

Scovan Healthcare Limited - Taurima Rest Home

Introduction

This report records the results of a Certification 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: Scovan Healthcare Limited

Premises audited: Taurima Resthome

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 17 January 2023 End date: 18 January 2023

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: 28

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

Taurima Rest Home Rest Home is privately owned and is located in New Plymouth. There are two directors/owners (one is referred to as the general manager and one is responsible for finances). The service is certified to provide rest home level of care for up to 30 residents. On the day of audit there were 28 residents and one boarder.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard and the contract with Te Whatu Ora Health New Zealand- Taranaki. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, the managers, and the nurse practitioner.

The facility manager (registered nurse) provides leadership and operational management and is supported by the clinical nurse manager (registered nurse) who provides clinical oversight for the service. Policies, procedures, and processes have been updated to the new standard and contracts, and are implemented. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care.

This audit has identified one shortfall related to medication.

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.

The service provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan with Māori health indicators reviewed to monitor progress for Māori. Residents and staff state that culturally appropriate care is provided. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable care for all.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints are investigated and resolved in a timely manner.

Consent is obtained where and when required.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The directors/owners own three aged care facilities and provide support for Taurima Rest Home through the management meeting and as required. The facility manager and the clinical nurse manager are both registered nurses and they respectively lead operational management and clinical oversight. The business plan includes mission, vision, and values statements with goals documented. These are regularly reviewed at the monthly management meeting.

The service has an effective and organisation-wide quality and risk management programme in place with systems that meet the needs of residents and their staff. Internal audits, staff and resident meetings, and collation of data were all documented as taking place as scheduled, with corrective actions completed and improvements made as per recommendations in reports.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training is in place. The service has a low turnover of staff.

The service ensures the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

There is an admission package available prior to or on entry to the service. The clinical nurse manager (registered nurse) is responsible for each stage of service provision. The clinical nurse manager assesses, plans and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were

evaluated at least six-monthly. Resident files included medical notes by the general practitioner or nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The clinical nurse manager and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts were reviewed at least three-monthly by the general practitioner or nurse practitioner. Transfers between services are managed in a coordinated manner.

The activities coordinator provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings subject to Covid restrictions, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked in the on-site kitchen. Residents' food preferences and dietary requirements are identified at admission. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Residents interviewed responded favourably to the food that is provided. A current food control plan is in place.

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

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

Subsections applicable to this service fully attained.

The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are personalised.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Security of the facility is managed to ensure safety of residents and staff.

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

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

The clinical nurse manager oversees the safety of residents and staff through a planned infection prevention and control and antimicrobial stewardship programme. The infection prevention and control coordinator reports to the facility manager around infection control matters, who in turn reports monthly through a written report at the management meeting to the directors/owners. Staff demonstrated good principles and practice around infection prevention and control. Staff, residents, and family were familiar with the pandemic/infectious diseases response plans.

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

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

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 restraint coordinator is the clinical nurse manager. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	26	0	0	1	0	0
Criteria	0	161	0	0	2	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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>There is a Māori health plan and standards of practice along with a cultural policy. The policy and guidelines are based on Te Tiriti o Waitangi with the documents providing a framework for the delivery of care.</p> <p>The service has residents who identify as Māori. There are also staff who identify as Māori with both residents and staff being able to speak te reo Māori. Cultural care is specifically tailored to meet their needs, with a resident who identifies as Māori stating "that this is the best cultural care they have ever received". Staff who speak te reo Māori fluently described the positive effect this has on wellbeing for Māori residents and also stated that staff who do not speak the language are eager to learn and practice pronunciation of Māori place names, greetings and simple queries.</p> <p>The facility manager identifies as Māori and is already making a difference in outcomes for Māori in the service. They have extensive links to local marae, kaumātua, kuia and other providers in the community. Examples of kaumātua being actively engaged with the</p>

		<p>service included blessing of rooms after a death, individual support for Māori residents if they wanted this, and engagement for Māori residents in the community with cultural activities. The Māori health key performance indicators are monitored to ensure that there are community connections in place.</p> <p>Residents and family are involved in providing input into the care plan, their activities, and their dietary needs. A review of a plan for one Māori resident indicated that this considers their cultural needs (confirmed that this was appropriate on interview with the resident).</p> <p>Interviews with the facility manager, clinical nurse manager and staff (four caregivers, the activities coordinator, one cleaner, one kitchen manager, and one maintenance staff) described how care is based on a holistic and person-centred care model of health aligned to Te Whare Tapa Whā model of care. Care plans incorporate the physical, spiritual, family, and mental health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service has a Pacific health plan and policy that commits to providing appropriate and equitable care for residents who identify as Pasifika, with the policy describing how staff can be culturally safe. The organisation is working towards linking with Pacific providers to support care for residents who identify as Pasifika if they enter the service. Currently there are no residents or staff who identify as Pasifika. Cultural safety training has been provided to staff in 2022.</p> <p>Documentation on entry includes the resident's ethnicity, which is recorded in the electronic resident management system. This data is analysed as part of the Ministry of Health reporting requirements. The facility manager described how they would encourage and support any applicant that identified as Pasifika through the employment process, and they had a strong interest in developing staff who identify as Pasifika. Staff interviewed could describe how they would support any resident or family member who identified as Pasifika, with a particular focus on family/fono centred care.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their families and posters are displayed in English and te reo at reception. The clinical nurse manager discusses aspects of the Code with residents and their relatives on admission. Discussions relating to the Code are held during the six-monthly care plan review meetings and as part of the resident meetings.</p> <p>Six residents were interviewed on the day of audit along with four family members. All stated that they had been informed about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and felt that their rights were upheld. Interactions observed on the days of audit between staff and residents were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance to the facility. There are links to spiritual supports for residents who chose to go to services in the community. There is also an interdenominational service monthly on site (Covid regulations permitting). Residents interviewed confirmed that they can access spiritual support when needed and some described family as helping them to go to services in the community.</p> <p>The caregivers interviewed described how they arrange their time of their shift to ensure they are flexible to meet each resident's needs. Staff are trained on the Code at orientation and annually with the last training provided to staff in 2022. This training included understanding the role of advocacy services.</p> <p>Māori independence (mana motuhake) is recognised by staff through their cultural training programmes and Māori health plan. The service encourages all residents to be independent and to be autonomous with support to access the community and to engage in as many activities as they can or want.</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</p>	FA	<p>All managers and staff interviewed described how they support residents to choose what they want to do, with a focus on fostering</p>

<p>and respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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>cultural wellbeing and a sense of family and community. Residents interviewed stated they had choice and were well respected by staff. They described staff as being attentive and respectful. It was observed that residents are treated with dignity and respect. Residents are supported to make decisions about whether they would like family members to be involved in their care and/or other forms of support. A care plan is developed on admission with the resident and family members, which includes daily routines and what is important to the resident.</p> <p>Caregivers interviewed understand what Te Tiriti o Waitangi means to their practice, with examples provided when interviewed. Residents have control over and choice over activities they participate in. Cultural identity is included in the care plan and on the admission documentation.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people in the service. Satisfaction surveys are completed annually with the last completed in 2022, confirming that residents and families are treated with respect and are very satisfied with the service provided. Resident meetings are held monthly (Covid permitting) and this promotes communication between the facility manager and residents. The facility and clinical nurse managers stated that residents and family will come and talk with staff or managers whenever there are any concerns and there are strong relationships with family.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships. There is one double room that is usually occupied by a single resident (as at audit); however, if there is a couple who wish to share, then this room would accommodate that. Curtains would be put in place to separate bed spaces and to afford privacy if rooms are shared.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. All residents interviewed complimented staff on the way they entered rooms (knocked first and waited to be invited in for example).</p>
---	--

		<p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>Staff are encouraged to use te reo Māori, noting that this is the preferred language of some residents and family currently in the service. Te reo Māori and tikanga Māori is actively promoted throughout the service and incorporated in activities. This also included responding to tāngata whaikaha needs and enabling their participation 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.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The abuse and neglect policy is documented. The policy prevents any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities is part of the daily care and activities programme.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents interviewed confirmed that the staff are very caring and supportive, and felt that if they raised an issue (eg, being bullied), that that would be addressed immediately. The service prioritises a strengths-based and holistic model ensuring wellbeing outcomes for Māori, that ensures that family are encouraged to visit, and that Māori are encouraged to self-determine their goals and pathway to holistic wellbeing.</p> <p>House rules are discussed during the new employee's induction to the service, as confirmed by staff interviewed and each new employee signs the code of conduct to confirm their understanding and adherence. Professional boundaries are defined in job descriptions and discussed as part of orientation. Interviews with the staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Managers, staff and the general practitioner interviewed along with residents interviewed, confirmed that there was no abuse or neglect. Staff also stated that they work as a team and a 'family' and would be very comfortable raising any issues related to institutional or systemic racism; noting that all stated that there was no evidence of this at the service.</p>

		<p>The service does hold a small amount of money for resident outings. All transactions are individually recorded, receipts kept, and the resident (or enduring power of attorney or family) informed of balance. The money is provided by the facility manager for resident activities, with the administrator monitoring spending and receipts on a weekly basis.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents and relatives on admission, through an open-door policy for residents and family to meet with managers and through the monthly resident meetings facilitated by the activities coordinator. The managers also communicate through emails, phone calls and texts as appropriate for each family member.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. The accident/incident forms reviewed identified relatives are kept informed. Residents are encouraged to express any concerns or ask questions at any time (eg, at the resident meeting, or through the review of care plans six-monthly).</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. Staff interpret for residents and family (eg, in te reo Māori). Residents interviewed confirmed that staff communicate with them in their own language.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as: hospice; prosthesis services; mental health services; podiatrist; dietitian; diabetes services etc. The delivery of care includes the general practitioner and/or nurse practitioner, the clinical nurse manager (registered nurse) and other providers as required and used by residents. Residents or relatives (where appropriate) provide consent and are communicated with in regard to services involved. The service, facility and clinical nurse managers described providing</p>

		residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
<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>There are policies around informed consent. Six resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Specific consent had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they participate in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable.</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 procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There was one complaint logged in the complaint register in 2022 and none to date in 2023. The complaint lodged was investigated and resolved in a timely manner with feedback and discussion around improvements as part of the staff and management meetings. The complainant was informed of outcomes of the investigation. The facility manager stated that residents were often independent and vocal and</p>

		<p>raised concerns which were addressed by staff straight away. There were no complaints forwarded by any external organisations.</p> <p>Discussions with residents confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. All residents and relatives interviewed stated that they had no problem raising concerns with the managers and that any complaint or concern was resolved with improvements made. Residents and relatives making a complaint are informed they can involve an independent support person in the process if they choose.</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>Taurima Rest Home has a documented mission statement, philosophy and values that is focused on the provision of quality care where residents' independence is encouraged, and individual needs identified and met in order to enhance each resident's quality of life. The philosophy is about providing needs-based care and support for residents to lead an engaged and 'family focused' life. The business plan for 2023 provided specific aims, and ambitions to be achieved with this reviewed on a quarterly and annual basis through management meetings attended by the directors/owners (general manager included) and the facility manager. The 2022 plan has been reviewed prior to the documentation of the 2023 plan.</p> <p>Taurima Rest Home is certified for 30 residents requiring rest home level of care. On the day of the audit, there were 28 residents requiring rest home level of care and all were under the Age-Related Residential Care contract. There is one boarder also residing at the service.</p> <p>The directors/owners own three aged care facilities. One is the general manager who provides operational support for the service and the other is responsible for financial management. The facility manager documents a monthly report, which includes commentary on all aspects of the quality programme and operations/clinical aspects of the service. This is discussed in the three-monthly meetings held to allow a full review of progress. The facility manager is able to contact the general manager at any time and stated that they were responsive. The facility manager identifies as Māori and brings an equity and focus on improving outcomes for Māori to the meetings.</p>

		<p>The general manager is a registered nurse, as are the facility and clinical nurse managers. The general manager has a background in brain injury rehabilitation. The facility manager has nine years' experience in aged care nursing; and the clinical nurse manager has over 25 years' experience in aged care. The facility and clinical nurse managers each have at least eight hours training relevant to their roles.</p> <p>Cultural training is accessible and available for all managers. The management team speak te reo and understand tikanga. Interviews with the facility manager and clinical nurse manager and review of the Māori health plan confirmed the management team are committed to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. The managers are able to collaborate with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori, to ensure tāngata whaikaha have meaningful representation, and to identify and address barriers for Māori for equitable service delivery.</p> <p>The service provides support for people with disabilities, as part of the care provided and as per care plans. Strategies are documented (eg, around supporting people who are hearing impaired or short sighted).</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>	FA	<p>Taurima Rest Home implements the organisation's quality and risk management programme that is directed by the organisational framework. The programme uses a risk-based approach to improve service delivery and care. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits and a process for identifying and addressing corrective actions. The service identifies external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p> <p>Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. The monthly staff meeting provides an avenue for discussions in relation to key performance indicators (including clinical, such as infections, pressure injuries, skin tears, restraint etc), quality data, health and safety, infection control/pandemic strategies, complaints received (if any),</p>

	<p>staffing, and education. The service has continued to hold face to face meetings throughout 2022. The facility manager and all staff interviewed stated that there had been good communication around data and other information through informal meetings and emails, as well as through the staff meetings.</p> <p>The service has an annual satisfaction survey. Reports from the survey held in 2022 showed that residents and family were very satisfied with the service offered. There were no recommendations raised in the survey.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a satisfactory level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are owned and developed by the company and the facility manager stated that these were updated at the three-monthly management meeting. New policies or changes to policy are communicated to staff.</p> <p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident related accident/incident forms were reviewed. Māori health key performance indicators are documented and monitored through the management and staff meetings. This includes monitoring of adverse events (% of Māori residents involved in adverse events over a year). The monitoring of the full suite of KPIs for Māori health enables the service to improve health equity through critical analysis of organisational practices.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms, held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored through the staff meeting. There are regular manual handling sessions for staff with a competency completed by all staff. Staff state that they are kept informed on health and safety. A physiotherapist is available to provide contracted services.</p> <p>Discussions with the management team evidenced awareness of their</p>
--	--

		<p>requirement to notify relevant authorities in relation to essential notifications. There have not been any Section 31 notifications required to be submitted to HealthCERT since the last audit, apart from notification in September 2022 of the appointment of the new facility manager. There has been one Covid outbreak in July 2022 with external authorities notified and plans and policies followed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy and staff contingency shortfall plan that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The clinical nurse manager and caregivers hold current first aid certificates. Agency staff are available if required; however, none have been used since the last audit.</p> <p>Interviews with the clinical nurse manager and other caregivers confirmed that overall staffing is adequate to meet the needs of the residents. A review of rosters for the past three months confirmed that staff were replaced when on leave. The clinical nurse manager and facility manager are available Monday to Friday each week and they alternate on call when not on site. Each relieves for the other if on leave. The clinical nurse manager is trained to complete interRAI assessments.</p> <p>There is an annual education and training schedule being implemented. Staff attended mandatory cultural training with evidence of high staff participation. If staff cannot attend a face-to-face training, then the facility or clinical nurse manager follows up with one-to-one training. Staff (registered nurses and medication competent caregivers) completes medication competencies. A record of completion is maintained in each staff members files. The caregivers are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce).</p> <p>Training for the clinical nurse manager has been provided by Te Whatu Ora- Taranaki in-services and online training. The clinical nurse manager provides oversight of the caregivers. The service encourages all their staff to attend monthly staff meetings and staff interviewed stated that they found the meetings useful to progress quality</p>

		<p>improvement. Feedback on surveys and quality data ensures staff participate in learning opportunities that provide them with the most recent literature on health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers. The service invests in the development of organisational and health care and support worker health equity expertise through the training programme offered and appointment of staff who identify as Māori into senior positions.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace, including (but not limited to): manual handling; hoist training; chemical safety; emergency management, including (six-monthly) fire drills; and personal protective equipment (PPE) training. The staff have had extensive training around Covid policies and protocols.</p> <p>Support systems promote health care and caregiver wellbeing and a positive work environment. Staff interviewed confirmed that they enjoyed the working environment and felt they could positively add to the culture so that staff continued to enjoy working at the service. There is a policy of equal opportunity and debriefing after any significant event.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and</p>

		<p>includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori and others.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Wellbeing support is provided to staff, including access to external providers if required. Evidence of debriefing and follow-up actions taken was sighted following any incident/accident.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in secure environments. Electronic information (eg, policies and procedures, quality reports and data/benchmarking and resident information) is routinely backed up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, timely, signed and dated, and include the name and designation of the service provider, following professional guidelines and sector standards.</p> <p>Residents entering the service have all relevant initial information recorded in their individual record within 24 hours of entry. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>As part of the internal audit programme, the service regularly monitors their records as to the quality of the documentation and the effectiveness of the information management system. The service is not responsible for National Health Index registration.</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</p>	FA	<p>There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior</p>

<p>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>		<p>to admission or on entry to the service.</p> <p>Six admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The facility manager and clinical nurse manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and whānau during the admission process. Declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service is planning to collect ethnicity information at the time of enquiry from individual residents. This will be documented on the enquiry form to allow analysis.</p> <p>The service has extensive links to local marae, kaumātua, kuia and other providers in the community. Staff who identify as Māori are available to support Māori residents and whānau.</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>Six files were reviewed for this audit. The clinical nurse manager or facility manager (both 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 plans reviewed and this is documented in progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in resident's care plans. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. Risk assessments</p>

		<p>are conducted, and a cultural assessment has been implemented. Initial interRAI assessments and reassessments, long-term care plans and reviews had been completed within the required timeframes in all files reviewed. The clinical nurse manager interviewed described working in partnership with the resident and whānau to develop the initial care plan and long-term care plan. The care plans on the electronic resident management system were holistic, resident focused, and individualised. The care plans reviewed identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. Caregivers and the clinical nurse manager described how the care they deliver is based on the four cornerstones of Māori health model Te Whare Tapa Whā, evidenced in the reviewed resident files. For end-of-life care, the service uses the Te Ara Whakapiri tool. Behavioural assessments have been utilised where needed. When there is a change in resident health needs, such as infections, wounds, or recent falls, appropriate assessments are completed, and short-term care plans are initiated. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p> <p>All residents had been assessed by the nurse practitioner (NP) within five working days of admission and the NP reviews each resident at least three-monthly. There are NP visits weekly and more often when required, with a 24/7 on-call service available for advice. The clinical nurse manager and facility manager are available for after-hours calls and advice. When interviewed, the nurse practitioner (NP) expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers residents to a physiotherapist as and when required. A podiatrist visits six to eight-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor and wound care specialist nurse are available as required. When a resident's condition alters, an RN initiates a review with the NP or GP. Family was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. The wound register</p>
--	--	--

		<p>identified four residents with five wounds currently being treated. Wound management plans identified frequency of dressings; however, this was not always implemented as scheduled. The clinical nurse manager and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required.</p> <p>Caregivers could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written by caregivers and the clinical nurse manager. The clinical nurse manager further adds to the progress notes if there are any incidents, NP or GP visits or changes in health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and the RNs (managers) complete monitoring charts, including: bowel; blood pressure; weight; food and fluid; pain; blood sugar levels; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy. The incident reports reviewed have been followed up and signed off by the clinical manager.</p> <p>Residents and relatives interviewed reported their needs and expectations were being met.</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 coordinator implements a programme that provides activities Monday to Fridays. The activities coordinator holds a current first aid certificate. Weekend activities are supported by the caregivers and plenty of resources are available to deliver the activities. The programme is planned weekly and monthly and includes themed cultural events, Māori language week, Australia Day, Matariki and Christmas. A weekly programme is displayed on the noticeboard. Armchair travel is planned with resident input into destinations.</p> <p>The service facilitates opportunities to participate in te reo Māori, through the use of Māori language on planners, Māori language posters, participation in Māori language week, and Matariki. Māori staff incorporate te reo into interaction with residents and provide input into</p>

		<p>activities, and culturally focused activities.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who choose not to attend activities.</p> <p>A variety of individual and small group activities were observed occurring at various times throughout the day of audit. External entertainment is scheduled two to three times a month. There are monthly interdenominational services and links with local schools.</p> <p>A resident's social and cultural profile is completed within 24 hours of admission and include the resident's past hobbies and present interests, likes and dislikes, career, and family connections. A social and cultural plan is developed within 21 days and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include: quizzes; board gaming; exercises; hand pampering; happy hour; and mobile library. The service has weekly van drives for outings. The maintenance person is also the dedicated van driver with the appropriate competencies and first aid required.</p> <p>Resident meetings are held monthly, and family are invited to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly care plan reviews. Resident and relative surveys also provide feedback on the activity programme and resident satisfaction survey evidence overall satisfaction with the activities provided. Residents and family members interviewed stated the activity programme is meaningful.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management. Caregivers and RNs responsible for medication administration complete medication competencies. Regular medications and 'as required' medications are delivered in blister packs. The clinical nurse manager or RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely</p>

with current legislative requirements and safe practice guidelines.		<p>manner. There were no residents self-administering medications on the day of audit.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses, nurse practitioner and the general practitioners are available to discuss treatment options to ensure timely access to medications.</p> <p>The medications are stored securely. Controlled drugs medication is stored safely and securely in a dedicated medication safe. The controlled drug register documents administration; however, does not always record the time of administration.</p> <p>Medication fridge and room air temperatures are checked twice-weekly, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification; however, not all charts identified the resident's allergy status. The nurse practitioner had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had not always been documented in the medication system or in the progress notes.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required (prn). Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>The registered nurses interviewed could describe the process for working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Staff received medication training in medication management/pain management as part of their annual scheduled training programme.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	<p>The meals at Taurima Rest Home are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped</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>and a current approved food control plan was in evidence, expiring in September 2023. There is a four-weekly summer and winter menu that is developed and was reviewed by a registered dietitian in November 2022. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or of any residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences, including Māori specific options as required. Caregivers interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> <p>The cook completes daily fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process by the cook. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the adjacent dining room and a trolley is used for covered plated meals to be transported to those residents' enjoying meals in their rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety training.</p> <p>The residents and families interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis with the cook, at the resident meetings and through resident surveys.</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>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer or termination policy and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given</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>options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested. The clinical nurse manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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 facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building warrant of fitness expires 29 September 2023. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance person works 12 hours a week (Tuesday and Thursday and on call). This role oversees maintenance of the site, contractor management and the gardens. Essential contractors such as plumbers and electricians are available as required. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Annual testing and tagging of resident's electrical equipment, checking and calibration of medical equipment, hoists and scales was completed March 2022. Hot water temperatures are monitored routinely. Temperature recordings sighted were all within acceptable ranges.</p> <p>The facility is built on one level with a storage basement area below. There is one main entrance leading to the reception. There is a communal lounge with a TV, and activities take place there. There is a smaller quiet lounge adjacent to the main lounge. There is a disability access toilet near the communal lounge.</p> <p>There is one double room currently occupied by a single resident. All other bedrooms are single occupancy. The resident rooms have handbasins and are large enough to provide care and allow for the safe use and manoeuvring of mobility aids. Staff interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents. Flowing hand soap, hand sanitiser and paper towels are installed in all areas near hand basins. There are communal bathrooms/showers with privacy locks and privacy curtains.</p>

		<p>Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>The hallways are wide and include ample room for the placement of armchairs for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are well maintained and have attractive features. Seating and shade are available.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and are able to adorn their room as desired, as viewed during the audit.</p> <p>The building is appropriately heated and ventilated. There is a large commercial heat pump located in the basement and another one in a roof space. Temperature controlled air is ducted throughout the facility providing heating and cooling when required. There is plenty of natural light in the rooms. The facility has a designated smoking area.</p> <p>Currently the service does not have plans for further development; however, will utilise their links with staff, local kaumātua and iwi to ensure that consideration has been made of how designs and environments 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>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other</p>

		<p>emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there are emergency lights and BBQ for cooking is available. There are adequate supplies in the event of a civil defence emergency, including sufficient water stores. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on resident outings.</p> <p>There are call bells in the residents' rooms, communal showers and toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on the bell location panel outside the nurse's station. Residents were observed to have their call bells within reach. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical nurse manager is the infection prevention and control (IP&C) coordinator. The IP&C coordinator reported that they have full support from the directors/owners (general manager and financial manager) regarding infection prevention matters. This includes time, resources, and training. Monthly management meetings attended by the directors/owners and the facility manager (registered nurse) include discussions regarding any residents of concerns, including any infections. The infection prevention (IP) and Antimicrobial Stewardship (AMS) were developed in alignment with the strategic document and approved by the clinical nurse manager and linked to the quality improvement programme.</p> <p>All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations. The clinical nurse manager has been in the position of IP&C coordinator for over 10 years and last attended training with an external provider in 2022.</p>

		<p>The IP&C coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records sighted. Additional support and information are accessed from the infection control team at Te Whatu Ora-Taranaki, the community laboratory, and the GP, as required.</p> <p>There has been one Covid 19 outbreak since the previous audit. The outbreak was managed as per policy, reported to the directors/owners, the funder and Public Health, and has been extensively documented.</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. 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>	FA	<p>The service has a documented infection prevention and control programme that is reviewed annually. Review of the programme is completed by the clinical nurse manager who is appointed as the infection prevention and control coordinator (IP&C coordinator). A position description for the IP&C coordinator was in place with this focusing on review of infection prevention.</p> <p>The service has guidelines in place to manage and prevent exposure to infections. Infection prevention and control training is provided to residents and visitors as required and as related to pandemic requirements. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Policies and procedures are documented and reviewed regularly. There was a pandemic outbreak plan in place. Information and resources to support staff in managing Covid-19 were regularly updated. Visitor screening and residents' temperature monitoring records, depending on alert levels by the MOH, were documented. The IP&C coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The infection control policy sighted was updated to include Covid-19 and disinfection/decontamination of reusable medical devices. Shared equipment is cleaned appropriately between use. The staff are familiar with use of all equipment. Caregivers interviewed were familiar with decontamination of reusable medical devices. There are no corrective actions related to any decontamination of reusable medical devices.</p>

		<p>Caregivers, cleaning, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures. Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The clinical nurse manager conducts in-service education if required, otherwise all staff are required to complete online training. The infection training includes handwashing procedures, donning and doffing of protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The clinical nurse manager completed various infection prevention and control training online such as hand hygiene, pandemic planning, and outbreak training.</p> <p>The clinical nurse manager stated that they would refer to the facility manager and Māori staff for information in te reo Māori for Māori residents who requested this or if they proactively wished to supply this. The Māori health plan guides staff around practicing in a culturally safe manner. The infection prevention and control coordinator is part of the management team and is included in any discussion around procurement of equipment, devices, and consumables, and they would be included in any significant change or new build if this were to take place. The IP&C coordinator confirmed that single-use medical devices are never reused and there was no evidence that this had occurred during the tour of the facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The clinical nurse manager is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at staff meetings. Staff confirmed that infections rates information is shared promptly. The IP&C coordinator has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through Te Whatu Ora -Taranaki, the medical</p>

		laboratory, and the attending GP.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. The facility manager documents a monthly report which includes results of surveillance and any recommendations with these discussed at the three-monthly meetings. The facility manager is able to contact the general manager at any time and this would include discussion around surveillance data if required. Staff interviewed confirmed that they are informed of infection rates as they occur. The GP stated they were informed in a timely manner when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. The facility manager and the clinical nurse manager both communicate with other service providers, including the GP, to ensure that residents who develop or experience a HAI are supported to communicate with others in a culturally safe manner. There are Māori staff on site who can support any resident if they wish to discuss issues with an external provider in te reo Māori.</p> <p>The Māori health key performance indicators include documentation of Māori ethnicity data as part of the surveillance of health care-associated infections.</p> <p>There has been one Covid-19 outbreak in 2022 which was notified appropriately. The outbreak was managed well, and residents and families were updated throughout the outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	FA	<p>The service policy describes safe and appropriate storage and disposal of waste, infectious or hazardous substances, including storage and use of chemicals. Material safety datasheets were available where chemicals are stored (laundry, kitchen, sluice room, and chemical storage cupboards), and staff interviewed knew what to do should any chemical spill/event occur. The clinical nurse manager and caregivers interviewed demonstrated awareness of safety and appropriate</p>

<p>safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>disposal of waste.</p> <p>There were sharps boxes in the medication room. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff were observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>All laundry is washed on site by caregivers or in the laundry, which has a clear separation of clean and dirty areas. Caregivers demonstrated a sound knowledge of the laundry processes. All received appropriate training in chemical safety training annually and infection control, including Covid-19. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in locked rooms across the service.</p> <p>There is one cleaner employed five days a week and caregivers also help clean if required. The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched areas and accessed areas was increased due to Covid-19. There is one cleaning room where the cleaning trolley is kept locked. The cleaner interviewed was able to describe their role and practices aligned with policies. The residents interviewed reported that the environment was clean and were satisfied with laundry services.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The general manager, facility manager and the clinical nurse manager are committed to providing services to residents without the use of restraint wherever possible. The restraint policy confirms that restraint consideration and application must be done in partnership with residents and families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility manager described the need to work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical nurse manager. At the time of the audit, the facility was restraint free.</p> <p>The use of restraint (if any) would be reported in the facility meetings.</p>

		The restraint coordinator interviewed described the focus on restraint minimisation. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.
--	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	<p>The medication management system includes secure and safe storage of all medications. As required medication is charted, with reasons for administration; however, the effectiveness of ‘as required’ medications are not always documented.</p> <p>A controlled medication register identifies weekly checks, six-monthly physical reconciliations and two staff sign the register; however, the time of the administration of this medication is not always documented.</p>	<p>i). Effectiveness of ‘as required’ medications was not consistently recorded in the medication system or in the electronic progress notes.</p> <p>ii). Eleven recent entries in the controlled medications register did not evidence the time of administration.</p>	<p>i). Ensure effectiveness of ‘as required’ medications are documented.</p> <p>ii). Ensure all controlled medications record the time of administration in the controlled drug register.</p> <p>90 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people’s</p>	PA Moderate	<p>Medications are charted by the nurse practitioner and reviewed three-monthly; however, not all residents included documentation of allergies.</p>	<p>Four of 12 medication charts reviewed did not identify the resident’s allergy status.</p>	<p>Ensure medication charts include the resident’s allergy status.</p>

medicinerelated allergies or sensitivities and respond appropriately to adverse events.				90 days
---	--	--	--	---------

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.