

Kyber Health Care Limited - Waikiwi Gardens Rest Home

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 BSI Group New Zealand Ltd, 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:	Kyber Health Care Limited
Premises audited:	Waikiwi Gardens Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 October 2022 End date: 6 October 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	32

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
Yellow	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
Red	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

Waikiwi Gardens, located in Invercargill, has been privately owned since 2017. The owners operate one other aged care facility in Invercargill. Waikiwi Gardens provides care for up to 42 rest home residents. On the day of audit there were 32 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora-Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, management, staff, and the general practitioner.

The owners/managers (non-clinical) are supported by an assistant manager, registered nurses, and care assistants.

Residents interviewed were complimentary of the service and care provided.

The service has addressed four of seven previous findings related to section 31 notifications, emergency food stocks and the fire evacuation scheme, and infection control annual reviews. Further improvements continue to be required around signed consents, staff education, and medication management.

This audit identified shortfalls around aspects of quality, orientations, care plan evaluations, roster, self-medicating competencies and infection control coordinator role.

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.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. A Māori health plan is in place for the organisation that continues to be updated and a Pacific health plan is being developed.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The business plan includes a mission statement and operational objectives. The service has documented quality and risk management systems in place that take a risk-based approach. Meetings were documented as taking place as scheduled.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme is in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Waikiwi Gardens provides a comprehensive admission package. Registered nurses are responsible for each stage of service provision. They undertake assessments and develop the care plan, documenting supports, needs, outcomes and goals with the resident and/or family/whānau input. Resident files included the general practitioner, and allied health input.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group.

The electronic medicine charts were evaluated as required at least three-monthly. Medication policies reflect legislative requirements and guidelines.

All meals and baking are done on site. Dietary and cultural requirements are identified at admission and as required, with residents able to make requests for individual food preferences.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The building holds a current warrant of fitness. A civil defence/emergency plan is in place. There is a staff member on duty at all times with a current first aid certificate. There is safe access to all lounges, dining areas and to the well-maintained gardens with outdoor seating areas and umbrella shading. Resident bedrooms are personalised. There are adequate communal shower/toilet facilities with privacy locks.

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


<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved by the owner managers.

The service has access to a range of resources. Education is provided to staff at induction to the service and is scheduled in the education planner. Internal audits are completed with corrective actions completed where required.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

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.
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Restraint minimisation and safe practice policies and procedures are in place. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. On the day of audit, the service had no residents using restraint.

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	10	0	3	5	0	0
Criteria	0	36	0	3	8	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>	Not applicable	<p>The owner/ facility manager and the assistant manager confirmed that the service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit the managers were not aware of any staff who identify as Māori. Ethnicity data is not currently gathered when staff are employed, however management advised this is planned.</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</p>	Not applicable	<p>The service does not currently have a Pacific health plan. A cultural safety policy and Pacific people’s policy is in place. The contents are based on Ola Manuia: Pacific Peoples Health and Wellbeing Action Plan 2020 to 2025. On interview, the assistant manager advised of plans to work towards the development of a Pacific health plan and plans to seek guidance from a Pasifika organisation and/or individual.</p>

<p>and developed in collaboration with Pacific peoples for improved health outcomes.</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>Not applicable</p>	<p>Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. This information is discussed with the resident and family as part of the admission process. The Code is displayed in English and te reo Māori.</p> <p>Discussions with twelve staff (three care assistants who work am and pm shifts, two registered nurses, one enrolled nurse, one activities coordinator, one administrator, one cook, one laundry worker, one cleaner and one maintenance) and two managers (owner/manager by phone and assistant manager) confirmed their understanding of Māori indigenous rights. Staff receive training in relation to cultural safety at orientation (Link 2.4.4).</p> <p>Plans are underway to ensure that the service recognises Māori mana Motuhake through planning of cultural training programmes.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>All staff cover cultural safety during their orientation. Cultural training has not been provided in 2021 or 2022 year to date (link 2.3.3).</p> <p>There were no residents living at Waikiwi Gardens who identify as Māori. On interview, residents confirmed that they are treated with dignity and respect with staff adhering to their cultural values and beliefs.</p> <p>Staff described how te reo Māori is starting to be used during resident activities. Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, and tikanga. Māori cultural days are celebrated (eg, Matariki). Signage in te reo Māori has been implemented during the recent Māori language week.</p> <p>Staff interviewed described how they support tāngata whaikaha to meet their individualised needs and how they would support them to participate in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A resident's safety, neglect and abuse prevention and security policy is in place. The aim of this policy is to ensure that Waikiwi Gardens complies with the provision of the Human Rights Act 1993 and treats each individual in a manner that respects their right to individual choice. The service has zero tolerance for abuse in any form and the policy includes: institutional abuse; race or ethnicity; skin colour; sexual orientation; disability; gender; age; or religion. This policy is reinforced in the "house rules" document which is available to staff. Residents interviewed all stated that staff, including management, are polite and speak to them with respect.</p> <p>Specific cultural values and beliefs are documented in the resident's care plan, sighted in all five residents' files reviewed. A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for future Māori residents.</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. 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. 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>	<p>PA Moderate</p>	<p>The service has a policy on cultural safety and a specific Māori assessment and Māori health plan. There are documented processes in place for staff to be aware of when developing a health plan for residents who identify as Māori. The registered nurses have a good understanding of the organisational process to ensure they are able to inform Māori residents and whānau if specific tikanga practices are requested within the clinical setting. There are policies around informed consent. The service follows the appropriate best practice tikanga guidelines in relation to consent.</p> <p>Consent forms provide assurance that residents have been provided with sufficient information to make informed decisions. However, not all consent forms on files were signed by the resident or their representative. The partial attainment from the previous certification audit (NZS 8134:2008 under criteria # 1.10.1.4) continues to require addressing.</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>	<p>FA</p>	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility. The complaints process is linked to advocacy services.</p> <p>All complaints are scanned onto the computer. Two complaints were lodged in 2021 and two have been lodged for 2022 (year-to-date). There have been no complaints lodged with the Health and Disability Commissioner (HDC). Complaints are managed in accordance with HDC guidelines. All complaints lodged are documented as resolved.</p> <p>Te Whatu Ora Southern requested follow up against aspects of a complaint received from HealthCERT on 11 August 2022, which included aspects of: stock supplies; staff turnover; continence products; staff training and competencies; fire safety; and record keeping. Issues raised have been reviewed as part of this audit and are partially substantiated.</p> <p>Discussions with five residents confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</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>	<p>FA</p>	<p>Waikiwi Gardens is privately owned by Kyber Healthcare, who also own Glenbrae Gardens (rest home) in Invercargill.</p> <p>Waikiwi Gardens provides rest home level care for up to 42 residents. On the day of the audit there were 32 residents. There were three residents under a younger persons disabled contract (YPD), one resident on short stay under a carer support contract and one funded through mental health services. All remaining residents were on the age-related residential contract (ARRC).</p> <p>The facility is managed by two owners (husband and wife). The owners/managers (both non-clinical) have owned the rest home since March 2017. Staff interviewed confirmed the owners/managers are on site between three to five days a fortnight across both facilities. One of the owners is responsible for the operational/staff management and the other is responsible for the maintenance/property requirements. Both facilities share the managers time, an assistant manager, and an</p>

	<p>administrator, all of whom are non-clinical. There is no organisational chart to identify lines of reporting that link to the roster (link 2.3.1). The facilities also share registered nurses (RNs) and thirteen care assistants.</p> <p>At the time of audit, there were 2.7 FTE RNs, plus 1 RN who works every second week (currently on leave). One FTE was newly employed (first week). The other 1.7 FTE had resigned. They also had a new EN graduate who commenced 12 September.</p> <p>The RNs work across both facilities and are responsible for overseeing the clinical service. The service has recruited additional RNs and the assistant manager advised two RNs will commence part-time positions within the next few weeks. There are sufficient RN hours across the service.</p> <p>The owners/managers are also supported by an assistant manager (non-clinical) with caregiving experience who commenced their role in February 2022. The assistant manager has worked as a caregiver at Waikiwi Gardens prior to this and has good knowledge of the facility and has completed study courses related to the role. Their role includes coordination and oversight of quality activities and human resources. The assistant manager, with the support of the facility manager, is continuing to develop an understanding of all aspects of the role. Staff report the owners are available by phone; however, response times are variable (link 2.3.1).</p> <p>On interview, the assistant manager stated that the team collaborate with staff, families, and allied health in order to improve outcomes for residents with disabilities. There are resident meetings and surveys for residents to provide feedback.</p> <p>The owners/manager was interviewed by phone and confirmed the service was working on improving Māori health through clinical assessment and organisational policy and procedures. The current business plan includes the purpose, vision, values, and objectives for the business. The service is planning to integrate the strategy recommended by The Korowai Oranga and is seeking expertise to assist with implementation.</p> <p>The owners/managers have not attended any training or professional development in relation to management of a rest home since 2020</p>
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		<p>(Link 2.3.4). The assistant manager has completed a communication course over 12 weeks and has a diploma in health and wellbeing and is currently completing a diploma in small business management. They have also completed essential leadership skills via the chamber of commerce in Feb 2022. The ownership team have not attended any cultural training at this time.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Waikiwi Gardens has a documented quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality objectives for 2021 and 2022 were not evidenced on the day of audit. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Corrective actions are raised where required; however, correctives actions were not always signed off as completed. Clinical indicator data (eg, falls, skin tears, infections), is collected, analysed, and discussed in quality management meetings.</p> <p>Staff meetings are held monthly, and agenda items include health and safety, staffing, residents, activities, maintenance, and internal audits. Meeting minutes reviewed did not evidence discussion on quality data, adverse events, infection control/pandemic strategies, or complaints received (if any). Meeting minutes are stored in a folder in the nurse's office and not readily available to staff. The manager advised that meeting minutes are emailed to all staff.</p> <p>The resident and family satisfaction surveys from 2021 have not been correlated, analysed, or reported to staff or residents. The assistant manager advised a resident satisfaction survey will be distributed in November. A staff satisfaction survey in March 2022 identified a number of areas for improvement including: training on culture, infection control and restraint; communication; resources; and scheduled breaks. These results have been correlated; however, documentation of a plan to address these was not evidenced.</p> <p>Management advise they are planning to improve health equity through critical analysis of organisational practices. Management is also planning to identify supports to identify training needed to support</p>

		<p>a future Māori workforce. The service has not provided training and support to ensure all staff are adequately equipped to deliver high quality health care for future Māori residents.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard.</p> <p>Health and safety is an agenda item at all meetings. The hazard register sighted on the day of audit was last reviewed in 2019 and hazard forms for 2021 did not evidence they had been actioned or signed off.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist visits for one and a half hours once a fortnight and as required. Strategies implemented to reduce the frequency of falls include individual strategies, sensor mats, physiotherapy if required, and regular toileting of residents who require assistance. The registered nurses document interventions for individual residents.</p> <p>Each incident/accident is documented in hard copy. Sixteen accident/incident forms reviewed for September 2022 (unwitnessed falls, missing resident, med errors, and a skin tear) indicated that the forms are completed for each incident; however, forms reviewed did not always include opportunities to minimise future events or sign off by management. Incident and accident data is collated monthly, analysed and tabled at management meetings. The assistant manager advised a monthly report is attached to the meeting minutes for staff, however, this was not evidenced on the day of audit. Neurological observations were not consistently recorded for unwitnessed falls (link 3.2.4). There has been no falls prevention education provided in the last 24 months (link 2.3.4).</p> <p>Discussions with the assistant manager evidenced her awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports had been completed to notify HealthCERT around issues relating to Covid and registered nurse shortages. There had been two outbreaks documented since the last audit (Covid in March and June 2022). These were appropriately</p>
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		<p>notified and managed. The previous partial attainment related to NZS 8134:2008 under criteria # 1.2.4.2 has been addressed. A debrief session following the outbreaks included management staff. Discussion on Covid management during the outbreak occurred during handovers. Care staff advised they have not had an opportunity to contribute to discussion on what went well or what could be improved to better manage the outbreak.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses, a selection of care assistants and activities staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>There are four registered nurses and one enrolled nurse currently rostered across the two facilities. One RN is on leave. Two experienced RN has resigned and will finish employment within a week of the audit. One new RN is on her day four of orientation and there is a recently qualified enrolled nurse. The assistant manager advised two RN's have been employed and will commence employment soon.</p> <p>Interviews with care staff confirmed that their workload is manageable, and management are supportive. There are always at least two care assistants on site at all times. Vacant shifts are covered by available care assistants, nurses, and casual staff. Out of hours on-call cover is provided by the registered nurses. Staff confirm that the owners/managers are on site for three to five days on alternate weeks. This time is shared with a sister facility in Invercargill. The assistant manager provides cover for both sites on alternate weeks and whenever the owners/managers are off site. The registered nurses manage all clinical operations.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes.</p> <p>The roster is developed as follows:</p> <p>AM: 2x care assistants 0600-1400, 1 x care assistant 0700-1100</p>

	<p>PM: 2 x care assistants 1400-2200, 1x caregiver 1600 -1900, Nocte: 2 x caregivers 2200-0600</p> <p>There is a registered nurse rostered on Monday to Friday on day shifts. The RNs rotate weekly between the two facilities.</p> <p>There is an annual education and training schedule for 2021 and 2022. The education and training schedule lists most compulsory training; with exception of cultural safety training. There was no documented evidence that all scheduled training had been provided during 2021 or 2022. Advised this was due to Covid. The previous audit shortfall around completion of training (HDSS:2008 # 1.2.7.5) remains an area for improvement.</p> <p>Training resources and content of training sessions are available in a dedicated folder. Training has been provided to support health and safety in the workplace including hoist, moving and handling, and chemical safety. However, emergency management training, hand hygiene and personal protective equipment training was not evidenced. The training content does not include resources of up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-eight care assistants are currently employed (including seven casual staff). The organisation's orientation programme covers core competencies and compulsory knowledge/topics are addressed. Five care assistants have achieved a level 4 NZQA qualification, six level 3, and four level 2. Six staff are currently enrolled in Careerforce programmes.</p> <p>All care assistants are required to complete annual competencies for restraint, fire evacuation, infection control (including hand hygiene and personal protective clothing), medication administration (if medication competent), hoist management, and moving and handling. Records sighted confirmed hoist, and moving and handling competencies were up to date. Restraint, infection control and fire evacuation competencies were not evidenced for 2021 or 2022. Current medication competencies could not be confirmed for all staff who are currently administering medication (link 3.4.3).</p> <p>Additional RN specific competencies include an interRAI assessment</p>
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		<p>competency. Two registered nurses are interRAI trained and two are in the process of training. All staff attend relevant combined staff/clinical meetings when possible.</p> <p>Resident/family meetings are held quarterly and provide opportunities to discuss activities, food, health and safety, staffing and general business. Residents interviewed were complimentary around the staff and services received at Waikiwi Gardens.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review (three care assistants, two registered nurses). Staff files are held in hard copy, retained in the manager's office, in a locked filing cabinet. A recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and orientation programmes. There are job descriptions in place for positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position, except the IC coordinator position (link 5.2.1).</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation. Not all orientations were evidenced in staff files reviewed. The service demonstrates that the orientation programmes include information on providing a culturally safe environment for Māori.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. An orientation programme for volunteers is in place.</p>

		<p>Information held about staff is kept secure, and confidential. Ethnicity data is not always identified; however, management advised this is in place for new employees.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</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>	Not applicable	<p>All enquiries are reviewed by the owners/managers and the registered nurses to ensure Waikiwi Gardens is able to provide for the specific needs of the resident and the level of care required. Prior to entry, all residents have undergone a needs assessment that identifies the resident's level of care. Pre-admission information packs include information on the services that are provided for residents and families.</p> <p>The service collects ethnicity information at the time of admission from individual residents. The service is working towards completing an analysis of the same for the purposes of identifying entry and decline rates for Māori.</p> <p>The service plans to engage with the local marae and kaumātua in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. They will also work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau as and when the opportunity arises.</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>	PA Low	<p>Five resident files were reviewed including younger person with disability (YPD), one under carer support contract and one new recent admission. The registered nurses (RNs) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plan reviews. Registered nurses advised risk assessments and initial care plans were completed on admission; however, not all sampled files had these documented. Initial care plans are evaluated by the registered nurses within three weeks of admission.</p>

	<p>The long-term care plan is completed within the required timeframes and reviewed at least six-monthly or earlier if there is a change in health status. Long-term care plans are evaluated and document progress toward the residents' identified goals. Where progress is different from expected, the RNs update the care plan. This update is either added to the long-term care plan or a short-term care plan is developed. Short-term care plans are used for infections, wounds such as skin tears, and any decline in health status. However, not all files reviewed evidenced regular evaluation. The GP completes at least a three-monthly review or more often as required.</p> <p>The service has a house GP who provides care for most residents. The GP visits fortnightly, to complete three-monthly reviews and as necessary for residents of concern. Residents who are able to attend the GP clinic are accompanied by a senior staff member. This is working well for residents. Three-monthly reviews are completed for residents who are stable and at least monthly reviews for residents identified by the RNs and GPs as requiring closer monitoring. The GP was interviewed at Glenbrae and confirmed satisfaction with the care provided at Waikiwi and Glenbrae.</p> <p>All files demonstrated a multidisciplinary approach with evidence of input from allied health professionals, including (but not limited to) physiotherapy and occupational therapy, who visit as required or by referral. The podiatrist visits regularly. When a resident's condition alters, the RN initiates a review and if required a GP or nurse specialist consultation. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora-Southern.</p> <p>Care assistants complete progress notes at the end of each shift. The RN notes are completed as required for the resident seeking hospital level dispensation or at least weekly for all residents. Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was observed on the day of audit and found to be comprehensive in nature.</p> <p>There was one resident who currently requires two staff for assistance with mobility, cares, and transfer. This resident was on a short stay</p>
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		<p>contract and has been referred for reassessment.</p> <p>The care staff interviewed reported having access to sufficient continence products. The staff have access to spare products located in the nurse's station if allocated product use is exceeded. Residents and staff interviewed confirmed that there has been enough supply of incontinence products in the facility to meet the requirements. The resident files sampled included a continence assessment and plan. Specialist continence advice is available.</p> <p>Wound management policies and procedures are in place. Wound documentation is available and includes assessments, management plans, progress, and evaluations. There were four wounds being managed, these included: one chronic ulcer, one blister, and two abrasions. Adequate dressing supplies were sighted in the treatment room.</p> <p>There is evidence that family members were notified of any changes to their relative's health. Communication with families was documented in the resident's progress notes. There were no family members that visited during the day of audit and therefore no interviews with completed with relatives.</p> <p>Care staff complete monitoring charts, including: bowel; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. The service has a policy in place for all unwitnessed falls to commence neurological observations. However, this was not evidenced on the day of audit. Care assistants ensure registered nurses are advised of all incidents. Registered nurses follow up and complete assessments.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives</p>	<p>FA</p>	<p>The service employs three part-time activities coordinators who lead and facilitate the activity programme Monday to Friday, with weekends being viewed as family time. The activities coordinator interviewed was</p>

<p>and activities that promote whanaungatanga. 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>appointed five months ago. One of the three activities coordinators is first aid trained and has responsibility for accompanying resident outings. Out of hours, there are activity resources available for resident and family use.</p> <p>The monthly activities calendar includes celebratory themes and events. The activities calendar is posted on the hallway noticeboard, and residents advised verbally of the activities available that day. Residents are encouraged to maintain their previous social contacts. The programme is varied and interesting with board games, music therapy, bell ringing, quizzes, newspaper reading, bowls, exercises, crafts, and happy hour. The current monthly activity plan meets the group and individual preferences of the resident group. Community groups also visit including community choirs, music entertainers (including a music therapist) and weekly church services. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>The social history and activity assessment are completed on admission to the service with the resident/family/whānau input (as appropriate). The resident files reviewed included an individualised plan for activities, which had been reviewed six-monthly, and a weekly progress note. The younger person file reviewed demonstrated an individualised activity programme based around the specific resident interests. Waikiwi Gardens has a number of places for large and small activities to take place, this allows for both large and small group activities as well as one-on-one activities. Individual monitoring of attendances at activities occurs to assist in the programme review.</p> <p>The service facilitates opportunities for Māori to participate in te ao Māori, through the use of Māori language for everyday greetings and is working to further increase opportunities in activities.</p> <p>The residents spoke positively about the activities programme.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications are required to have current medication competencies; however, not all staff (RNs, and medication competent care assistants) who administer</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>medications have been assessed for competency on an annual basis.</p> <p>Staff were observed to be safely administering medications. Registered nurses and care assistants interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in accordance with requirements. Controlled medications are checked by two staff for accuracy in administration. Weekly checks are conducted; however, six-monthly stocktaking was not evidenced. There is a dedicated fridge for medication storage in the medication room; however, fridge temperatures are not being monitored. Medication room temperatures are also not monitored as per policy.</p> <p>All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all residents' medication charts three-monthly and each drug chart has a photo identification and allergy status identified. There were three residents self-medicating; however, they did not have a self-medicating competency completed. There were no standing orders used. All 'as required' (PRN) medications had been administered as prescribed, including reason for administration and efficiency documented. This is an improvement on the previous audit (HDSS:2008, #1.3.12.6).</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse and management described working in partnership with future Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<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 cook oversees the food service, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which has been reviewed by a dietitian (September 2021). A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses. Special diets including modified foods are available as required. There is a food control plan expiring 15 August 2023.</p> <p>At the time of the audit, there were two special diets (diabetic and gluten free) and these were provided as required. Staff were observed assisting residents with their meals and drinks in the main dining room. The cook interviewed was knowledgeable around residents' preferences and requirements. The kitchen serves directly into the dining room for all residents. Residents may also choose to have meals in their rooms. A kitchen cleaning schedule was documented, and cleaning was of an acceptable standard.</p> <p>Observation and discussions with the cook identified there was sufficient food on hand for at least three days. There was documented evidence that the meals last month have been cooked as per the dietitian approved menu. On interview, the cook stated that the finance manager places an order for food supply with input from the kitchen team. Regular milk orders were able to meet the facility needs. Kitchen staff confirmed there had been a high turnover of kitchen staff; however, were not able to confirm the reasons.</p> <p>The service adopts a holistic approach to menu development that ensures nutritional value, supports cultural beliefs and values, and protocols around food. The service plans to explore and implement menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>Residents interviewed spoke positively about the choices and meals provided (including enough food/snacks available). The food control plan expires 15 August 2023.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure exiting,</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>		<p>discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The current building systems status report expires 01 Feb 2023. All hoists, medical equipment, electrical appliances, and weigh scales have not been calibrated, tagged, and tested within the required timeframe. The manager advised that they booked the company in September to come that month. They advised that due to Covid they were behind and that there was a 4 month wait time. The earliest they could come is January 24th 2023 and therefore this is out of their control. The maintenance staff interviewed confirmed the same. Care assistants interviewed reported that one of the hoists is not working well and needs repair.</p> <p>The service has no plans to expand or alter the building but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</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>	<p>PA Moderate</p>	<p>The fire evacuation schedule has been approved (sighted). The previous audit finding (HDSS: 2008 # 1.4.7.3) has been addressed. Training on the revised plan is scheduled six monthly. There was no documented evidence of fire training occurring in 2022. The previous audit finding (HDSS: 2008 # 1.4.7.1) remains an area for improvement.</p> <p>The building is secure after hours and staff complete security checks at night. There were cameras inside the building and there was a camera surveillance notice on the walls. Currently, under Covid</p>

		restrictions all visitors are required to wear a mask at all times.
<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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	PA Low	<p>There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, vaccinations, usage of personal protective equipment, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved at a governance level. The infection control policies reflect the spirit of Te Tiriti. The service is working towards incorporating te reo information around infection control for future Māori residents, and potential staff members who identify as Māori.</p> <p>The RN assumes the role of infection control coordinator; however, does not have a position description that outlines the role and responsibilities of the role and none of the RN's present had received specific infection control training in the last 12 months.</p> <p>The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. Oversight of the pandemic is assumed by the RN on duty in conjunction with the management team. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>There are clear channels documented related to management of an outbreak. The facility has had two Covid outbreaks. Both outbreaks were appropriately managed of short duration and notified with input from Public Health. A debrief meeting with management followed which included discussions of what went well and what could be improved (also link 2.2.4).</p> <p>The annual infection control programme has been reviewed by a registered nurse in January 2021. The previous audit shortfall in HDSS: 2008 # 3.1.3 has been addressed.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on</p>

<p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>		<p>signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. There is no designated infection control coordinator and the RN on duty assumes responsibility for this role (link 5.2.1). Advised by the assistant manager that infection control surveillance is discussed at management/quality and staff meetings; however, meeting minutes did not always reflect this (link 2.2.2). Meeting minutes are available in a folder in the nurse's office. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. A comprehensive annual review of the infection control programme was provided following the audit, with evidence of goals and progress since the previous review. The report was dated January 2022.</p> <p>There have been two outbreaks since the previous audit (Covid in March and June 2022). The facility followed their pandemic plan. All areas were kept separate, and staff were cohorted where possible. Staff wore PPE and residents and staff had rapid antigen (RAT) tests daily. Families were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint minimisation policy identifies that restraint is only put in place where it is clinically indicated and justified. The policy also confirms that restraint consideration and application must be done in partnership with families.</p> <p>There was no designated restraint coordinator to ensure the commitment to restraint minimisation and elimination is implemented and maintained. The registered nurse on duty had good understanding of the restraint process. There were no residents using a restraint on the day of audit. The use of restraint (should it be required) would be reported in the monthly facility quality/staff meetings and to the owners/managers via the registered nurse.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.7.5</p> <p>I shall give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.</p>	PA Moderate	All five resident files reviewed had consent forms on file; however, not all forms had been signed by the resident or their EPOA. Advanced directives were also on file and signed by the facility, but not all files evidenced a resident signature. The partial attainment from the previous certification audit (NZS 8134:2008 under criteria # 1.10.1.4) continues to require addressing.	<p>(i) Three of five resident files reviewed did not evidence signed consent forms.</p> <p>(ii) Three of five files reviewed included advanced directives; however, these had not been signed by the resident.</p>	<p>(i). Ensure all residents' files evidence completed consent forms are signed.</p> <p>(ii). Ensure advance directives on file evidence resident signatures.</p> <p>60 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-</p>	PA Low	Quality and staff meetings are held monthly as scheduled. The quality system is documented; however, has not been fully implemented. An internal	<p>(i). Quality objectives were not recorded, and progress was not evidenced as measured for 2021/2022.</p> <p>(ii). Analysis and</p>	<p>(i). Ensure quality objectives are documented and progress to meeting these are regularly evaluated; (ii). Ensure recommendations/actions are documented and followed through</p>

<p>based approach to improve service delivery and care.</p>		<p>schedule is adhered to, and completion of audits is reported at staff meetings. Adverse events and infection rates are monitored; however, trends are not evidenced as being discussed at quality or staff meetings. Corrective actions to address service improvements and progress were inconsistently recorded.</p>	<p>recommendations to correct identified gaps for incidents and accidents were not consistently documented.</p> <p>(iii). Meeting minutes did not evidence discussion on trends, quality indicators, survey outcomes or complaints (if any).</p>	<p>where areas are identified through analysis of quality data; (iii) Ensure meeting minutes reflect discussion of quality data, corrective actions, and outcomes.</p> <p>90 days</p>
<p>Criterion 2.3.1 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 Moderate</p>	<p>Staff confirm that the owners/managers are on site for three to five days on alternate weeks. This time is shared with a sister facility in Invercargill. The assistant manager provides covers for both sites on alternate weeks and whenever the owners/managers are off site. It is not clear how ARCC D17.d ii is being fully met. The registered nurses manage all clinical operations.</p>	<p>The management team work between two sites. There is no organisational chart that identifies reporting lines across two facilities. The roster does not identify where the management team are on each given day and who is in charge.</p>	<p>Ensure reporting lines are documented and the roster clearly describes where management are based each given day.</p> <p>90 days</p>
<p>Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can</p>	<p>PA Moderate</p>	<p>An education programme is in place for 2022. Education in 2022 has been provided around first aid, safe chemical handling, hoist use and moving and handling. However, not all education scheduled for 2021 and 2022 could be evidenced. The manager advised this was due to</p>	<p>The education programme for the past two years has not been fully implemented:</p> <p>(i) There was no evidence of training provided since 2020 for the following: infection control; falls prevention; medication management; Code of Consumer Rights; cultural training and</p>	<p>(i). Provide evidence that education and training is being conducted for all staff as per education and training plan.</p> <p>(ii).Ensure the ownership management team complete professional development.</p>

<p>provide high-quality safe services.</p>		<p>Covid restraints. The previous audit shortfall around completion of training (HDSS:2008 # 1.2.7.5) remains an area for improvement. Staff advised in-service education had not been provided over the last 18 months to 2 years, until recently.</p> <p>Six care assistants are working at a skill level 4 with a Careerforce qualification. Staff interview and observation evidenced staff to be knowledgeable regarding clinical and non-clinical issues related to the residents under their care. Care assistants reported they were advised on the use of PPE and Covid management during handovers. A folder was sighted which included evidence of the content of planned training sessions.</p>	<p>Treaty of Waitangi; wound management; continence; behaviour management; pressure injury prevention and skin care; health and safety; restraint; emergency management; or abuse and neglect.</p> <p>(ii). The ownership management team have not attended any training or professional development in relation to management of a rest home since 2020.</p>	<p>90 days</p>
<p>Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Moderate</p>	<p>Completing annual appraisals is part of the human resource policies and procedures. Of the five files reviewed, two staff who had been employed over three months did not evidence completed orientations on file. Three of the five files reviewed were recently employed and were not yet due for an annual appraisal; one had a current appraisal.</p>	<p>Two of five staff files reviewed did not evidence completed orientations.</p>	<p>Ensure that all staff evidence completed orientations.</p> <p>90 days</p>

<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or</p>	<p>PA Low</p>	<p>Short-term care plans are used for infections, wounds, and any decline in health status; however, these were not regularly evaluated.</p>	<p>Three out of five short-term care plans did not have regular evaluations completed.</p>	<p>Ensure short-term care plans are evaluated regularly as per policy.</p> <p>90 days</p>
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support plan.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Medications are stored securely in accordance with requirements. Controlled medications are checked by two staff for accuracy in administration. Weekly checks are conducted, but six-monthly stocktaking had not been completed. There is a dedicated fridge for medication storage in the medication room; however, fridge temperatures are not monitored. Medication room temperatures are also not monitored as per policy.</p>	<p>(i). Six-monthly controlled drug stocktaking had not been carried as per the facility's policy and legislation.</p> <p>(ii). Medication fridge temperatures are not monitored.</p> <p>(iii). Medication room temperatures are not monitored.</p>	<p>(i). Ensure six-monthly stocktaking is conducted in line with policy and legislation.</p> <p>(ii). Ensure medication fridge temperatures are monitored as per policy.</p> <p>(iii). Ensure medication room temperatures are monitored as per policy.</p> <p>60 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA</p> <p>Moderate</p>	<p>All staff who administer medications are required to have current medication competencies; however, not all staff (RNs, and medication competent care assistants) who administer medications have been assessed for competency on an annual basis.</p>	<p>(i) There was no evidence of training provided since 2020 around medication management.</p> <p>(ii) Annual competencies were not all up to date for insulin administration and medication competency. Medication is being administered by staff who do not have current medication competencies.</p>	<p>(i). Ensure medication education is being conducted for all staff as per education and training plan.</p> <p>(ii). Ensure annual competencies are completed as required and all staff administering medications are assessed as medication competent.</p> <p>60 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where</p>	<p>PA</p> <p>Moderate</p>	<p>There were three residents self-medicating, however on review, self-medicating competencies could not be evidenced.</p>	<p>Three residents who self-administer medications did not have documented evidence of competencies.</p>	<p>Ensure self-medicating residents have competencies completed as per policy.</p> <p>60 days</p>

appropriate.				
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Moderate</p>	<p>Observation and discussions with the cook identified there was sufficient food on hand including if there was an unexpected interruption to food deliveries or an emergency then the facility would not have sufficient food on hand to meet the residents' needs. The emergency supply was sighted. The previous audit finding around emergency food stocks (HDSS: 2008 # 1.4.7.1) has been addressed.</p>	<p>There was no documented evidence that fire training has occurred six-monthly in 2022.</p>	<p>Ensure as per approved evacuation scheme, that fire training occurs six-monthly.</p> <p>60 days</p>
<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented</p>	<p>PA Low</p>	<p>The RN assumes the role of infection control coordinator; however, does not have a position description that outlines the role and responsibilities of the role and none of the RN's present had received specific infection control training in the last 12 months.</p>	<p>(i). There is no documented IC job description that outlines the roles and responsibilities. (ii) There is no designated infection control nurse and the RN who assumed the role on the day interviewed has not completed external infection control education within the previous year.</p>	<p>(i). Ensure a documented IC job description is in place. (ii). Ensure a designated IC coordinator is appointed and external training is completed.</p> <p>90 days</p>

mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed; (e) Receive continuing education in IP and AMS; (f) Have access to shared clinical records and diagnostic results of people.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.