed each time an update was made.</p> <p>There was a quality plan with defined objectives. This included responsibilities, timeframes and actions. A range of quality related data was gathered. This included resident feedback, infection surveillance, health and safety, adverse events and internal audits. Staff meetings included discussions on quality data and the results of internal audits. The manager was aware of situations which would need to be reported to external authorities. Adverse event records confirmed that incidents and accidents were being reported and followed up in an appropriate and timely manner. All adverse events were entered onto a monthly register for analysis.</p> <p>A risk management plan was documented. It was reported that risks were discussed regularly between the clinical lead and owners/managers. Financial accounts were audited annually, and the required insurances were in place. Health and safety requirements were being maintained, including hazard identification and routine checks of the premises each month. Clinical risk was documented in individual resident records. It was reported that current risks included staff resilience due to the Covid-19 pandemic. In response management had implemented a number of activities to support staff. For example, care packages for staff and whānau who tested positive to Covid-19 and shared lunches.</p> <p>Management ensured that staff could deliver high-quality health care for Māori. Te Whare Tapa Whā was utilised in care planning. Cultural needs were addressed and respected. Traditional healing and the use of rongoā was provided and respected. The concepts of tikanga and whānau were evident in all activities observed during the audit,</p>
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		including the provision of Māori kai and karakia. Management demonstrated their commitment to ensuring health equity by completing a critical analysis of all operations and quality related data resulting in improvements being made in policies, procedures, day to day practices and education.
<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 was a sufficient number of staff on duty at all times. The organisation employed 22 staff, the majority of whom were health care assistants. There were two registered nurses, one of whom is the clinical nurse lead, and one enrolled nurse. There were designated staff for domestic duties. There were two health care assistants on morning and afternoon shift and one overnight. The registered nurse and enrolled nurse were rostered Monday to Friday business hours and shared on call duties, both were interRAI competent. Nurses had additional competencies including wound care, in-service education and polymerase chain reaction (PCR) testing. There is Māori representation amongst the nursing team with this team member being actively involved in developing systems and practices to ensure culturally safe services. Rosters confirmed that shift gaps were covered in the event of a temporary absence. There was a staff member on each shift with a current first aid certificate.</p> <p>All staff were required to demonstrate a range of competencies, depending on their role. There were 11 staff who had completed medication competencies which included questionnaires and being observed during medication administration. Additional competencies include manual handling, management of challenging behaviours, infection prevention and emergency management. Competencies were assessed by the registered nurses. All staff had attended in-service education regarding Te Tiriti o Waitangi (refer subsection 2.2) and there was a number of Māori staff who ensured the collecting and sharing high quality Māori health information.</p>
Subsection 2.4: Health care and support workers	FA	Professional qualifications were validated. Both nurses had a current

<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>annual practicing certificate, including scope of practice. All staff received an orientation. The orientation programme included the essential components of service delivery, and all new staff were buddied by a senior member of the team until they were assessed as competent. Orientating staff were additional to the roster. Records of orientation were sighted in staff files sampled. Staff records were securely maintained, confidential and accurate.</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>The manager advised that persons were declined admission when a bedroom was unavailable, or the service did not have the resources available to meet the person's needs. Records were kept of residents who were declined admission.</p> <p>The provider had meaningful partnerships with community Māori health providers and organisations, with guidance and support available to ensure the care provided to residents benefited the needs of Māori individuals and their whānau.</p> <p>The records of the YPD residents confirmed that a Needs Assessment Service Co-ordination Association (NASC) had been completed and the enquirers were receiving the appropriate level of care.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Residents had individualised support provided that met the physical, cultural, spiritual, and social dimensions and aspirations of their wellbeing. The registered nurse, or the enrolled nurse (under the supervision of a RN) completed the resident's assessment, including interRAI. These assessments informed the development of the care-plan. The nurses liaised with the general practitioner/s (GP) to ensure residents received the appropriate medical services. Clinical records demonstrated that assessments of the resident's holistic wellbeing were undertaken on admission and included for example skin integrity, pain assessment, falls risk, sleep patterns and behaviour. Care plans</p>

		<p>sampled confirmed that family/whānau were involved in the development of the plan and addressed the indicators raised by the assessment process.</p> <p>Short term care plans were sighted in the clinical record and reflected acute health needs of the resident. The short-term care plans included nursing and recommended medical interventions and were signed off when the acute issue had resolved. Wound care plans were also used to ensure consistent interventions to aid the healing of wounds.</p> <p>Residents' interRAI assessments and care-plans were completed within a timely manner appropriate to the resident's needs. The interventions to address the resident's identified needs had been implemented, and this was evidenced in the resident's progress notes, by observations during the audit and during interview with the resident's and their whānau. The previously identified area of improvement (NZS 8134:2008, criterion 1.3.4.2) regarding interRAI assessments had been addressed.</p> <p>The GP had documented three-monthly assessments, and there was evidence that residents were seen by the GP more frequently if required. The records held discharge letters from the public hospital if the resident had been transferred there. The progress notes documented the resident's daily activities and any observed changes in the residents' health status or behavioural changes. The nurse stated that changes in the residents' behaviour were considered an early warning sign, and records confirmed that where a change had been observed the nurses had undertaken a full assessment of the resident and developed a short-term care-plan as required. The GP had been notified when needed.</p> <p>Monthly vital signs and weights of residents were documented. Where progress was different to that expected, or the resident showed signs or symptoms of illness, the nurses performed further assessments, and the GP was notified. A GP was interviewed and confirmed residents were seen and assessed three monthly, and in the event that a resident's condition changed.</p> <p>The record of a YPD resident was sampled. The record confirmed that the resident was involved the development of the plan, and that it was person centred. The plan included community participation and</p>
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		<p>interventions suitable to meet the resident's identified goals.</p> <p>The provider had connections with Māori community service providers and tāngata whaikaha to support service development. Residents were supported to identify their own pae ora outcomes, with whānau involvement as desired by the resident. Files sampled of Māori residents confirmed that cultural preferences were incorporated into the care plan. Māori residents and whānau interviewed stated that care was provided in a manner that respected their mana, and that access to support persons was encouraged.</p> <p>A GP was interviewed and advised that the service delivers safe and appropriate care to the residents. Resident reviews were arranged in a timely manner, and communication with the service is effective.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities co-ordinator confirmed that education relating to te ao Māori had been received. The activities programme included the opportunity for residents to sing waiata. Māori cultural events were celebrated, for example Matariki and Māori language week. Planned outings into the community occurred when able, however Covid 19 had affected this aspect of the programme recently. Family/whānau took residents on outings into the community to attend activities of significance to the resident. Residents and family/whānau provided feedback on the programme, and interviews confirmed the programme met their needs.</p> <p>The YPD residents took part in a community-based programme several days per week. The clinical record, interviews with the activity co-ordinator, health care assistants and observation during the audit, confirmed that alternative activities were available for the YPD residents and that meet their individual needs. A YPD resident was interviewed and stated satisfaction with the programme and advised there was a range of activities within the service, and within the community that meet their goals and aspirations.</p>
Subsection 3.4: My medication	FA	<p>The medication management system was paper based and met requirements. Medications were dispensed by a pharmacy using a</p>

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>pre-packaged system. The pharmacy delivered medications as required and disposed of unwanted medications. A registered nurse checked the medications upon delivery. Medication administration was performed by staff who had completed an in-house medication competency programme. A medication round was observed, and staff demonstrated competency with administration.</p> <p>Medication was stored in the staff office, in a staff only area of the facility. The temperature of the room was monitored. No medications were observed to be out of date during the audit. Eye drops, ointments and creams had a documented opening date. There were no controlled medications on site during the audit. Medication requiring refrigeration was stored in a fridge which was monitored daily. All medication prescriptions were completed as per regulations, including the documentation of allergies and sensitivities. Medication charts had been reviewed at three monthly intervals. Standing orders were used and reflected guidelines. The orders were specific to individual residents. Over the counter medications were discussed on admission with the resident and whānau by the admitting nurse and the GP. No residents were self-administering medication during the audit.</p> <p>There was a process to guide self-administration for residents who wished to do so, however at the time of the audit there were no residents self-administering medication. The YPD resident interviewed expressed satisfaction with the medication process and advised medications were provided as required and met their needs.</p> <p>Residents including Māori residents and their whānau, were supported to understand their medications by staff, this was confirmed by residents and their whānau during interviews.</p> <p>Medication incidents were rare, however when an incident did occur the registered nurse reviewed the factors that contributed to the incident and implemented a corrective action plan. The GP interviewed stated that the medication systems and processes used were appropriate to the service.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	A cook stated that the service was committed to preparing kai that was nutritional and respected cultural values. Fresh fruit and vegetables

<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>including food suitable for boil-ups were grown and harvested from the gardens on site. Whānau provided food for the residents from time to time and this was prepared and cooked by the cook/s. Hāngi had been planned to celebrate a recent Māori commemoration, however this was cancelled due to Covid-19.</p> <p>The menu had been reviewed by a registered dietitian in October 2022, and recommended adjustments had been implemented. The previously identified area of improvement (NZS 8134:2021 1.3.13) regarding the menu review had been addressed.</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>There was a transfer and discharge policy that guided the management of a resident's transfer and/or discharge from the facility. Clinical files sampled confirmed that a resident's transfer out of the service and return to the service was documented and included an assessment and risk mitigation strategy. The resident and the family/whānau interviewed were aware of and involved in the planning of the transfer, and this was documented in the clinical record.</p> <p>Discharge was planned and facilitated with the resident (if appropriate) and whānau involvement when a resident's health status had been observed to be changing. The nurses and the GP collaborated to ensure the appropriate care was provided as the resident's needs changed. Whānau were informed, and discussion occurred regarding the care requirements of the resident and ongoing care provision options. An interRAI trained nurse completed an interRAI assessment that reflected the current care needs of the resident, and this information was provided to the NASC. Upon discharge the registered nurse provided relevant information to the new service provider. The process was verified in a resident's file who had recently been discharged</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>	FA	<p>There had been no changes to the facility since the last audit. There was a current building warrant of fitness. The facility and grounds were well maintained with safe internal and external areas. There was a preventative and ongoing maintenance schedule. Maintenance issues</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>were fixed as problems occur. Additional routine maintenance activities included a wide range of regular checks and monitoring of the building. Testing and tagging was completed, and medical devices are calibrated. Hoists and beds were checked as required. Residents and staff confirmed they knew the processes should any repairs or maintenance be required, and that any requests were appropriately actioned. The hazard management system ensured any hazards were identified. A hazard register was maintained.</p> <p>The environment was whānau friendly and reflected the tikanga of the organisation. Residents' personal rooms were decorated with items of their choice. There were no plans for new buildings, however the manager identified as Māori and reported they would ensure any new buildings would reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The emergency evacuation scheme was approved by the New Zealand Fire Service in 2008. Smoke alarms were installed, and fire extinguishers located throughout the building. A trial evacuation takes place every six months. The orientation programme includes fire, emergency and security training. Staff confirmed their awareness of the emergency procedures. Appropriate security arrangements were in place. Doors and windows were locked at a predetermined time, there were security lights outside and cameras placed inside communal areas. All staff and visitors were required to have a negative rapid antigen test prior to entry and sign in (refer subsection 5.2 for more details).</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>	FA	<p>There was a current pandemic plan which followed national Ministry of Health and local public health (Toi Te Ora) guidelines. The pandemic planned was developed prior to the pandemic and had been activated twice since the last audit. The rest home had continued to request all staff and visitors provide a negative rapid antigen test (RATs) prior to entry. This strategy had successfully detected positive results from staff resulting in timely actions and two lock downs for the facility.</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>RATs were provided at the front door and there were sufficient supplies of personal protective equipment. All staff had received education on donning and doffing. Air filtration units had been purchased.</p> <p>The nurses were the infection prevention coordinators. One of the nurses identified as Māori and had ensured all policies, procedures and practices were consistent with culturally safe practice. In-service education regarding infection prevention was included in cultural safety in-service education.</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>Infection surveillance activities were appropriate for the size and scope of the service. All identified infections were documented, monthly data collated and analysed. Recommendations and corrective actions to assist with reducing and preventing infections were acted upon. Short term care plans were implemented with appropriate interventions to manage infections. New infections and any required management plans were discussed at handover, to ensure early intervention occurs. Monthly surveillance results were shared with staff during staff meetings. Comparisons against previous months were conducted and the reviewed infection statistics evidenced minimal infection rates. COVID-19 pandemic contact tracing measures were implemented. There was Māori representation of the infection prevention team which ensured culturally safe processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	FA	<p>Management was committed to providing a restraint free service. Policies and procedures met the requirements of this standard and provided guidance on the safe use of restraints and reporting requirements. Goals for minimising the use of restraint were discussed at staff and management team meetings. All staff completed training on restraint minimisation and challenging behaviours. On-going education was provided. The restraint coordinators were the registered nurses and there were no restraints in use at the time of the audit. There was one resident with some challenging behaviours and the</p>

<p>restraint in the context of aiming for elimination.</p>		<p>nurses were working in consultation with the GP regarding best practice, without the use of restraint. Meetings had been conducted with whanau and strategies discussed at staff meetings. Any events of challenging behaviour were reported using the adverse event system and communicated with management.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.